Clinical supervision: practising with it and providing it

What CRPO asks of supervision: when you practise with it (Standard 4.2), your clients and your record, the hours CRPO counts, who may supervise, and what a supervisor owes (Standard 4.1), with Competency 3.5 and the exam's Area 7.

Study aid, not legal advice. Last verified against the official sources linked below on 11 November 2026.

1 On the exam (CRPO's words)

- Area 7 of CRPO's blueprint, **Make use of supervision**, is at least 3 to 5% of the assessment and maps to Competency 3.5 (Resource Manual).
- CRPO **does not publish** how many points any one competency carries within the area.

2 What CRPO asks of you (3.5)

- Initiate clinical supervision or consultation **when appropriate or required**.
- Articulate the **parameters** of supervision or consultation.
- Protect client **privacy** and confidentiality, making disclosure only where permitted or required.
- Initiate a **legal consultation** when necessary.

3 When you practise with supervision (4.2.1)

- Your **registration category** requires it.
- You encounter a **challenging client situation**.
- You are **expanding** your area of practice.
- A **CRPO committee** orders it.

4 Practising with supervision (4.2)

- Enter and follow a supervision **agreement**, and take part in a professional, curious and engaged way: case history, presenting issues, complex clinical or ethical questions.
- CRPO's recommended minimum for a newer practitioner such as an RP (Qualifying): about **one hour per week**.
- For an RP working toward independent practice: about **one hour every two weeks**; shorter meetings as needed.
- Once the required hours are done, **keep meeting** regularly until you meet every independent practice requirement.

5 Your clients (4.2)

- **Tell clients** you practise with clinical supervision.
- Tell them they may **contact the supervisor** directly with questions or concerns.
- Get **informed consent** when information identifying the client is shared, for example when the supervisor reviews your records.

6 Your supervision record

- The **supervisee keeps** it: the supervisor's name and contact information, a copy of the agreement, dates and hours, the format (individual, dyadic or group) and the issues discussed.

7 The hours CRPO counts

- RP (Qualifying) to RP: **100 hours** of supervision and 450 direct client contact hours.
- Independent practice: **1,000** direct client contact hours and 150 hours of supervision over your career; until then, ongoing supervision is a term, condition and limitation on your certificate.
- For supervision, **at least half** the required hours in an individual or dyadic format.
- Group hours count only in groups of **eight or fewer** supervisees (since 1 April 2022); structured peer groups count if formal and include a qualified supervisor.
- Informal "peer supervision", unstructured talk about clients with colleagues, is **not accepted** for registration.

8 Who may supervise (CRPO's current criteria)

1. Registered in **good standing** with a college whose members may practise psychotherapy.
2. **Five years**' extensive clinical experience in psychotherapy since graduating.
3. CRPO's **independent practice** hours met.
4. **30 hours** of directed learning in providing supervision (coursework only, for those starting on or after 1 April 2026).
5. CRPO's **learning module** on clinical supervision completed.

9 Providing supervision (4.1)

- Registrants provide clinical supervision **only if they are qualified** to do so (4.1.1): it is not an entry-to-practice competency.
- A **written agreement**, signed and kept by all parties: goals, responsibilities, who has ultimate responsibility for clients, format and method, meetings, client information and confidentiality, fees, feedback, emergencies, conflicts, renewal or ending.
- Meet on a **predetermined schedule** that fits the supervisee's needs, and support and evaluate their progress.
- **Document** the discussions and directions given, with names, dates, hours and any fees.

10 A supervisor's conduct (4.1 commentary)

- There is a **power imbalance**, as with clients: sexual misconduct, undue influence and abuse are unacceptable; keep confidentiality within agreed limits.
- Avoid **conflicting roles**, such as supervising and providing therapy to the same person.
- Make mandatory reports if a supervisee engages in **unsafe practice**: misconduct or incompetence that puts clients at risk, not a mistake shared to learn.
- Supervising an **unregulated** practitioner: they are not presented as a psychotherapist and do not perform the controlled act.

Supervision is a formal relationship: a signed agreement, a record on both sides, clients told, and only the hours CRPO counts.

Official sources: CRPO Standard 4.2, Practising with Clinical Supervision and CRPO Standard 4.1, Providing Clinical Supervision and CRPO, Supervision Requirements and CRPO Entry-to-Practice Competency Profile (3.5). Condensed from Clinical Supervision. Independent study aid, not legal advice, not affiliated with CRPO or COMPASS.