

Guideline Document

Clinical supervision for nurses and midwives

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Author Office of the Chief Nursing and Midwifery Officer,
Health and Community Services Directorate

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Acknowledgement of Country

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

We also acknowledge that reflective practice holds deep significance in Aboriginal and Torres Strait Islander cultures. We honour these traditions and recognise their foundational role in shaping meaningful, culturally grounded, and responsive clinical supervision.

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GPO Box 158, Canberra City 2601

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Guideline Statement

This guideline provides a foundational structure to support formal clinical supervision (CS) for nurses and midwives. It is underpinned by the ACT Health and Community Service Directorate (HCSD) Clinical Supervision Framework for Nurses and Midwives.

Background

CS is a formally structured professional arrangement that facilitates critical reflection on work issues. It is a confidential relationship within the ethical and legal parameters of practice. CS facilitates development of reflective practice and the professional skills of supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace (Australian College of Midwives, Australian College of Mental Health Nursing, Australian College of Nursing, 2019).

CS is recommended for all nurses and midwives, irrespective of their specific role, area of practice and years of experience (ACN, ACM, ACMHN, 2019). CS impacts positively on professional development and wellbeing, which is vital for recruitment and retention and ultimately a healthy and sustainable workforce that is equipped to deliver exceptional health care (ACN, ACM, ACMHN, 2019).

Key Objectives

- nurses and midwives have access to CS
- nurses and midwives be provided with formal CS training, resources and support
- the organisation and managers support CS
- CS training for nurses and midwives will be monitored and evaluated
- application and impact of CS will be monitored and evaluated.

Scope

This guideline is for all ACT nurses and midwives who would like to:

- access CS
- implement CS within their workplace/organisation
- become a supervisor.

The guideline applies to all methods and modes of formal CS. Supervisors are not required to share the same professional background as the supervisee (Heti, 2013). Therefore, this guideline can be utilised in interdisciplinary supervision where nurses and midwives are:

- supervising workers from outside their own profession
- being supervised by a worker outside their own profession

Allied Health clinicians who are providing CS to nurses and midwives may need to navigate any contrasting principles between this guideline and the Canberra Health Services Clinical Supervision for Allied Health guideline with the supervisee.

Minimum Standards

The following components are considered minimum standards for effective CS for nurses and midwives:

Qualifications of the supervisor

- minimum 3 years' post registration experience
- evidence of completed CS training, including the ACT Government CS eLearning and face to face module
- minimum 1 year experience as a supervisee
- commitment to ongoing cultural safety, diversity and inclusion training.

Dual relationships

To safeguard the integrity of supervision relationships and avoid potential power imbalances, managers should not provide CS to members of their own team. Supervisees should be given the opportunity to choose a supervisor outside their immediate workplace, to facilitate psychological safety, trust and open reflection. Managers can help supervisees locate and engage appropriate supervisors via the CS SharePoint site or by contacting the CS Coordinator for guidance.

Confidentiality

To develop safe and supportive supervisory relationships, confidentiality must be maintained. Nurses and midwives are required to hold information in confidence, unless the release of information is needed by law or is required to facilitate emergency care (NMBA, 2018). A supervisor who fails to abide by this code in their supervisory role, may have consequences for their registration.

Implementation

Format

CS may be provided individually, or in a group setting and can occur face to face or virtually. CS can be provided by a supervisor within the same profession or from outside the profession. CS is recommended to occur monthly for a duration of one hour. Session frequency should be determined according to supervisee needs and documented in the supervision agreement. All CS sessions should take place within work hours and outside the immediate work setting.

There are several models of CS. Supervisors have the responsibility of gaining experience and skills in multiple models of CS and utilising these according to the needs of the supervisee.

Costs

Internal access to CS is free. External CS may be considered when internal options are unavailable or unsuitable. Costs involved during the engagement of external CS providers can be discussed with managers.

Supervision Agreements

Agreements

Written agreements define the supervisory relationship. All CS arrangements will require the following agreements:

- supervision agreement between the supervisor and supervisee
- supervision agreement between the supervisor and supervisee’s manager
- supervision agreement between the supervisor and supervisor’s manager.

Templates of individual and group agreements can be found on the CS SharePoint site.

Record keeping

Agreements and notes taken during CS are to be returned to the supervisee for secure storage.

Agreements involving managers are to be stored securely by the manager. Attendance records for supervision should also be maintained; however, these do not require secure storage.

