

**POLICY AND PROCEDURE MANUAL**

Policy # 2.9.A.i

Title	<p><b>Criteria for MDPAC-Approved Supervisor Status: <u>Supervisor- Other</u> (Psychiatry/Primary Care Mental Health)</b></p>
Note:	<p>There is a separate MDPAC policy for <u>Psychotherapy Supervisor</u> (see Policy # 2.9.A).</p>
Number	2.9.A.i
Policy Area	Operational/Services/Professional Development
<b><u>Preamble:</u></b>	<ul style="list-style-type: none"> <li>• This definition was constructed with a view to using it for the purposes of (MDPAC) CPD Expansion, in addition to its use in the MDPAC policies and procedures on Supervision.</li> <li>• In the preparation of this definition, the information on “supervision” as contained in the websites of the CRPO, CPO (College of Psychologists of Ontario) and the CPSO was reviewed.</li> <li>• The terms “mentoring”, “coaching” etc were not used in this definition because the CPSO no longer uses the term “mentoring”. Also, because the terms “mentoring”, “coaching” etc can have various meanings, they were not included for purposes of simplifying this document (i.e., to preclude the need to provide their definitions).</li> <li>• the CPSO <u>Guidelines for College Directed Supervision</u> no longer include the term “mentor”. The CPSO uses the term “Clinical Supervision”; instead of using the term “mentoring”, the CPSO adds that “it is quite common for the Clinical Supervisor to also take on an educational role for the physician being supervised”.</li> <li>• The proposal is that there be a general definition of Supervision, under which all of the sub-categories of supervision could be subsumed.</li> </ul>
<b><u>Definition of Supervision:</u></b>	<p><b>Supervision is a formalized, structured process* by which the supervisor (a practitioner with more expertise/experience than the supervisee in a specific area(s) related to mental health), provides information and guidance to the supervisee, to facilitate the safe and effective use of mental health "interventions" by the supervisee, and to promote the professional growth and development of the supervisee.</b></p>
<b><u>It is important</u></b>	<p>to have a record of this - either a dated receipt for payment</p>

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or a signed record of the session

### Notes:

\*A “formalized structured” process implies that the terms of the supervision would have been pre-agreed by the supervisor and the supervisee; that the supervision meetings take place at a specified time and in a specified format; and that notes regarding the topics discussed during the supervision meeting are kept. Informal/unstructured case discussions , or “corridor consultations” would not be included under this definition of Supervision.

### **Supervision can have several sub-categories, i.e., in terms of content; format; and purpose.**

#### **Content :**

- i. "Psychotherapy Supervision"- The content of the Supervision is psychotherapy (including the safe and effective use of self in the therapy process).
- ii. "Supervision-Other"- The content of “Supervision-Other” includes Mental Health interventions other than psychotherapy (such as assessment and diagnosis, case formulation, prescription of pharmaceuticals, and other non-psychotherapy mental health interventions e.g., neurofeedback,).

#### **Format:**

- i. Individual- Individual supervision is the supervision of one supervisee during the session with the supervisor.
- ii. Group- Group supervision is the supervision of two or more supervisees during the session with the supervisor.  
Group Supervision may also include Peer Group Supervision if the Peer group meets the criteria for supervision (i.e., a formalized, structured process- see details above) and if at least one of the Peer Group members would meet the MDPAC criteria for a Psychotherapy Supervisor.

Note: A Peer Group, in which none of the members would meet the MDPAC criteria for a Psychotherapy supervisor, would not be considered as “Group Supervision”, but as “Discussion with a Colleague”.

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### Purpose:

Mandatory- Mandatory supervision is supervision that is required by the CPSO (e.g., for the purposes of Change of Scope of Practice, Re-entry into Practice, or “Remediation” (identified patient safety needs/need for practice improvement).

- Because of the requirements of the CPSO, “Mandatory” supervision requires the supervisor to be a physician.
- In addition to education and guidance, “Mandatory” supervision would also include elements of assessment and reports to the CPSO by the Supervisor.
- i. Voluntary- Voluntary Supervision is supervision that is not required by the CPSO, but is undertaken by the Supervisee, as continuing Professional Development, for the purposes of enhancing their knowledge and skill in one or more areas of mental health, to fulfill one or more self-identified learning needs and/or desires.

Policy Statement	When MDPAC members enter supervision-other hours as CCI, they need to state the name of their supervisor. The onus will be on the member, wherever they are throughout Ontario and the rest of Canada, to assure that their supervisor has the minimum credentials as outlined below:
Procedure	<p><u>Note:</u> This policy <b>Supervisor- Other</b> applies to supervision in an area of mental health practice that is not primarily based on psychotherapy/ “talk therapy”, for example – diagnosis, psychopharmacology, the use of diagnostic or treatment technology such as SPECT scans or neurofeedback.</p> <ul style="list-style-type: none"> <li>A. The supervisor must have <b>extensive clinical experience</b>, generally <b>five years or more</b>, in the practice of psychiatry/ mental health and have <b>demonstrated competence in providing clinical supervision</b>.</li> <li>B. The supervisor must have <b>minimum training</b> in psychiatry/ mental health as follows: <ul style="list-style-type: none"> <li>1. Have either <i>formal training in psychiatry or mental health</i> <b>and 2000 hours minimum experience</b> in psychiatry or mental health.</li> <li>2. Formal training and experience in any specific area of focus of</li> </ul> </li> </ul>

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the supervision, such as diagnostic or treatment technology-SPECT scans, neurofeedback etc).

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3. Demonstrated competence in providing *clinical supervision* (individual or group). For example:

- i. The supervisor’s CV contains information regarding their supervisory experience, and/or
- ii. The supervisor has evidence of training in clinical supervision.

C. The supervisor need not be a physician, but must be a professional in good standing of a regulatory college that allows them to practice mental health in one of the recognized health disciplines, authorized to practice Mental Health. If the supervisor practices outside of Ontario, they must meet criteria A and B above, **and** be a member of a regulatory college or professional association of one of the recognized disciplines authorized to practice mental health.

**Procedure:** As mentioned previously, the onus is on the MDPAC member to ensure that their supervisor meets the above criteria. Proof of this should be retained, as it would be required at the time of an audit, or when applying for Certificant or Mentor Status. In these cases, the member may be asked to supply curriculum vitae or further information on their supervisor’s credentials.

**NB:** All supervisory-other hours entered as of TBA must meet these requirements

Responsibility/ Monitoring	Professional Development Committee/Membership Committee/CPSO-CPD Committee
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Date Reviewed	
Date Revised	March 25, 2021