



HUMAN GENETICS SOCIETY OF AUSTRALASIA

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Policy

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1. Transitional Provisions

This Policy is in effect as of 1 April 2022.

The Board of Censors recognises that the introduction of this policy will require some practicing genetic counsellors to put in place supervision arrangements, and some supervisors to participate in training. The Board and all relevant committees are providing a 12 month grace period from the date of publication of this policy (to 1 April 2023). During this time the Board will work with the Australasian Society of Genetic Counsellors to establish online peer supervision groups and supervisor training will be offered through the HGSA.

2. Introduction

Supervision is integral to genetic counselling training, certification and practice in Australasia. There is an expectation that genetic counsellors will have a commitment to continued learning in both their counselling practice and their knowledge of genetics and genomics. Supervision plays a key role in fostering the development of professional identity, guiding ongoing professional development of genetic counsellors and ensuring establishment and maintenance of best practice. Supervision is an accepted requirement in many professions, including member professions of Allied Health Professions Australia and international genetic counselling professional bodies. Supervision encompasses educational and supportive functions, may encompass case-management functions, and guides development of self-awareness.

Supervision differs from personal psychotherapy. Although it is often appropriate to discuss and raise personal issues that impact on the supervisee in the workplace or affect case management, treatment of personal issues usually remains separate from supervision sessions. The supervisor and supervisee may agree that onward referral or an alternative strategy to resolve conflicts or address personal issues is indicated.

Ongoing professional supervision is a requirement of practice for all genetic counsellors, regardless of their area of practice. Actively practicing genetic counsellors are required to provide evidence of appropriate supervision as defined in this Policy.

For the purposes of regulation, the National Alliance of Self Regulating Health Professions (NASRHP) definition of practice has been adopted, as follows: “[Practice]...indicates that an individual is drawing on their relevant professional skills and knowledge in the course of their work to contribute to safe and effective delivery of services within the profession.... It is not restricted to the provision of direct clinical care and may also include working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles, for example. This work can be of a paid or formal volunteer nature on a full or part-time basis.” (National Alliance of Self Regulating Health Professions, 2016)

It is the position of the HGSA that supervision (as described below) is essential for the practice of genetic counselling, for the safety of both genetic counsellors and their clients, and is included in the [HGSA Code of Ethics for Genetic Counsellors](#). Employers should support and provide supervision within working hours for employed genetic counsellors as an essential requirement for genetic counselling practice, and necessary for occupational health and safety. Self-employed genetic counsellors have the professional obligation to obtain appropriate supervision (see the HGSA Code of Ethic for Genetic Counsellors).

3. Definition of Supervision

Supervision sits within a milieu of social, cultural, political and organisational expectations. It is increasingly linked to quality and accountability expectations in both health and the social services (Beddoe, 2010). Supervision facilitates best practice. It is used to resource the practitioner and to foster strength and resilience. Supervision enables the supervisee to continue to develop their professional identity. Supervision provides genetic counsellors with a protected space for reflection and learning. It supports and facilitates best practice through accountability to the workplace, the profession and the client.

In this policy, the term supervision is used to refer to counselling supervision, which is also sometimes called reflective practice supervision or professional supervision. Supervision can be defined *as a forum for reflection and learning. ... an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners. ... a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures.* (Davys & Beddoe, 2010: 21)

The mandate for supervision in genetic counselling comes from both the HGSA [Competency Standards for Genetic Counsellors](#) and [Code of Ethics for Genetic Counsellors](#). Many healthcare organisations have a professional supervision policy for allied and mental health professionals that supports regular, individual supervision with a trained supervisor, and serves functions that include professional practice, practice development, and support for practitioners. Genetic counsellors are encouraged to familiarise themselves with the professional supervision policy in their workplace.

4. Models of Supervision

4.1. Individual supervision

Individual supervision provides an opportunity to learn one-on-one and exchange ideas with a more experienced expert/senior supervisor. Individual supervision allows an intensive focus on the genetic counsellor's individual work, to facilitate development of their skills over time. This is of critical importance and mandatory for candidates undertaking Certification through the HGSA. However, individual supervision may benefit any practitioner seeking to develop a particular area of specialty or use of a theoretical framework, experience a particular supervision style, or who wants to take a more individual focus on their practice.

