

# Education Training Policy and Procedure

## Supervision



<b>Authorising committee/department:</b>	Education Committee
<b>Responsible committee/department:</b>	Education Committee
<b>Document code:</b>	<b>POL PRC EDT-TRN Supervision Policy and Procedure (12.1)</b>

### 1 POLICY STATEMENT

- 1.1 Clinical supervision is vital to successful training and to the assessment of trainees' professional competence.
- 1.2 Supervision required as part of the Fellowship Program must be conducted in accordance with the RANZCP Fellowship Program Regulations 2012 and accreditation standards, as well as the RANZCP Code of Ethics and other RANZCP documentation and policies.

### 2 PURPOSE

- 2.1 This policy sets out the requirements for supervisors and supervision in the RANZCP Fellowship Program.
- 2.2 This policy applies to all supervisors or persons who wish to be supervisors for the purpose of RANZCP training and assessments. This is inclusive of supervision of a trainee's rotations, as well as supervision related to other aspects of the Fellowship Program, such as for a specific Entrustable Professional Activity or for the Psychotherapy Written Case.

### 3 SUPERVISOR ROLES

- 3.1 Supervisors may undertake one or more of the following aspects of the Fellowship Program:
  - Clinical supervision for Stage 1 ,2 and 3 training posts
  - Clinical supervision in specific RANZCP established Area(s) of Practice for Stage 3 training posts
  - Certificate(s) of Advanced Training supervised by a consultant working in that area of practice. Certificates of Advanced Training may have additional requirements for supervisor accreditation, see Advanced Training Regulations for more detail
  - Supervision of a specific aspect of the Fellowship Program, for example, psychotherapy supervision, research supervision, addiction supervision can be provided by a non-psychiatrist
- 3.2 For the purposes of RANZCP supervision, supervisors are the responsibility of the local Branch Training Committee (BTC)/New Zealand Training Committee (NZTC) in consultation with the Director of Training (DOT)/ Director of Advanced Training (DOAT)/DOT delegate.

#### 3.3 Training post supervision requirements

- 3.3.1 A principal supervisor is the accredited clinical supervisor specified to oversee the supervision of a trainee in a particular training post.
- 3.3.2 The training post registers completed by the DOT or representative at the start of each rotation must include the principal supervisor information.

- 3.3.3 Each training post requires a principal supervisor. If a trainee works across two training posts in two separate areas of practice, they must receive supervision from a principal supervisor in each area of practice. This may be the same supervisor.
- 3.3.4 A trainee's principal supervisor should ideally also be the psychiatrist responsible for the care of the trainee's patients in clinical rotations. This is because the focus of supervision is predominantly clinical and they are the most appropriate person to provide the one hour of individual clinical supervision. However, supervision should not be restricted to specific management issues directly relevant to these patients.
- 3.3.5 There must always be a clear line of responsibility from the patient or person with mental illness through the trainee to a consultant psychiatrist at all times.

#### **3.4 Supervision time requirements for trainees**

- 3.4.1 A trainee's principal supervisor must be working in the same clinical setting at the same time as the trainee for at least 0.3 FTE. This equates to a minimum of three half-days in the same location as the trainee. A trainee should be able to contact their principal supervisor or delegate during their business hours.
- 3.4.2 Principal supervisors must not have more than two trainees under their supervision at any one time. If a supervisor has two trainees, they must have the capacity to meet all supervision requirements.
- 3.4.3 Trainees must have access to supervision by an accredited supervisor about all aspects of their clinical work, including after-hours, on-call and/or emergency work with a clear line of clinical responsibility to a consultant psychiatrist at all times.
- 3.4.4 Supervision sessions must be professional and scheduled in an appropriate and private environment.
- 3.4.5 Clinical supervision of trainees must be maintained at a minimum of 4 hours per week over a minimum of 20 weeks per 6-month rotation for full-time trainees. The minimum of 20 weeks supervision in the rotation is to allow for unexpected and/or exceptional circumstances. Supervision is expected to take place each week of the rotation that the trainee is training. If the supervisor is absent, substitute arrangements must be in place.
- 3.4.6 If a trainee works across two training posts in two separate areas of practice, they must receive the minimum pro-rata supervision time for each area of practice. This includes a minimum of 1 hour of individual supervision in each area of practice as per section 3.5.
- Note: Supervision in addition to the mandated requirements, may be provided by other appropriate psychiatrists or other professionals who are not accredited by the RANZCP as supervisors for circumscribed, time-limited periods; however, such additional supervision must be separate and on top of the mandatory supervision.

