



SUPERVISION

Relevant Regulations

Regulation 7.1 of the RANZCP Training and Assessment Regulations states:

Supervision of your clinical work during basic training will be a vital part of the assessment of your professional competence. Your training is based on an apprenticeship model. The level and form of supervision provided shall vary as you progress through the training program, but the following must apply:

- (i) *Clinical supervision shall be for not less than four hours per week for not less than forty weeks in each year of training. At least one of these four hours per week shall include individual supervision of your current clinical work; this applies to part-time or full-time trainees. The other three hours of supervision must be at least on a pro-rata basis if you are part-time.*
- (ii) *During the first year of training you shall receive closer supervision, with at least two of the four hours per week of supervision provided outside ward rounds/case review meetings. Your supervisor should focus on interviewing skills and mental state examination. Supervision shall also address diagnosis, formulation and principles of management.*
- (iii) *Supervision of the biological, social, psychological and cultural aspects of assessment and treatment shall be provided throughout basic training as a component of the four hours' basic supervision. One of the four hours' of required supervision (apart from the individual hour of supervision of current clinical work) should be devoted specifically to this type of supervision.*
- (iv) *Supervision sessions shall be scheduled.*
- (v) *You shall observe your supervisors conducting diagnostic and therapeutic interviews. Your supervisors shall observe you conducting interviews in each year of basic training.*
- (vi) *Supervision must cover all aspects of your work, including after-hours work.*
- (vii) *Whenever you are on duty, there must be a clear line of responsibility from the person with mental health problems and mental illness through you to a particular psychiatrist. This will most appropriately occur when the psychiatrist responsible for the care of your patients is also your primary clinical supervisor. This psychiatrist is the most appropriate supervisor to provide the one hour of individual supervision.*
- (viii) *In general, your principal supervisor will be working in the same clinical setting as you for at least three half-days per week.*

Responsibilities of Supervisors

Clinical supervision of your basic training shall be by supervisors approved by your Branch Training Sub-committee. Clinical supervisors shall generally have no more than two trainees under their supervision at one time. The responsibilities of your clinical supervisors are to:

- (ix) Review with you at the beginning of each rotation the training objectives for that rotation
- (x) Provide formative feedback on your progress, half-way through each rotation, which shall be used to identify your strengths and weaknesses as well as your progress towards the training objectives for the rotation
- (xi) Complete a summative assessment at the end of your rotation based on the relevant training objectives. This assessment shall take into account your progress in those areas identified in the formative appraisal and further development of your areas of competence.
- (xii) Create a suitable learning environment for you while under supervision
- (xiii) Ensure a wide range of opportunities is available for you to develop your clinical skills.

Regulation 10.9 states:

Supervision of advanced training shall occur as follows:

- (i) Training experiences shall include at least four hours of clinical supervision per week, of which one hour shall be individual supervision, for at least forty weeks of the year.
- (ii) Supervision shall be specifically related to the chosen program/stream of training and clinical work. Supervision shall include a focus on aspects of the assessment and treatment of people under your care and under the care of your supervisor, and other supervision related to psychotherapy (Regulation 10.1), biological skills (Regulation 10.2), social skills (Regulation 10.3), cultural skills (Regulation 10.4), and consultative skills (Regulation 10.5). It shall include regular direct supervision of your clinical work by the responsible psychiatrist.
- (iii) Discussion of other relevant aspects of work in the chosen program/stream shall be included as appropriate. Clinical and staff meetings must be specifically organised for the purpose of advanced training in order to count as part of the four hours of clinical supervision
- (iv) Supervision shall be undertaken by supervisors approved by your **Sub-committee for Advanced Training**.¹

Guidelines

Supervision is pivotal to the success of the training program in psychiatry. It is to be conducted in accordance with the Training and Assessment Regulations and associated links.

Supervision of all aspects of training must be by supervisors approved as appropriate by your relevant local Branch Training Sub-committee or Sub-committee for Advanced Training.

In some cases there will be liaison with the relevant sub specialty group in relation to supervisor status, such as for basic training in psychiatry of old age. Sometimes non-psychiatrists may be approved to provide supervision of specific areas, such as psychotherapy or addiction psychiatry.

You may receive additional supervision from other appropriate psychiatrists or other professionals who have not been formally approved as supervisors, however such supervision must be additional to that provided by your approved supervisor(s). In all cases you must know which psychiatrist is responsible for the care of each of your patients and which psychiatrist is on duty to provide advice about clinical problems.

Discussion with your supervisors about diagnostic and therapeutic interviews should include the style and conduct of the interviews as well as the clinical and management issues raised by them.

You should negotiate the content of supervision with your supervisor at the start of each rotation. This content should be appropriate to your stage of training.

The individual hour of supervision should occur each week, and should be uninterrupted. The other three hours of supervision per week can be conducted individually or as a group, and should include observed interviews.

A formal written supervision agreement may be helpful for both you and your supervisor. This allows goals for supervision to be jointly identified and provides a means to assess progress over the course of the rotation.

The content of supervision is predominantly clinical. It is expected that supervisors will be aware of the people in your care. This will facilitate a clear line of clinical responsibility from you to your supervisor.

¹ In relevant subspecialty

However, supervision should not be restricted to specific management issues directly relevant to these individuals. It should also include associated aspects of clinical practice such as ethical standards, responsibility for other members of the team, the dynamics of the treatment setting, and a broad biopsychosociocultural perspective on both assessment and treatment.

Approved:

Fellowships Board 03/2