4.2. Group supervision

For the purpose of this document, "group supervision" means supervision of a group of genetic counsellors facilitated by a designated expert supervisor, who may be internal or external to the workplace. This is sometimes referred to as "leader-lead" peer or group supervision. While group supervision provides advantages of different skill sets and perspectives from the group, there can be less focus on individual practice and group dynamics can present challenges. This is a model often used by, but not restricted to, teams of genetic counsellors in the same workplace.

4.3. Peer supervision

Peer supervision, in this document, is used to describe a reciprocal arrangement between practitioners of equivalent levels of experience and skill, and may be one-on-one or in a group setting. This is generally most useful for more experienced, senior practitioners. The distinction from other forms of supervision is that a specific supervisor (a more qualified, identified expert in the process) is not designated. However, the participants may have different skill sets or areas of expertise, and they may share or take turns at facilitating supervision sessions. Structure and commitment are necessary for quality and effectiveness of peer supervision arrangements.

4.4. Resources for supervision models

AGNC Supervision Working Group. Report from the UK and Eire Association of Genetic Nurses and Counsellors (AGNC) supervision working group on genetic counselling supervision. *J Genet Couns.* 2007 Apr;16(2):127-42. doi: 10.1007/s10897-006-9065-0. PMID: 17308871

Beddoe, L., & Davys, A. (2016). *Challenges in professional supervision: Current themes and models for practice.* Jessica Kingsley Publishers.

Davys, A. & Beddoe, L. (2020). *Best Practice in Professional Supervision, Second Edition: A Guide for the Helping Professions.* Jessica Kingsley Publishers.

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Hawkins, Peter, and Robin Shohet. (2012). Being an Effective Supervisee. In *Supervision In The Helping Professions*, McGraw-Hill Education.

Kennedy, A.L. (2000), Supervision for Practicing Genetic Counselors: An Overview of Models. *J Genet Counsel*, 9: 379-390. <https://doi.org/10.1023/A:1009498030597>

National Society of Genetic Counselors. (2011) Jane Engelberg Memorial Fellowship Master Genetic Counselor Series: Peer Supervision Guide (reading list) <https://www.nsgc.org/Education-and-Events/Online-Education-Center/Online-Education-Inventory/JEMF-Master-Genetic-Counselor-Series>

Sexton, A., Hodgkin, L., Bogwitz, M., Bylstra, Y., Mann, K., Taylor, J., Hodgson, J., Sahhar, M., & Kentwell, M. (2013). A model for peer experiential and reciprocal supervision (PEERS) for genetic counselors: development and preliminary evaluation within clinical practice. *Journal of genetic counseling*, 22(2), 175–187. <https://doi.org/10.1007/s10897-012-9540-8>

5. Supervisors

All practicing genetic counsellors are expected to participate in 1-4 hour(s) per month of genetic counselling supervision, subject to qualifications and registration status. The supervisor may be a FHGSA genetic counsellor or another suitably qualified counselling supervisor (described below). If the counselling supervisor is not a genetic counsellor, the supervisee must have appropriate access to medical/genetics consultation and case review.

Genetic Counselling Supervisors should generally have more experience than the supervisee. In the situation where an FHGSA genetic counsellor is participating in peer supervision, they may hold equivalent experience. Supervisors who are facilitating group supervision should have the experience required to lead the group through collaborative discussions.

It is the responsibility of all genetic counsellors to seek additional and appropriate clinical and counselling supervision. Seeking additional expert/specialist supervision is an educational opportunity to expand knowledge beyond the immediate requirements of a case/caseload. Formal supervision does not replace the requirement for appropriate consultation with other health professionals and could include health, counselling, or ethics professionals as appropriate.

5.1. Genetic Counselling Supervisors

A Genetic Counselling Supervisor should be an FHGSA Registered genetic counsellor (with at least two years of professional practice since being granted FHGSA Certification), with whom the supervisee can discuss genetic and genetic counselling issues that arise in their case work. As well as clinical knowledge, genetic counselling supervision encompasses sharing information/knowledge regarding counselling skills and promoting reflective practice; discussion of counselling issues and case outcomes/management, including appropriate referrals; exploring different counselling techniques and models; identifying and addressing transference and countertransference; and developing self-awareness in the counselling role, in a supportive, non-judgmental environment.

Supervision is distinct from line management. Where possible it is strongly advised that a line manager does not act as a supervisor for one of their direct reports. This is particularly important where there are any concerns about performance. To avoid a conflict of interest, it is also critical that the *supervisee* does not have management responsibilities over their supervisor.