#### **3.5 Minimum one hour of individual supervision per week**

- 3.5.1 A minimum of 1 hour per week individual supervision must be provided by the principal supervisor. Supervision must be for 20 weeks per rotation regardless of the trainee's or principal supervisor's full-time equivalent status.
- 3.5.2 This hour should be provided by the trainee's principal supervisor except where leave/time off arrangements makes this impossible.

- 3.5.3 This hour should be rostered and uninterrupted.
- 3.5.4 If an observer is necessary, or requested by either the supervisor or the trainee during this hour, the supervision session will still be considered to be individual.

### **3.6 Minimum other 3 hours of supervision per week**

- 3.6.1 Part-time trainees must receive a minimum of 3 hours pro-rata of supervision per week.
- 3.6.2 If additional supervisors are also attached to a training post, they can provide supervision that counts toward the minimum required other 3 hours of supervision per week.
- 3.6.3 This supervision time is subject to the following requirements, depending on the trainee's Stage in the Fellowship Program.

#### **3.6.4 Stage 1**

- 3.6.4.1 The new trainee will be orientated to the process and purpose of supervision at the commencement of the training program during the formal orientation with the Director of Training, or delegate. This will also occur within the context of the experience of supervision by the supervisor, during the initial supervision sessions, with the expectation that an outline of RANZCP supervision will be formally discussed.
- 3.6.4.2 At least one of the remaining minimum of 3 hours must be conducted as close supervision (either with an individual trainee or with only one other trainee) outside ward rounds and case review meetings.
- 3.6.4.3 A supervisor should focus on interviewing skills, mental state examination, diagnosis, formulation and principles of management during this closer supervision time.
- 3.6.4.4 The other minimum hours can be conducted individually or as a group, which can include a clinical meeting, where there is an education opportunity. This cannot be conducted as part of a staff or clinical meeting where an education opportunity isn't available.

#### **3.6.5 Stage 2 and Stage 3**

- 3.6.5.1 The minimum other 3 hours can be conducted individually or as a group, which can include a clinical meeting, where there is an education opportunity. This cannot be conducted as part of a staff or clinical meeting where an education opportunity isn't available. A minimum of 1 hour of the additional 3 hours must be in clinical setting where the focus must be on the clinical supervision of the trainee.

### **3.7 Supervision of training in other medical specialties**

- 3.7.1 In situations where a trainee has been approved by the Committee for Training to be eligible for accredited training time while training in a different medical specialty, the supervision of the trainee in that specialty may be conducted by an accredited non-psychiatrist.

## **4 SUPERVISOR DUTIES**

### **4.1 Supervisor duties**

- 4.1.1 As part of their supervision of a trainee, principal supervisors are responsible for the following:
- reviewing the training requirements and objectives for a rotation with the trainee at the beginning of the rotation

- providing formative feedback on the trainee's progress, including towards the training objectives at the midpoint of each rotation on the mid-rotation In-Training Assessment (ITA) form (or earlier, and, where necessary, at later points during the rotation), which will be used to identify the trainee's strengths and weaknesses and their progress toward the training objectives of the rotation
- assessing Workplace-based Assessments (WBAs) and entrusting Entrustable Professional Activities (EPAs)
- completing an end of rotation ITA at the end of the trainee's rotation, which must take into account the trainee's progress on the relevant training objectives, the areas identified in the mid-rotation ITA and further developments of the trainee's competence
- create a suitable learning environment for the trainee under their supervision
- ensure a wide range of opportunities are available to the trainee to develop their clinical skills
- be aware of the patients under the clinical care of the trainee
- enable trainees to observe them conducting diagnostic and therapeutic interviews, with discussion about the interview style and the opportunity to reflect on any clinical and management issues raised
- observing the trainee conducting interviews, some of which may be undertaken during supervision time. Interview observation during supervision time can contribute toward the trainee's required Observed Clinical Activity (OCA) WBA per 6-month FTE rotation if undertaken in accordance with the OCA Protocol

4.1.2 Employment issues (for example, performance management or disciplinary action) are the responsibility of the employer and are separate to the purview of supervision in relation to the Fellowship Program.

