Clinical Supervisor Support Program (CSSP)
Discussion Paper Submission Template

Submission Process:
Interested parties are requested to provide a submission addressing each of the policy options raised in the CSSP Discussion Paper. Submissions should be emailed to cssp@hwa.gov.au in Word format only by COB 3 September 2010.

CSSP Discussion Paper Policy Options and Questions:

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<th>Clarity</th>
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| **Policy Option 1:**  
Develop national principles for education and training in the health sector. |
| Do you support this policy option? | Yes ☒ | No ☐ |

**Question 1:**
Does your organisation have clinical education and training principles that could be applied to health services nationally?
- If yes, please include in your submission.
- If no, what are the key action areas that you would like included in national principles developed for clinical education and training in Australia?

Organisation Name: Pharmacy -  
Contact Name: Professor Jo-anne Brien  
Position Title: Professor and Pro Dean  
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Email Address: jo-anne.brien@sydney.edu.au
Response:
The national Pharmacy Board of Australia has oversight of training and registration of pharmacists. All pharmacists are registered to practice by the Pharmacy Board. To be eligible for registration, a candidate must have completed an accredited degree (Bachelor of Pharmacy or graduate entry Master of Pharmacy) and those degree courses must be accredited by the Australia Pharmacy Council. In addition to the degree, the graduate must complete an accredited Intern Training Program and successfully pass examination by the Pharmacy Board at the end of the internship year of supervised practice.
| **Policy Option 2:**  
| Develop a nationally agreed statement of role and function supervisor/supervision. |
|---|---|
| **Do you support this policy option?** | Yes ☒ No ☐ |

**Question 2:**
Does your organisation have agreed terminology and definitions for the role and function of “clinical supervisor” or “clinical supervision”?

- If yes, please include the definitions in your submission.
- If no, what terminology does your organisation use to describe these functions? What cross-profession terminology do you think should be used in the National Clinical Supervision Support Strategy and Framework?

**Response:**

In principle, this is desirable. However in current practice and student supervision models this is not readily demonstrable. If these developed definitions were generic and with some discretion in interpretation- yes. There are general principles of supervision in clinical training that would be common to all professions in all sectors, ie protection of the patients, students etc. But the roles of clinical training supervisors- in terms of their HR roles and definition of 'supervision' ratios are widely different and this variability probably needs to continue to some degree.

A policy that facilitated the development of core principles and practices (and language) around clinical supervision would be very helpful. However, unless a funding model could realistically mimic the nursing or medical models for health service and university funding and infrastructure this will not be implemented across the professions.
Policy Option 3:
Develop an agreed competency framework that defines the knowledge, skills and attributes necessary for quality supervision.

| Do you support this policy option? | Yes ☒ | No ☐ |

Question 3:
Are there core generic competencies you would like added/deleted? If so, please provide details.

Response:
It would be valuable to articulate common goals in training in patient safety, communication skills, basic clinical competencies (including 'first aid/first response' level of clinical skills (medical surgical and mental health), principles of public health services. In terms of knowledge, skills and attributes necessary for supervision- these include understanding concepts in learning and teaching; communication skills in providing feedback and assessment, goal setting and managing the 'difficult or poorly performing student'; excellent clinical skills and ability to be a role model in practice; skills in conflict resolution and reflective practice.

Question 4:
For organisations delivering professional entry training or other curricula, to what extent are the skills already included in current curricula? Do you support greater coverage of these skills in entry to practice courses? To what extent could this replace post-entry to practice supervision skills development?

Response:
There is a mixed level of training in different courses. The pharmacy faculty intends graduates to have developed recognition of the importance ongoing skills development (life long learning). The culture and expectation that novice practitioners develop a career to advanced level practice, and be involved in mentoring more junior colleagues is to be further encouraged. Clear(er) definitions of roles of postgraduate clinical education and supervision would facilitate this as would recognition of training in supervision skills development.

It should be noted that pharmacist training includes both undergraduate clinical training and the training undertaken during the internship program (one year post graduation in supervised practice and involving completion of an Intern Training Program).

Question 5:
For professional associations and registration boards, does education and training form part of the current CPD program?

Response:
Yes, mandatory CPD has recently been made a requirement for registered pharmacists.
**Policy Option 4:**
Develop best practice guidelines and templates for clinical placement agreements between health services and university.

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<th>Do you support this policy option?</th>
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**Question 6:**
Do you currently have clinical placement agreements in place?
- If yes, please include a copy with your submission.
- If no, please indicate what should be included in the best practice guidelines.

**Response:**
There are a number of different types of agreements in place across organisations, at a range of levels of the organisations. Many agreements have different levels of 'authority' and are inconsistent.

Agreements between the University and Health Service or State Department do exist, but most often negotiations around specific placements programs for professions are realistically negotiated at local facility and department level.

**Question 7:**
Do you currently have agreements in place in relation to student documentation?
- If yes, please include a copy with your submission.
- If no, please indicate what should be included in the best practice guidelines.

**Response:**
There is an agreement (MOU) between the University of Sydney and Area Health Services/NSWHealth.

It should be noted that with student placements across the public and private health sector (including the majority of pharmacy student placements being in individual private pharmacy practices) there is no consistent approach to this.
| **Policy Option 5:**  
| **Develop a generic training program aligned to agreed core competencies.**  
| **Do you support this policy option?** | Yes ☒ | No ☐  
| **Question 8:**  
| Do you provide, or are you aware of, courses that are currently available that address some or all of the generic skills outline above? If so, please provide details. | Yes ☐ | No ☒  
| **Response:** |  
| **Question 9:**  
| Are you aware of a course that could be adapted to align to agreed core competencies that should be considered as part of this project? If so, please provide details. | Yes ☐ | No ☒  
| **Response:** |
**Policy Option 6:**
*Support health services to deliver training locally that builds capacity.*

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**Question 10:**
Does your organisation have “dedicated clinical educator” positions? If yes, how is this position funded?

**Response:**
Currently in the Pharmacy Faculty this is very limited. There are four only 0.2FTE positions-and these are not funded by the University or Health service.

**Question 11:**
Are there other strategies that build local capacity that you would you like HWA to consider? If so, please provide details.

**Response:**
Facilitating Clinical Schools to become multidisciplinary (and potentially multi-university) as there is infrastructure available and potential to increase collegial interaction and interprofessional opportunities for students.
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<th><strong>Policy Option 7:</strong> Develop consistent clinical placement assessment tools within disciplines.</th>
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<td><strong>Do you support this policy option?</strong></td>
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<tr>
<td>Yes ☒ No ☐</td>
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<tr>
<td><strong>Question 12:</strong> Are there consistent clinical placement assessment tools in place for your discipline? If so, please provide details.</td>
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<td><strong>Response:</strong> Some are in development, but have not been widely implemented across the profession.</td>
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<td><strong>Question 13:</strong> What education and training activity would you like to see measured in health services?</td>
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<td><strong>Response:</strong> Numbers of students (FTE days) in clinical and professional settings; and documentation of interprofessional engagement</td>
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### Culture

**Policy Option 8:**
Implement a reward and recognition program.

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**Question 14:**
Does a national award program exist for supervisors in your profession? If so, please provide details.

**Response:**

**Question 15:**
For universities, is there scope to standardise supervisor supports in your organisation? If so, please provide details.

**Response:**
No funding, but this should be developed
**Policy Option 9:**
Integrate and recognise supervision as a core component of the clinical role.

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<th>Question</th>
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<td>Do you support this policy option?</td>
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<tr>
<td>Question 16:</td>
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<td>Does your organisation currently include education and training as a core function within position descriptions?</td>
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<td>Does your organisation explicitly recognise the philosophy that education is a part of health practitioner roles? Please provide details below.</td>
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**Response:**
Pharmacy graduates are expected to continue in their professional development and commitment to the profession, which may include recognition of education/supervision in their future practice.
Policy Option 10:
Integrate and recognise supervision as a core component of the clinical role.

Do you support this policy option? Yes ☒ No ☐

Question 17:
As a supervisor do you see benefit in developing an online resource to support supervisors? If yes, what information would you like made available online to assist with this role?

Response:
Strongly support this approach - would see this as being a core set of clinical supervision knowledge and skills development- and therefore common to all health professions.
It is intended that the strategies contained in the CSSP National Clinical Supervision Support Framework will be applicable across professions and throughout the education and training learning continuum. Do you have any comments or issues that you would like taken into consideration in the development of this framework that have not been covered in previous sections?

Any other general comments