5.2. Counselling Supervisors

It has been common practice for some genetic counsellors to obtain specific counselling supervision from appropriately qualified mental health professionals. In the event that a genetic counsellor is receiving their primary supervision from a supervisor who is not an FHGSA genetic counsellor the supervisee is responsible for ensuring that they have access to appropriate clinical case review and consultation (see Section 5.4 Case Review and Consultation).

Counselling supervisors who are not FHGSA genetic counsellors must meet supervisor requirements according to their own professional guidelines. They must be suitably qualified with knowledge and awareness of the agency issues and caseload issues of the candidate. They will also require knowledge of the genetic counselling process, genetic counselling regulatory process, and experience working in hospital and/or community settings. Specifically:

- Qualified Social Workers must have a minimum of 3 years post qualifying experience relevant to the field of practice of the supervisee and bring a range of skills to assist others in their learning according to the [Australian Association of Social Workers \(AASW\) Supervision Standards and Professional Supervisor Directory](#).
- Psychologists (including Clinical Psychologists) require current Board-approved supervisor (BAS) status (Registered psychologist who has held general registration for at least three years, completed training with a Board-approved supervisor training provider and successfully achieved approval to become a

Board-approved supervisor) According to the [Psychology Board of Australia: Guidelines for Supervisors](#).

5.3. Supervisor Training

All Genetic Counselling Supervisors are expected to have undertaken formal training in supervision. A minimum of 10 hours of supervision training is required in order to offer supervision as an FHGSA Registered Genetic Counsellor. This can consist of a single workshop or multiple shorter training activities (see Section 1. Transitional Provisions for more detail).

Training opportunities and ongoing CPD activities for supervisors will be offered through the HGSA. Supervisors are strongly encouraged to access other opportunities for training in supervision, for example through their workplace or other local organisations.

Supervisor training for clinical psychologists or social workers must be endorsed by their professional body. Please check with the Board of Censors if you are unsure whether your supervisor is appropriately credentialed.

5.4. Case Review and Consultation

All genetic counsellors must have access to workplace appropriate case review and consultation. In addition to FHGSA genetic counsellors, case review and consultation may include meetings and discussions with clinical geneticists, other medical specialists, MHGSA or FHGSA laboratory scientists, or experienced researchers with appropriate research qualifications (usually a PhD) who provide expertise in the workplace. It is expected that most genetic counsellors will have access to several people who provide workplace appropriate case review and consultation. For example:

- A genetic counsellor who works in a private ultrasound practice may obtain guidance from the ultrasound specialist regarding weekly case load, however but may also benefit from regular contact with a FHGSA genetic counsellor and/or FHGSA clinical geneticist while undergoing certification.
- A genetic counsellor who works in a clinical service in a public hospital may obtain guidance from an FHGSA genetic counsellor, FHGSA clinical geneticist, and may also meet with a molecular geneticist or other laboratory scientist regularly.

6. Supervision requirements

6.1. Summary of Supervision Requirements

1 hour per month of genetic counselling supervision is the minimum standard for all actively practicing genetic counsellors, and is not pro-rata. This is equated to 10 hours per year to account for leave and public holidays. Additional requirements apply to Provisionally Registered genetic counsellors, which are pro-rata based on hours of genetic counselling practice. If pro-rata hours would be less than 1 hour per month, the 1 hour minimum still applies.

Please see the following sections for more detail.

	MHGSA PROVISIONAL (CERTIFICATION CANDIDATES)	FHGSA PROVISIONAL (RESUMPTION OF PRACTICE)	ACTIVE AND FHGSA REGISTERED
Individual Genetic Counselling Supervision	At least 10 hours per year accumulated over a minimum of 10 months.	At least 10 hours per year accumulated over a minimum of 10 months.	At least 10 hours per year accumulated over a minimum of 10 months. This is a minimum standard and is not pro rata.
Additional Group/Peer Genetic Counselling Supervision	To make up a total of at least 40 hours per year (pro-rata) over a minimum of 10 months.	To make up a total of at least 20 hours per year (pro rata) over a minimum of 10 months.	
Case review and consultation	At least four hours per month (pro-rata)	At least two hours per month (pro-rata)	As needed.
Additional Supervision	As needed or recommended by their supervisor.	As needed, recommended by their supervisor, or determined in their Resumption of Practice Plan (see the HGSA Professional Practice Policy for Genetic Counsellors)	As needed.