## 4.2 Content of supervision

4.2.1 Supervision must include regular direct supervision of the trainee's clinical work and may include the following specific areas of focus:

- aspects of the assessment and treatment of people under the trainee's and supervisor's direct clinical care
- psychological understanding
- consultative skills
- ethical standards
- responsibility for other members of the team
- dynamics of the treatment setting
- discussion of other relevant aspects of work in the area of practice
- enhancement of reflective practice in the context of the supervisor/trainee

4.2.2 Supervision may cover any aspects of the Syllabus, Learning Outcomes or Developmental Descriptors as well as domains relating to attitudes and skills outlined in the CanMEDS framework.

### **4.3 Competency-based assessments**

- 4.3.1 Supervision in relation to the required competency assessments of the Fellowship Program can be incorporated into regular supervision time.
- 4.3.2 The end-of-rotation ITA is a summative assessment that a trainee's principal supervisor is required to complete, sign and submit to the RANZCP via the DOT at the end of every rotation.
- 4.3.3 WBAs provide a structured yet flexible tool for RANZCP-accredited supervisors to guide trainee development through the provision of timely, constructive and specific feedback within the Fellowship Program. The tools are designed to assess a trainee's competence in the workplace, provide evidence of the attained competence and to be incorporated into regular supervision time.
- 4.3.4 WBAs and EPAs do not have to be assessed by a trainee's principal supervisor; however, they can only be assessed by a RANZCP-accredited supervisor.

### **4.4 Supervision related to the Scholarly Project or Psychotherapy Written Case**

- 4.4.1 Supervision in relation to the Scholarly Project must follow the requirements set out in the Scholarly Project policy and procedure.
- 4.4.2 Supervision in relation to the Psychotherapy Written Case must follow the requirements set out in the Psychotherapy Written Case policy and procedure.
- 4.4.3 Supervision for Scholarly Project and Psychotherapy Written Case cannot contribute to minimum requirement of supervision.

### **4.5 Supervision of a trainee in difficulty**

- 4.5.1 For more information, refer to the *Targeted Learning Education Policy and Procedure*.

## **5 ACCREDITATION**

### **5.1 Committees undertaking supervisor accreditation**

- 5.1.1 Supervisors must be accredited by the BTC or delegated body of the NZTC to provide supervision for Stage 1, Stage 2 or Stage 3 training posts.
- 5.1.2 The requirements for accreditation differ depending on the type of accreditation sought.
- 5.1.3 The following RANZCP committees are able to accredit supervisors for their relevant jurisdiction on behalf of the RANZCP Committee for Training:
- the relevant BTC
  - the NZTC, (including the bodies under delegated responsibility from the NZTC)
    - The BTC/NZTC is responsible for ensuring the potential supervisor is competent in the elements of the Fellowship Program, such as Workplace-Based Assessments WBAs, EPAs, and In-Training Assessments (ITAs).
    - The DOAT/local SAT is responsible for ensuring the potential supervisor is competent to be a supervisor in the RANZCP established Area of Practice.

## 5.2 Supervisor training

5.2.1 The BTC/NZTC or delegate of NZTC must provide or approve (noting the availability and suitability of) supervisor training workshops and supervisor update training.

5.2.2 Locally delivered supervisor training programs must adhere to the following requirements:

- Supervisor training programs should run for the equivalent of two half days.
- Must be conducted by a DOT and/or a delegated accredited supervisor

5.2.3 Examples of supervisor training programs can include but are not limited to:

- teaching modules
- workshops connected to Congress
- BTC/NZTC workshops.

## 5.3 Eligibility for supervisor accreditation

5.3.1 All supervisors must be accredited by the RANZCP in order to supervise trainees or Fellows for the purposes of the Fellowship Program or Certificates of Advanced Training.