Roles and Responsibilities

Position	Responsibility
Supervisee	<ul style="list-style-type: none"> • complete CS agreement with supervisor, with identified goals for CS • prepare for each CS session by bringing in relevant work-related topics to assist learning and reflection • protect the time by prioritising CS. Ensure enough notice is given to the supervisor if CS needs to be postponed • engage in active reflective practice • provide supervisor feedback every 6 months • respect boundaries of relationship • manage CS documentation
Supervisor	<ul style="list-style-type: none"> • have appropriate training, experience, knowledge and skills in CS • maintain knowledge and skills in CS through ongoing professional development • provide CS that is sensitive to the needs of supervisees, including inclusive and culturally safe support • understand their legal and ethical obligations to protect the privacy of people, under the NMBA Code of Conduct for nurses and midwives • facilitate a structured approach to CS, where reflection on workplace issues are led by the supervisee • prioritise regular meetings for continuity and reliability in supervision relationships • receive their own CS • complete relevant documentation within the CS process (see above for record keeping obligations)

	<ul style="list-style-type: none"> • liaise with managers regarding the time required to provide CS • arrange a suitable venue and send invitations for all scheduled sessions • participate in the evaluation of the application and impact of CS. • participate in the evaluation of the impact of CS. This involves providing each supervisee with the supervisee evaluation form every 6 months. This evaluation form can be found on the CS SharePoint site.
Managers	<ul style="list-style-type: none"> • provide CS opportunities, and ensure all nurses and midwives have access to CS through the CS SharePoint site • provide CS training opportunities • participate in the completion of CS documentation, particularly CS agreements (see above for record keeping obligations) • prioritise CS despite operational demands where possible • support supervisors to provide CS whilst balancing other workload responsibilities, professional goals and self-care
Organisation	<ul style="list-style-type: none"> • provide appropriate CS training for both the supervisee and supervisor roles, to ensure consistent understanding of the value of CS within the organisation • ensure all nurses and midwives have access to CS mechanisms • continuously participate in the evaluation of CS in nursing and midwifery, and its impact for supervisees, the organisation and consumers • ensure the development, review and update of policies, guidelines and frameworks for best practice CS • appoint a dedicated CS Coordinator who will: <ul style="list-style-type: none"> ○ have oversight of adherence to supervisor requirements ○ manage a CS database that supports supervisor matching ○ manage CS resources that assist with the implementation of CS (Appendix 3, Appendix 4) ○ evaluate the application and impact of CS, including implemented training resources ○ be the primary liaison for escalation of CS matters

Evaluation

Evaluation of the supervisor/supervisee relationship should occur every 6 months to assess the supervision relationship and impact of CS.

Formal evaluation of CS occurs through the supervisee evaluation survey and the supervisor session registration survey, to examine the application and impact of CS. These surveys can be found on the CS SharePoint site. The CS Coordinator is required to report on this data through the CS SharePoint site and by executive as directed.

CS training and evaluation is also coordinated and evaluated by the CS Coordinator.

References and Related Documents

References

1. Australian College of Nursing (2019). *Position Statement Clinical Supervision For Nurses & Midwives*: <https://www.acn.edu.au/wp-content/uploads/clinical-supervision-nurses-midwives-position-statement-background-paper.pdf>.
2. Australian Nursing and Midwifery Federation (2021). Clinical (reflective) supervision for nurses and midwives position statement: <https://www.anmf.org.au/media/uzifezbo/anmf-position-statement-clinical-reflective-supervision-for-nurses-and-midwives.pdf>
3. The Superguide: A Supervision Continuum for Nurses and Midwives. (2013): https://www.heti.nsw.gov.au/_data/assets/pdf_file/0007/897388/HETI-Nursing-Midwifery-Superguide.pdf

Legislation

Work Health and Safety Act 2011 (ACT)

Supporting Documents

Policies

- CHS Clinical supervision

Procedures

- Clinical Supervision for Allied Health Clinicians

Frameworks

- Clinical supervision framework for ACT nurses and midwives
- The Superguide: A Supervision Continuum for Nurses and Midwives

Definitions

Term	Definitions
Supervisee	the nurse or midwife who is receiving clinical supervision
Supervisor	a qualified practitioner who is providing clinical supervision
Nurse	includes Assistant in Nursing, Enrolled Nurse, Registered Nurse, Nurse Practitioner and Advanced Practice Nurse
Midwife	includes Assistant in Midwifery, Endorsed Midwife, Registered Midwife, Midwife Practitioner

Search Terms

Clinical, supervision, reflective practice, reflection

Review Date

The next review of this document is due by 31 March 2029.

Version Control

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1.0	22 April 2026	Endorsed and authorised by Information Officer for publication in full.