6.2. Supervision for all genetic counsellors

Genetic counsellors working in any area of practice including clinical, research, laboratory, education, policy and any other area that meets the NASRHP definition of practice are required to participate in supervision.

- **All actively practicing genetic counsellors are required to have a minimum of 1 hour per month (at least 10 hours per year) of genetic counselling supervision, regardless of their hours of practice. This is the minimum standard for any practicing genetic counsellor and can take the form of individual or group supervision.**
- Regardless of their current role, regular interaction and discussion with clinical geneticists and laboratory scientists is encouraged for all MHGSA and FHGSA genetic counsellors
- If an FHGSA or MHGSA genetic counsellor is on extended leave (greater than 4 weeks) they are not required to participate in supervision during this time. It is assumed they will meet the above supervision requirements when they return to practice.

6.3. Supervision for Provisionally Registered genetic counsellors

All Provisionally Registered genetic counsellors are required to meet the minimum supervision requirements outlined below.

Supervision may include a mix of individual and group supervision. All candidates are required to participate in at least one hour per month of one-to-one individual supervision during their training. Supervision hours for genetic counsellors who are working part time will be pro rata (but no less than 1 hour per month/10 hours per year). Details should be reported to the Certification Committee.

Clinical case review and consultation is also essential for all Provisionally Registered genetic counsellors. This can include regular attendance at case review meetings, intake meetings, MDTs and other similar activities. A record of dates of attendance should be maintained.

Depending on the role of the genetic counsellor, may take the form of clinical case review and consultation with:

- a clinical geneticist or senior genetic counsellor OR
- an appropriate medical specialist OR
- a senior research supervisor
- a senior laboratory scientist
- any other arrangements for workplace case review and consultation should be discussed with the [Certification Committee](#) for MHGSA Certification candidates, or with the [Professional Practice Committee](#) as part of their Resumption of Practice Plan for FHGSA genetic counsellors.

6.3.1. MHGSA genetic counsellors

MHGSA practitioners actively pursuing certification under the Certification Committee will be granted PROVISIONAL registration status, and are required to complete:

- **4 hours per month of genetic counselling supervision (pro rata based on hours of practice, but no less than 1 hour per month) AND**
- **4 hours per month of clinical case review and consultation that is specific to the workplace (pro rata based on hours of practice but no less than 1 hour per month).**

Candidates must commence individual supervision no later than 3 months into employment and demonstrate their engagement through submission of supervisors' reports using the template provided (on the [HGSA website](#)).

Throughout the process of certification, candidates must ensure that their supervision arrangements meet the minimum required standards and must notify the Board of Censors as soon as practicable of any changes to their circumstances or supervision arrangements.

6.3.2. FHGSA genetic counsellors undertaking a Resumption of Practice Plan

FHGSA Genetic counsellors participating in a Resumption of Practice program administered by the Professional Practice Committee will be granted PROVISIONAL status. Supervised mentoring of practice from commencement of employment is a requirement of a Resumption of Practice Plan (see the [HGSA Professional Practice Policy for Genetic Counsellors](#)). Applicants must be able to provide evidence of:

- **2 hours per month of genetic counselling supervision (pro rata based on hours of practice, but no less than 1 hour per month) AND**
- **2 hours per month of clinical case review and consultation that is specific to the workplace (pro rata based on hours of practice but no less than 1 hour per month).**

Applicants must include supervision arrangements meeting these requirements in their Resumption of Practice Plan, and submit evidence of supervision through supervisors' reports as per the template on the [HGSA website](#)).

Additional or more frequent supervision or supervisors' reports may be required as part of a Resumption of Practice Plan at the discretion of the Professional Practice Committee [Professional Practice Committee](#).

6.4. Evidence of supervision

6.4.1. Submission cover letter

Certification candidates must confirm the details of their supervision arrangements in their cover letter to the Certification Committee with each submission.

Genetic counsellors undertaking a Resumption of Practice Plan must confirm the details of their supervision arrangements in their cover letter to the Professional Practice Committee with each submission.

The submission must include:

- information about supervisors, including:
 - names and contact details
 - qualifications
 - experience and training in supervision
- the model (e.g., group, one-on-one), frequency (including any pro rata adjustments), and duration of supervision
- the nature of the professional relationship of the supervisee and supervisor (for example senior genetic counsellor but not line manager; genetic counsellor from a different service; etc.).