- Note: Supervision in addition to the mandated requirements, may be provided by other appropriate psychiatrists or other professionals who are not accredited by the RANZCP as supervisors for circumscribed, time-limited periods; however, such additional supervision must be separate and on top of the mandatory supervision.

5.3.2 In order to be accredited by the RANZCP, a supervisor must:

- be a fit and proper person, to undertake supervision in a collegiate manner
- have completed the required supervisor training (see point 5.2)
  - o Note: trainees are eligible to undertake supervisor training once they have accrued a minimum of 12 months FTE of accredited training in Stage 3. Trainees cannot become supervisors until fellowship has been awarded.
- have current medical or other health practitioner registration, or, in circumstances approved on a case-by-case basis from the CFT, be a recently retired health practitioner with expertise in a specific aspect of psychiatry (a retired practitioner who is accredited cannot oversee the clinical care of any patients – an accredited supervisor who is a registered psychiatrist in Australia or New Zealand must do so).
  - o Note: a recently retired health practitioner who has relinquished their medical registration but who has expertise as a supervisor in a non-clinical aspect of psychiatry training may be accredited for one five-year period upon application and case-by-case consideration from the BTC.
- have appropriate qualifications
  - o Note: In order to be a principal or other clinical supervisor, a consultant must have a specialist psychiatry qualification in Australia or New Zealand or be recognised as a substantially comparable Specialist International Medical Graduate (SIMG) on the specialist pathway to Fellowship. Certain other areas of practice, such as psychotherapy, addiction or research, can be supervised by appropriately qualified and accredited supervisors even if they are not psychiatrists or doctors.

## **5.4 Accreditation of clinical and principal supervisors**

- 5.4.1 A principal supervisor for a training post must be an accredited supervisor **and** either a:
- Hold FRANZCP; or
  - Psychiatrist registered as a specialist in Australia or registered with a vocational scope of psychiatry in New Zealand; or
  - A SIMG psychiatrist on the Substantially Comparable Pathway.
- 5.4.2 This means an accredited non-psychiatrist/Partially Comparable SIMG cannot be a principal supervisor for a trainee in a clinical training post unless there is prospective approval for training in another medical subspecialty.
- 5.4.3 Partially comparative supervisors who has been already accredited as supervisors before this policy came into effect can continue in this role on an ongoing basis (provided they are still on the pathway); however they can only supervise Stage 1 and 2 trainees.

## **5.5 Principal supervisor for Stage 3 or Certificate training post**

- 5.5.1 A supervisor must be accredited in the specific area of practice by the Branch Training Committee/NZTC or delegate in order to supervise a trainee or Fellow undertaking a Certificate of Advanced Training Program, see Advanced Training Regulations for more detail.
- 5.5.2 Supervisors for Certificate of Advanced Training Programs must have the relevant Certificate of Advanced Training or equivalent background and training to be eligible to apply to be a supervisor. Accreditation of supervisors is the responsibility of the DOAT and the local BTC, with oversight by the relevant local Subcommittee of Advanced Training (where applicable).
- 5.5.3 A principal supervisor for a clinical Stage 3 or Certificate training post must be accredited by both:
- the BTC/delegated body of the NZTC; and
  - the relevant Director(s) of Advanced Training (DOAT) or local Subcommittee(s) for Advanced Training (SAT) (where applicable) for the relevant RANZCP-established Area of Practice.

## **5.6 Principal supervisor for a non-clinical training post**

- 5.6.1 A principal supervisor for a non-clinical Stage 1, 2 or 3 training post must be accredited by the BTC/delegated body of the NZTC.

## **5.7 Supervisors who are not Fellows of the RANZCP**

- 5.7.1 Applicants who are not Fellows of the RANZCP must apply using the Application for approval of Non-RANZCP Supervisors of RANZCP Trainees Form on the RANZCP website.
- 5.7.2 A non-Fellow who is a psychiatrist with specialist registration in Australia or New Zealand is eligible to be accredited as a clinical and principal supervisor as above.
- 5.7.3 A non-Fellow who is not a registered psychiatrist in Australia or New Zealand is eligible to be accredited as a supervisor for a specific aspect of the Fellowship Program, such as psychotherapy, addiction psychiatry or research, but not as a principal supervisor for a clinical training post.

## **5.8 Psychotherapy Written Case supervisor**

- 5.8.1 Supervisors of the a trainee's minimum 40 sessions of psychotherapy used toward the Psychotherapy Written Case must:
- be practitioners or have been a recent practitioner of the type of psychotherapy being conducted
  - have had at least two years of supervision in this type of therapy themselves
  - must participate in further professional development in psychodynamic psychotherapy, such as self-guided learning through a professional development plan, through completion of a training program (e.g. Certificate of Advanced Training in Psychotherapies) or equivalent.

## **5.9 Application for accreditation**

- 5.9.1 There are different application forms for accreditation as a supervisor, depending on whether the applicant is a RANZCP Fellow or a non RANZCP supervisor.
- 5.9.2 All applicants for supervisor accreditation must apply to the relevant BTC/NZTC in conjunction with local SAT/DOAT where relevant.
- 5.9.3 The BTC/NZTC must consider applications and select appropriate supervisors from eligible applicants.
- 5.9.4 The BTC/NZTC must maintain registers of RANZCP-accredited supervisors in their jurisdiction and provide these regularly to the RANZCP head office (at the start of each rotation).

## **5.10 Maintenance of supervisor status**

- 5.10.1 Supervisors must attend supervisor peer review sessions (or a meeting of psychiatrists where supervision is the main focus) a minimum of three times per year, with presentation at a minimum of one of these meetings or at a medical staff meeting where supervision is discussed. These discussion must in accordance with the *Privacy and Confidentiality Regulation*.
- 5.10.2 Supervisors must maintain their continuing professional development (CPD) as required by the RANZCP and/or medical regulation authority.
- 5.10.3 A review of individual supervisor performance by the BTC/ NZTC is required after one year for new supervisors, and five-yearly thereafter. As part of this, supervisors must attend supervisor update training at least every five years.
- 5.10.4 All RANZCP-accredited supervisors must apply to the BTC/NZTC for re-accreditation every 5 years.
- 5.10.5 Re-accreditation requires the supervisor to undertake an approved supervisor refresher program. Re-accreditation will also involve consideration of past trainee feedback and DOT reports on the supervisor.
- 5.10.6 As a condition of their accredited status, supervisors must:
- be competent in the relevant assessments and curricula used during Fellowship and Certificate training, including:
    - o WBAs,

- EPAs (a supervisor must be familiar with the requirements and standards of an EPA, including the knowledge, skills and attitudes that must be demonstrated by the trainee, in order to appropriately assess its attainment), and
- mid-rotation and end-rotation ITAs
- be familiar with and adhere to the RANZCP *Code of Ethics* and *Code of Conduct*
- be familiar with the Fellowship Program regulations, policies and procedures and other RANZCP documentation
- demonstrate interest in and support for trainees and trainee development
- demonstrate a commitment to satisfying the educational aims and objectives for the training rotation and to monitoring that the content of supervision is appropriate to the trainee
- demonstrate the ability to encourage and facilitate a trainee's professional development by reflecting constructively upon the work presented in supervision time and providing feedback to the trainee
- demonstrate a commitment to supervision by satisfactory attendance and suitable availability outside scheduled supervision time
- demonstrate the ability to identify problems that may arise in supervision, including structural, content and/or interpersonal issues
- demonstrate the ability to propose approaches to effectively resolve problems that may arise in supervision
- demonstrate well-developed communication skills
- be a fit and proper person, to undertake supervision in a collegiate manner

## **6 SUPERVISOR SUPPORT, PERFORMANCE AND FEEDBACK**

- 6.1 The DOT, their deputy or a BTC/NZTC- approved delegate must have regular contact with all supervisors in their local jurisdiction. Supervisors must be aware of how to contact the relevant DOT, their deputy or a BTC/NZTC-approved delegate for advice and support.
- 6.2 Peer support must be available to all supervisors, with a minimum of three peer review sessions per year.
- 6.3 Directors of Training must report to the BTC/NZTC or delegate of the NZTC when issues are identified regarding the performance of a supervisor based on the feedback collected from trainees on a routine basis, as per section 6.6.2 and other methods.
- 6.4 Supervisors must also receive feedback about the quality of their supervision, including commendable areas and areas for improvement.
- 6.5 All documents and information in relation to supervisor performance as they relate to RANZCP psychiatry training remains property of the RANZCP, and are not employment documents. Its use must comply fully with the requirements of the RANZCP Privacy Policy and Australian and New Zealand privacy legislation.

