November 2012

Psychotherapist Board of Aotearoa New Zealand
Consultation Response on Psychotherapist Clinical Supervision

It is intended that the following document will provide insight into the decisions reached by the Board on Psychotherapist Clinical Supervision.

It should be noted that all Board decisions relate back to the Boards purpose:
'to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions'.

Thank You!
The Psychotherapists Board of Aotearoa New Zealand (the Board) would like to thank members of the profession, stakeholders and other interested parties who sent their consultation responses to the Psychotherapists Board on Psychotherapist Clinical Supervision. There were 25 responses ranging in opinion from groups and individuals. The Board considered all the responses received.

Background
The Board has been developing policy on the clinical supervision of psychotherapists. This policy has been evolving as the Board has become more aware of its legal requirements under the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The most recent change involves a requirement that all psychotherapist supervisors must be registered with a current APC under the HPCAA. Those who are not registered psychotherapists must be approved as having sufficient psychotherapy training, knowledge, skills, professional development.

Clinical supervision is an integral part of psychotherapy practice. As such the Board has taken time to consider this policy and the consultation feedback. This consideration also involved the Board seeking a second legal opinion. After lengthy discussion the Board has agreed on the policy below.

Following the approved policy the Board has included its decision rationale.

PO Box 10-787 * The Terrace * Level 10 * ASB House * 101 The Terrace * Wellington * New Zealand
Phone +64 4 918 4727 * Fax +64 4 918 4746 * registrar@pbanz.org.nz * www.pbanz.org.nz

Policy Statement on Psychotherapist Clinical Supervision	
Purpose	To state the Psychotherapists Board of Aotearoa New Zealand's requirements and recommendations for clinical supervision of psychotherapists.
Policy Statement	All Psychotherapists will undertake regular clinical psychotherapy supervision. Additional supervision, such as work-place, cultural and other specialist supervision may be undertaken as well as clinical supervision. Psychotherapist clinical supervision contributes to improved competence in clinical practice and professional development. For further information and guidelines refer to Psychotherapist Core Clinical Competencies: "Reflective Practice and Continuing Professional Development." In this policy the term 'clinical supervision' takes the meaning understood in the profession of psychotherapy, rather than the meaning attached to the term "supervision" in the HPCAA[1]. That is, a psychotherapist is expected to consult regularly with a person skilled in psychotherapy for the purpose of professional support, assistance and professional development.
Supervision	**Clinical psychotherapist supervision is to be provided by either:** 1. A registered psychotherapist with a current APC; or 2. A health practitioner registered under the HPCAA with a current APC; approved by the Board as having sufficient psychotherapy training, knowledge, skills, professional development. *Note: those registered in the Interim Psychotherapist Scope of Practice must have a supervisor from category 1 above.* It is expected that clinical supervisors will be actively engaged in clinical supervision of their supervisory practice. It is expected the clinical supervision should not be provided by a person in a managerial or line-responsibility position.

[1] In the HPCAA (2003) supervision (Part 1, S5(1)) is defined as 'the monitoring of, and reporting on, the performance of health practitioner by a professional peer'. In the context of this policy clinical supervision is regarded as more akin to consultation.

PO Box 10-787 * The Terrace * Level 10 * ASB House * 101 The Terrace * Wellington * New Zealand
Phone +64 4 918 4727 * Fax +64 4 918 4746 * registrar@pbanz.org.nz * www.pbanz.org.nz

Frequency of Psychotherapy Clinical Supervision	Psychotherapists registered in the Psychotherapist Scope of Practice or Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism are expected to undertake clinical supervision of a frequency and duration commensurate with the psychotherapist's experience, case load and intensity of clinical work. It is generally accepted that clinical supervision should occur at a minimum fortnightly.
Psychotherapists registered in the Interim Psychotherapists Scope of Practice	**Psychotherapists registered in the Interim Psychotherapists Scope of Practice** are expected to undertake clinical supervision which will normally be at least one hour every two weeks, regardless of caseload since it has a partial training function. Newly qualified practitioners with less than two years post-graduation experience are expected to participate in weekly clinical supervision for the first two years of post-graduation practice regardless of caseload. Psychotherapists registered in the Interim Psychotherapists Scope of Practice wanting to be registered in the Psychotherapist Scope of Practice ***must*** have clinical supervision from a psychotherapist registered in the Psychotherapist Scope of Practice. Psychotherapists registered in the Interim Psychotherapists Scope of Practice wanting to be registered in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism ***must*** have clinical supervision from a psychotherapist registered in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.
Peer Clinical Supervision (2 or more people)	It is expected that practitioners engaging in peer clinical supervision will be experienced psychotherapists. **Note:** Peer clinical supervision is not adequate for those in the Interim Psychotherapist Scope of Practice.
Group Supervision	Where clinical supervision is in a group with a supervisor, care must be taken to provide time equivalent to at least 30 minutes per person, per fortnight.
Mode of clinical supervision	Where possible clinical supervision should be conducted face to face and participants should be physically present. When this is not possible other methods may be used with preference to spoken methods (such as phone or Skype). Use of just phone clinical supervision with no face to face meetings is a concern and is not encouraged. *Due consideration must be given to confidentiality (see note on electronic means below*).*
Cultural Supervision	In situations specific cultural supervision may be needed; refer to the Board's Cultural Competencies requirements.

PO Box 10-787 * The Terrace * Level 10 * ASB House * 101 The Terrace * Wellington * New Zealand
Phone +64 4 918 4727 * Fax +64 4 918 4746 * registrar@pbanz.org.nz * www.pbanz.org.nz

Additional Supervision	The Board acknowledges that some psychotherapists receive additional clinical supervision from: • practitioners overseas; and • practitioners in New Zealand who do not meet the Board's criteria for clinical supervision. The Board does not wish to limit such supervision. In such cases there is a requirement that the practitioner *must also* have clinical supervision from a person who meets the Board's criteria.
Clinical Supervision Contracts	A clinical supervision contract, indicating the session length and frequency of clinical supervision agreed to by the supervisor and supervisee should be completed, signed and held by both the supervisor and supervisee. Other issues may be addressed in this contract. This contract must be presented to the Board if requested.

(i)Note on email security: Quote from Health Information Privacy Code (1994) (Amended). Rule 5 Commentary (p. 33) http://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-2008-revised-edition.pdf

Electronic means

Electronic means including email pose special problems in privacy. Use of email to transmit health information may result in the information being stored on several hard drives, not all of which may be secure from unauthorised access. There is also a risk of interception during the transmission as email commonly passes through a number of computers on the way to its final destination. Some practitioners may, for such reasons, entirely avoid its use. Others may use it only for less sensitive purposes, such as arranging appointments.

An email security policy for a health agency might include:

• establishing guidelines on the nature of information which may be transmitted by email;
• encryption and virtual private networks;
• enforcing security of access;
• using addresses received electronically where possible to minimise the risk of key-entry errors where information is sent to the wrong person;
• using addresses based upon roles rather than people's names;
• producing and distributing an official and regularly updated list of email addresses (with a clear expiry date for each edition) to ensure that the addresses are current and accurate; and
• discouraging the inclusion of lengthy 'chains' of responses in emails, as sensitive information may be unwittingly included in an early response."

Board decision rationale

The Board has outlined some of the rationale used to make the decisions reached in relation to the above policy 'Psychotherapist Clinical Supervision'.

The Board reconsidered its change in policy along with the various views presented by the profession and stakeholders. On review of a second legal opinion the Board has determined that it is important that all psychotherapist supervisors are fit to practice and competent via the mechanisms set out in the HPCAA. Given the integral nature of clinical supervision to

PO Box 10-787 * The Terrace * Level 10 * ASB House * 101 The Terrace * Wellington * New Zealand
Phone +64 4 918 4727 * Fax +64 4 918 4746 * registrar@pbanz.org.nz * www.pbanz.org.nz

psychotherapy practise the Board agrees that clinical psychotherapist supervision is to be provided by either:

1. a registered psychotherapist with a current APC; or
2. health practitioner registered under the HPCAA with a current APC, approved by the Board as having sufficient psychotherapy training, knowledge, skills, professional development.

Various points were raised during the consultation feedback which the Board has addressed below.

1. Overseas supervisors:
Some practitioners strongly believe that experienced overseas supervisors can offer safe clinical supervision. The Board considered this at length and have concluded that overseas supervisors are not acceptable as primary clinical supervisors as they are not necessarily bound by or knowledgeable about New Zealand law; familiar with local services; issues involving New Zealand culture and specific cultural differences and client need.

From this feedback the Board determined that an overseas supervisor would fall into the category of an additional supervisor.

2. Psychotherapy training, knowledge, skills and professional development :
Some feedback questioned the need to check a supervisors training, knowledge, skills and professional development instead of leaving that judgement with the supervisee. The Board considers that clinical supervision is an integral part of psychotherapy practise; this means that any Psychotherapist supervisor must have adequate psychotherapy training, knowledge, skills, professional development necessary to ensure that the psychotherapist is sufficiently supported. The majority of supervisors that have applied via this criteria have showed sufficient evidence of their suitability. This process has also highlighted that not all supervisors have been able to provide evidence that they have the necessary psychotherapy training, knowledge, skills, and professional development to support a psychotherapist.

3. Geographical Isolation:
Some feedback related to the difficultly of locating a suitable clinical supervisor due to geographical isolation. The Board considered this at length. Board policy allows for the use of Skype and phone supervision, although it does not encourage clinical supervision with no face to face meetings. Skype does enable practitioners to limit their geographical isolation, travel expenses and increase the pool of supervisors available to them. The Board agrees that it is particularly important for someone geographically isolated to have a primary supervisor who is recognised as being competent and fit to practice. It is accepted that many psychotherapists will need travel for work or clinical supervision.

4. Supervision boundaries:
Feedback relating to the boundaries or lack of boundaries that other professions place around supervision was considered. The Board accepts that clinical supervision is an integral part of psychotherapy practice in a way that may be different to other professions, and as such the Board wishes to ensure that clinical supervision retains its intended integrity. When developing policy the Board always researches what other professions have done in relation to the HPCAA, when considering clinical supervision for psychotherapists the Board agree that this needs to be considered more in terms of the profession of psychotherapy.

PO Box 10-787 * The Terrace * Level 10 * ASB House * 101 The Terrace * Wellington * New Zealand
Phone +64 4 918 4727 * Fax +64 4 918 4746 * registrar@pbanz.org.nz * www.pbanz.org.nz

5. Agents of the Board:

The Board received a lot of well thought out feedback with regard to supervisors acting as 'agents of the Board'. Following a review of this feedback the Board agree that it does not intend to change the nature of clinical supervision or the supervisor/supervisee relationship. The Board realises that this relationship needs to remain open, honest and transparent. Furthermore the Board does not intend that the overall onus of a supervisee's competence should be placed entirely with a supervisor. Given this the Board has removed any reference to the APC renewal process from the Clinical Supervision Policy. Note: The Board will be consulting on the psychotherapist recertification processes before the end of the year. This consultation will give the profession the opportunity to comment on the extent of supervisor involvement in the recertification process.

Conclusion

The finalised policy (as listed above) will now be placed on the Boards website under 'Board Policies'.

Should you have any comment the next meeting of the Board will be held on Sunday 10th February 2013. Please ensure that you provide the Registrar with any communication before the Board papers are sent. Information that arrives after the Board papers are sent will be held over to the next meeting of the Board.

PO Box 10-787 * The Terrace * Level 10 * ASB House * 101 The Terrace * Wellington * New Zealand
Phone +64 4 918 4727 * Fax +64 4 918 4746 * registrar@pbanz.org.nz * www.pbanz.org.nz