6.4.2. Supervisors' reports

Certification candidates must provide Supervisors' reports to the Certification Committee with each submission. See the [Clinical Certification Policy](#) and [Supervisor Report Form](#) for more information.

Genetic counsellors undertaking a Resumption of Practice Plan must provide Supervisors' reports to the Professional Practice Committee with each submission. See the [Professional Practice Policy](#) and [Supervisor Report Form](#) for more information.

Supervisors' reports should be completed by the supervisee and their Genetic Counselling Supervisor (see 5.1 Genetic Counselling Supervisors), and confirm:

- the candidate's attendance at and hours of supervision, including calculation of any pro rata adjustments;
- that the candidate is meeting minimum standards of practice; and
- that the supervisee is accessing appropriate workplace case review and consultation.

Reports should provide a summary assessment of the candidate's practice and skills and explore areas for further development. Reports provide an opportunity for feedback from the supervisors and the candidate regarding the process of supervision and the impact on practitioner development.

The report provides an excellent opportunity to discuss the candidate's progress and ensure they are working satisfactorily towards certification. The supervisor and supervisee are strongly encouraged to discuss and complete the report together. The [Supervisor Report Form](#) can be accessed via the [Certification Committee](#) page of the HGSA website.

Candidates are encouraged to discuss their supervisors' reports with their supervisor and share the Certification Committee's response to submissions with them.

6.5. Registered FHGSA genetic counsellors

6.5.1. Evidence of Supervision

Practitioners must be able to provide evidence that their supervision meets the requirements in the event of a Practice Audit by the [Professional Practice Committee](#) (see the HGSA [Professional Practice Policy for Genetic Counsellors](#)).

Practicing genetic counsellors must maintain a record of supervision attendance and be able to supply:

- Evidence of dates of attendance at supervision.
- information about supervisor/s, including:
 - name/s and contact details
 - qualifications
 - experience and training in supervision
- the model (e.g., group, one-on-one), frequency, and duration of supervision
- a statement regarding the nature of the professional relationship between the supervisee and supervisor(s).

7. Logistics

7.1. Supervision contracts

A contract is recommended to maximise the benefits of supervision. The use of a supervision contract is standard practice with all supervision arrangements in other disciplines. The candidate is encouraged to draw up a contract and negotiate the details with their supervisor. Contracts should be reviewed from time to time (ideally on an annual basis).

Examples of questions to consider for the contract include:

- How often will meetings take place?
- Where will meetings take place?
- How will each session be structured?
- How will we determine the content of each session?
- What are the responsibilities of the supervisor?
- What are the responsibilities of the genetic counsellor being supervised?
- How will we determine/review the effectiveness of supervision sessions?
- Any associated costs and payment agreements. In some instances this may be a reciprocal arrangement with the organisation, or a fee may be set and determined by the supervisor. Whether this is paid by the supervisee or employer will be determined by situation-based private agreement.

The contract should include a statement regarding confidentiality, and the manner in which conflict between the supervisor and counsellor, or possible poor performance or misconduct/unethical practice, will be addressed.

In the event the supervisee or supervisor is dissatisfied with the supervision, the contract forms a useful basis for discussion of the situation. In some situations, both parties may agree that alternative arrangements are needed. See Appendix 1: Example supervision contract.

7.2. Insurance for supervisors

It is recommended that supervisors consider insurance cover when providing supervision. Depending on their workplace, or provision of supervision arrangements, supervisors may be covered as members of the relevant union in their state, or may be covered by their workplace. It is the responsibility of each supervisor to make sure they have the cover deemed necessary. Information about [Professional Indemnity Insurance for Genetic Counsellors](#) is available on the HGSA website.

7.3. Mandatory declaration

Practitioners must complete a mandatory declaration at the time of annual registration, including that they meet the appropriate supervision requirements according to this policy.

7.4. Listing of supervisors

Supervisors are able to opt-in to indicate their availability as part of the annual mandatory declarations and membership renewal. Availability for Genetic Counselling Supervision is a searchable field on the [HGSA Register of Genetic Counsellors](#). Supervisors can update their details and availability any time by logging in to the HGSA website and going to My Account, and editing the Registered Genetic Counsellors Details tab, 'GC Supervision Availability' drop down option. Evidence of supervisor training and qualifications may be audited at the time of a supervisee's practice audit, or a submission for certification or resumption of practice.