## **6.6 Feedback from trainees**

- 6.6.1 Each local training program must have a system in place to collect feedback from trainees regarding supervisor performance. Examples may be trainee surveys, end-of-rotation feedback about supervisor performance, or direct feedback to the DOT or their delegate. Trainees may raise issues at any point during rotation to DOT/local BTC.
- 6.6.2 There is a local system to collect feedback from trainees regarding supervisor performance, such as intermittent surveys of trainees, or collated end of rotation feedback regarding supervisor performance or routine collection of direct feedback via the DOT, their deputy, or BTC-approved delegate.

## **6.7 Unsatisfactory supervision**

- 6.7.1 The BTC/NZTC must have the ability to intervene rapidly to address any serious problems in the provision of adequate supervision (such as a major ethical breach).
- 6.7.2 The BTC is to ensure there is a process to manage unsatisfactory supervisor performance and work collaboratively with the DOT/DOAT, local coordinators of training, employers and other appropriate stake holders.

## **7 ETHICS AND CONDUCT IN SUPERVISION**

- 7.1 All supervisors must adhere to the RANZCP Code of Ethics and the Privacy Policy in addition to all Fellowship Program regulations, policies and procedures, and other relevant RANZCP documentation.
- 7.2 Supervisors should adopt a culturally safe and sensitive approach to the supervision process.
- 7.3 Supervisors must notify the RANZCP if their medical registration is withdrawn or suspended, or conditions are placed on their medical registration must be notified to the RANZCP within 14 days.

### **7.4 Bullying and harassment**

- 7.4.1 Bullying and harassment in supervision will not be tolerated by the RANZCP. In the event of suspected or alleged bullying or harassment, the Bullying and Harassment Policy should be followed.

### **7.5 Close and personal relationships with supervisors**

- 7.5.1 A supervisor or mentor shall ensure that their relationship with a trainee is free from conflict of interest, including financial and commercial dealings and close personal and/or sexual relationships. When supervising and mentoring trainees, psychiatrists and other health professionals shall not misuse the power imbalance inherent in the relationship. If a close intimate relationship does commence, the DOT must be informed immediately and the trainee or supervisor must move to work in a different location/training post.
- 7.5.2 Both parties in a close personal relationship have a responsibility to ensure that the DOT is informed and to ensure a conflict does not occur.
- 7.5.3 A trainee must not be allocated to a rotation where they have an existing close personal relationship with the principal supervisor (e.g. are family members, married or a de facto relationship).

- 7.5.4 If there is an existing close personal relationship between a trainee and a consultant, the trainee and consultant must not be allocated to work on call or after hours at the same time where the consultant would be the supervisor for the trainee during that time.

## 8 REVIEW OF DECISIONS

- 8.1 Any request by a trainee, supervisor or applicant for supervisor for review of a decision related to training should follow the formal education review process (X.X) and may utilise the RANZCP Reconsideration and Appeal Policy.
- 8.2 The person concerned shall have the right to appeal the decision, within 3 months of notice of such decision, in accordance with the RANZCP Reconsideration and Appeal Policy.

## DOCUMENT CONTROL

<b>Contact:</b>		<b>Project Officer, Education &amp; Training</b>	
<b>Date</b>	<b>Version</b>	<b>Approver</b>	<b>Description</b>
<b>15/08/18</b>	v.1.0	RANZCP Board	New Document. CFT approved 18/10/18. Education Committee approved 25/10/18. RANZCP Board approved B2018/7 R11.
<b>31/05/19</b>	v.1.1	Education Committee	Minor grammar amendment to 5.4.2 and addition to 5.4.3 in any partially comparative supervisor that has been already accredited can continue in this role and on an ongoing basis (provided they are still on the pathway); however they can only supervise Stage 1 and 2 trainees.
<b>March 2020</b>		<b>NEXT REVIEW</b>	