8. Review Process

The HGSA Supervision Policy for Genetic Counsellors will be reviewed every three years, or sooner if necessary, to maintain consistency with current evidence-based best-practice guidelines and ensure that the document remains inclusive and applicable to all practicing genetic counsellors.

The Policy will be reviewed by:

- Members of the [Board of Censors \(BoC\) for Genetic Counselling](#)
- A member of the ASGC executive to represent the membership
- Any other member representation deemed necessary to ensure a thorough review. This may include healthcare professionals with expertise in supervision, who hold qualifications other than genetic counselling (e.g. social worker or clinical psychologist), and who meet the qualification and regulatory requirements for Counselling Supervisors outlined on page .

Any genetic counsellor members of the review panel must be FHGSA Registered genetic counsellors with at least two years of professional experience post-registration.

The Board of Censors will review the Policy in light of current and developing knowledge about methods, roles and responsibilities in the process of supervision, with benchmarking internationally and against other allied health professions. A final draft will be approved by the Board of Censors for Genetic Counselling and ratified by the HGSA Council. Final ratified versions of the revised documents will be posted on the [HGSA website](#).

9. References and Resources

Beddoe, L. (2010). Surveillance or reflection: Professional supervision in “the risk society”. *British Journal of Social Work*, 40, 1279-1296. Doi: 10.1093/bjsw/bcq018

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10. Version history:

Date	Summary of changes
1/4/2022	First publication of policy.
18/5/2022	5.1. Genetic Counselling Supervisors A Genetic Counselling Supervisor should be an FHGSA Registered genetic counsellor (with at least two years of professional practice since being granted FHGSA Certification) .
8/8/2023	All links updated due to new website.

11. Appendix 1: Example supervision contract

This is intended as an example only, and should be modified by the Supervisor/Supervisee to suit their individual supervision arrangements.

EXAMPLE SUPERVISION CONTRACT

Between		(Supervisor)
and		(Supervisee)

NAME (supervisor) is a member of HGSA and ASGC and is regulated by HGSA and abides by their Code of Ethics.

NAME (supervisee) is a member of HGSA and ASGC and is regulated by HGSA and abides by their Code of Ethics.

Frequency:

Duration:

Cost:

1) Confidentiality:

All material presented and discussed in supervision will remain confidential to the supervision session, except:

- a) The supervisor may take any material to their own supervision.
- b) Should the supervisor be concerned about issues of safety for either the client, the supervisee or the organisation, they may break the confidentiality. In this situation they will inform the supervisee and consult their own supervisor prior to breaking the confidence.

2) Missed and cancelled appointments

If the supervisee is unable to attend supervision on the date agreed, cancellation must be arranged at least 24 hours in advance.

3) Conditions

- Supervision will be uninterrupted.
- An agenda will be set at the beginning of each session, and may include a review of any work/tasks undertaken since the last session.
- The supervisee will be primarily responsible for bringing the material for each session, but the supervisor may from time to time bring issues or topics to attention.
- The focus of supervision will be on professional issues and will acknowledge personal issues only where they relate to or impact on the work being done.
- *As this supervision is external to the supervisee's organisation, the supervisor will not hold clinical or research responsibility for the supervisee's practice.*
- Within their organisation the supervisee is accountable to ADD DETAILS OF POSITION.

- Should an issue of clinical or research practice be raised in supervision which is not able to be addressed in supervision the supervisee will, in the first instance, consult and discuss the issue with NAME/POSITION.

4) Conflict resolution

Should conflict or disagreement arise in the supervision relationship the following steps will take place;

- a) The two parties will in the first instance endeavour to discuss and resolve the issue between themselves.
- b) If the above fails, an outside mediator who is acceptable to both parties will be called in to help resolve the situation.

5) Review

Supervision sessions and the contract will be reviewed and confirmed within three months of being initially signed. (Initial review in MONTH AND YEAR; next review in MONTH AND YEAR)

Thereafter supervision will be reviewed annually, or at any time as requested by either party.

6) Goals for supervision

- **[DISCUSS AND ADD GOALS]**

Signed: _____ (Supervisor) Date: _____

Supervisor contact details:

Signed: _____ (Supervisee) Date: _____

Supervisee contact details: