

Supervision for limited, provisional and conditional registration

4 November 2010

Procedure for supervisors

Who needs to follow this procedure?

This procedure has been developed to assist those who wish to apply to become supervisors of those who are applying for limited registration for post graduate training and supervised practice (section 66), limited registration for teaching and research (section 69) and limited registration in the public interest (section 68), when supervision is a condition of practice.

Supervision in the context of this procedure involves a registered physiotherapist assessing, monitoring and reporting to the Physiotherapy Board of Australia (the Board) about the performance of the physiotherapist being supervised.

When supervisory arrangements are put in place, both the supervisor and the supervisee are accountable to the Board for fulfilling their respective responsibilities and non-compliance with this procedure may result in action by the Board.

This procedure must be read in conjunction with *Physiotherapy Board of Australia – Limited registration guidelines* and *Physiotherapy Board of Australia - Supervision for limited, provisional and conditional registration guideline* which are available at www.physiotherapyboard.gov.au under *Codes and guidelines*. Prospective supervisors are referred to the latter document for definitions of the terms **supervision**, **supervisor**, **supervisee** and **limited registration**.

Supervision undertakings must be based on an assessment of competency of physiotherapy practice. The *Assessment of Physiotherapy Practice Instrument* (Dalton M, Keating J, Davidson M 2009) (Appendix 1) must be used as a tool for this purpose. Prospective supervisors are referred to this resource, available via the Australian Learning and Teaching Council at <http://www.altc.edu.au/resource-app-clinical-educator-resource-manual-griffith-2009>

Both supervisees and supervisors are referred to the *Supervision for Limited and Conditional Physiotherapy Practice* flow chart for diagrammatic representation of the procedure.

Procedure

1. Upon being approached by an individual seeking supervision, when supervision is a condition of limited registration, a supervision undertaking must be prepared by the prospective supervisor and then presented to the Board for consideration (Form A).

The period of supervision cannot commence until after this approval has been granted.

This documentation must include:

- name and contact details of supervisor
 - name and contact details of person to be supervised
 - period of proposed supervision
 - assessment of the competency of the physiotherapy practice of the proposed supervisee, recorded on *Supervision plan (Form B)*
 - goals of the supervised period, recorded on *Supervision plan (Form B)*
 - plan for supervision activities, including the way/s in which the findings from assessment are to be addressed, the methods of supervision, and the number of hours to be devoted to each area of practice, recorded on *Supervision plan (Form B)*
 - acknowledgement of requirements as a supervisor
 - acknowledgement of the requirements of a supervisee and
 - acknowledgement of requirements during the period of supervision (if approved).
2. Supervision undertakings must be based on an assessment of competency of physiotherapy practice. The *Assessment of Physiotherapy Practice Instrument* (Dalton M, Keating J, Davidson M 2009) must be used as a tool for this purpose. Prospective supervisors are referred to this resource, available via the Australian Learning and Teaching Council at:
- <http://www.altc.edu.au/resource-app-clinical-educator-resource-manual-griffith-2009>
- The initial assessment of competence must be documented on the *Supervision plan (Form B)*.
3. During the supervision period, reassessment of competency must occur at least monthly (or as otherwise approved by the Board) and noted on the *Progress chart (Form C)*. The plan for supervision should then be updated accordingly, and noted on *Supervision plan updates (Form D)*. Both the supervisor and the supervisee are required to sign the updated supervision plan once it has been formulated. Progress reports on competency and updated supervision plans must be provided to the Board, by the supervisor, for review and approval at least quarterly (every three months), or as otherwise approved by the Board.
4. The supervisor must check and co-sign a log, as kept by the individual being supervised, which documents physiotherapy practice (*Record of practice and supervision – Form E*). This log must provide details of:
- date and duration of physiotherapy practice each week
 - description of activities undertaken and
 - nature of supervision provided during the period of practice.

This record must be submitted to the Board on a quarterly (every three months) basis, along with progress reports on competency and updated supervision plans.

5. In the event of an unexpected need to change supervisors, the following applies:

The proposed new supervisor will understand that the person being supervised must:

- notify the Board in writing of intent to change supervisors, no less than seven (7) days before the proposed date of change (or seven (7) days before recommencing supervised practice if a supervisor is suddenly unavailable such as due to illness) – practice must cease immediately a supervisor becomes unavailable and a backup supervisor is not available
- notify the Board of the name and contact details of the proposed new supervisor
- forward copies of the following to the proposed new supervisor:
 - assessment of competence
 - previous supervisor undertakings
 - reassessments and reviews and
 - records of practice and supervision

The prospective new supervisor must

- prepare and present to the Board a supervisor undertaking based on the prospective supervisor's own assessment of the supervisee's competence and
- understand that supervised practice with a new supervisor may not proceed until the Board has approved the new supervisory arrangements.

6. If the person being supervised ceases practising the profession for more than 14 days, the Board must be notified in writing 14 days before the date of cessation (or as soon as practicable in the event of serious illness).

Supervision undertaking – proposal (Form A)

Proposed supervisor (Supervisor 1):

Last name: _____
First name: _____
Practice address: _____
Telephone: _____
Work: _____ Mobile: _____
Fax: _____

Proposed supervisor (Supervisor 2):

Last name: _____
First name: _____
Practice address: _____
Telephone: _____
Work: _____ Mobile: _____
Fax: _____

Proposed supervisee:

Last name: _____
First name: _____
Postal address: _____
Telephone: _____
Work: _____ Mobile: _____
Fax: _____

Proposed period of supervision:

From: _____ To: _____

Supervision undertaking – to be completed by prospective supervisor

Undertaking	Yes / No
I have read and understand the following documents: <i>Physiotherapy Board of Australia: Limited registration guidelines</i>	Yes / No
<i>Physiotherapy Board of Australia: Supervision for limited, provisional and conditional registration guideline</i>	Yes / No
I understand that supervision undertakings must be based on an assessment of competency of physiotherapy practice.	Yes / No
I understand that this assessment is undertaken using the <i>Assessment of Physiotherapy Practice (APP) Instrument</i>	Yes / No
I have read and understood the <i>APP Instrument Clinical Educator Resource Manual</i>	Yes / No
I understand that the <i>APP Instrument</i> was developed for assessing competency of physiotherapy practice. Although the <i>Instrument</i> and <i>Clinical Educator Manual</i> have been designed for students and clinical educators, I am aware that these reflect the <i>Australian Standards for Physiotherapy</i> (2006), and comprise a standardised clinical assessment instrument that allows assessment of level of competence that is relevant for individuals with limited registration	Yes / No
I have undertaken assessment of the prospective supervisee, and have documented my assessment on the supervision plan	Yes / No
I have stated goals of the supervision on the supervision plan	Yes / No

Undertaking	Yes / No
I have developed supervision activities that articulate with assessment findings and goals, and have documented them on the supervision plan	Yes / No
I have considered the amount of time per week (in hours) that I plan to devote to the supervision activities that are planned for the prospective supervisee, and have documented them on the supervision plan	Yes / No
I understand that the initial supervision proposal must be signed by me as the prospective supervisor, and by the prospective supervisee	Yes / No
I understand that, pending approval of this supervision proposal, reassessment of competency must occur at least monthly (or as otherwise approved by the Board) and noted on the <i>Progress chart</i>	Yes / No
I understand that upon reassessment of competency, the supervision plan must be updated accordingly	Yes / No
I understand that documentation of reassessment of the updated supervision plans, need to be submitted to the Board every three months	Yes / No
I understand that the person being supervised must maintain a log which records physiotherapy practice (<i>Record of practice and supervision</i>) and that I am required to sign the record at the end of each week.	Yes / No
I understand that I must submit a copy of the <i>Record of practice and supervision</i> to the Board every three months, with a copy of monthly reassessment of competencies and updated supervision plans	Yes / No
I have read and agree to comply with the responsibilities of supervisors (as documented in <i>Supervision for Limited, Provisional and Conditional Registration Guideline</i>) and have documented this agreement	Yes / No
I understand that the prospective supervisee has read and has agreed to comply with the responsibilities of supervisees (as documented in <i>Supervision for Limited, Provisional and Conditional Registration Guideline</i>) and must document this agreement as a requirement for Board approval of the supervision arrangement	Yes / No

Supervision plan - to be completed by the prospective supervisor, and submitted to the Board for approval (Form B)

Name of prospective supervisor: _____

Signature of prospective supervisor _____

Name of prospective supervisee: _____

Date of assessment: _____

Key:

0 – infrequently/rarely demonstrates performance indicators

1 – demonstrates few performance indicators to an adequate standard

2 – demonstrates most performance indicators to an adequate standard

3 – demonstrates performance indicators to a good standard

4 – demonstrates most performance indicators to an excellent standard

n/a – not assessed

Note: a rating of 0 or 1 indicates that minimum acceptable competency has not been achieved

Scoring rules:

Circle n/a only if supervisee has not had an opportunity to demonstrate the behaviour

If an item is not assessed it is not scored and the total APP is adjusted for the missing item

Circle only one number for each item

If a score falls between numbers on the scale the higher number will be used to calculate a total

Evaluate the supervisee's performance against the minimum competency level expected for an entry level physiotherapist

Competency	Score	Goals of supervision	Supervision activities and allocated time
Professional behaviour <ol style="list-style-type: none"> demonstrates an understanding of the rights and consent of patient/clients demonstrates commitment to learning demonstrates ethical, legal and culturally sensitive practice demonstrates teamwork 	0 1 2 3 4 n/a 0 1 2 3 4 n/a 0 1 2 3 4 n/a 0 1 2 3 4 n/a		Planned activities Hours per week:
Communication <ol style="list-style-type: none"> communicates effectively and appropriately demonstrates clear and accurate documentation 	0 1 2 3 4 n/a 0 1 2 3 4 n/a		Planned activities: Hours per week:
Assessment <ol style="list-style-type: none"> conducts an appropriate patient/client interview selects and measures relevant health indicators and outcomes performs appropriate physical assessment procedures 	0 1 2 3 4 n/a 0 1 2 3 4 n/a 0 1 2 3 4 n/a		Planned activities: Hours per week:

Competency	Score	Goals of supervision	Supervision activities and allocated time
Analysis and planning 1. appropriately interprets assessment findings 2. identifies and prioritises problems of patients/clients 3. sets realistic short and long term goals with the patient/client 4. selects appropriate intervention in collaboration with the patient/client	0 1 2 3 4 n/a 0 1 2 3 4 n/a 0 1 2 3 4 n/a 0 1 2 3 4 n/a		Planned activities: Hours per week:
Intervention 1. perform interventions appropriately 2. is an effective educator 3. monitors the effect of intervention 4. progresses intervention appropriately 5. undertakes discharge planning	0 1 2 3 4 n/a 0 1 2 3 4 n/a 0 1 2 3 4 n/a 0 1 2 3 4 n/a 0 1 2 3 4 n/a		Planned activities: Hours per week:
Evidence based practice 1. applies evidence based practice in patient care	0 1 2 3 4 n/a		Planned activities: Hours per week:

Competency	Score	Goals of supervision	Supervision activities and allocated time
Risk management 1. identifies adverse events/near misses and minimises risk associated with assessment and interventions	0 1 2 3 4 n/a		Planned activities: Hours per week:

Signed _____ (prospective supervisor) _____ (prospective supervisee)

Progress chart - to be completed monthly, and submitted to Board by the supervisor for review every three months (Form C)

Name of supervisor: _____ Name of supervisee: _____

Competency	Date	Score	Date	Score	Date	Score
Professional behaviour						
1. demonstrates an understanding of patient/clients rights and consent		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
2. demonstrates commitment to learning		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
3. demonstrates ethical, legal and culturally sensitive practice		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
4. demonstrates teamwork		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
Communication						
1. communicates effectively and appropriately		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
2. demonstrates clear and accurate documentation		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
Assessment						
1. conducts an appropriate patient/client interview		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
2. selects and measures relevant health indicators and outcomes		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
3. performs appropriate physical assessment procedures		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
Analysis and planning						
1. appropriately interprets assessment findings		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
2. identifies and prioritises problems of patients/clients						
3. sets realistic short and long term goals with the patient/client		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
4. selects appropriate intervention in collaboration with the patient/client		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4

Competency	Date	Score	Date	Score	Date	Score
Intervention						
1. perform interventions appropriately		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
2. is an effective educator		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
3. monitors the effect of intervention		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
4. progresses intervention appropriately		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
5. undertakes discharge planning		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
Evidence-based practice						
1. applies evidence based practice in patient care		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4
Risk management						
1. identifies adverse events/near misses and minimises risk associated with assessment and interventions		0 1 2 3 4		0 1 2 3 4		0 1 2 3 4

Please note: Supervisors are required to review goals and supervision activities in response to monthly reassessment of competency

Supervision plan updates – to be completed monthly, and submitted to the Board by the supervisor for review every three months (Form D)

Competency	Date, activities, hours per week	Date, activities, hours per week	Date, activities, hours per week
Professional behaviour 1. demonstrates an understanding of the rights and consent of patient/clients 2. demonstrates commitment to learning 3. demonstrates ethical, legal and culturally sensitive practice 4. demonstrates teamwork	Date: Activities: Hours per week:	Date: Activities: Hours per week:	Date: Activities: Hours per week:
Communication 1. communicates effectively and appropriately 2. demonstrates clear and accurate documentation	Date: Activities: Hours per week:	Date: Activities: Hours per week	Date: Activities: Hours per week

Competency	Date, activities, hours per week	Date, activities, hours per week	Date, activities, hours per week
Assessment <ol style="list-style-type: none"> conducts an appropriate patient/client interview selects and measures relevant health indicators and outcomes performs appropriate physical assessment procedures 	Date: Activities: Hours per week:	Date: Activities: Hours per week:	Date: Activities: Hours per week:
Analysis and planning <ol style="list-style-type: none"> appropriately interprets assessment findings identifies and prioritises problems of patients/clients sets realistic short and long term goals with the patient/client selects appropriate intervention in collaboration with the patient/client 	Date: Activities: Hours per week:	Date: Activities: Hours per week:	Date: Activities: Hours per week:
Intervention <ol style="list-style-type: none"> perform interventions appropriately is an effective educator 	Date: Activities:	Date: Activities:	Date: Activities:

Competency	Date, activities, hours per week	Date, activities, hours per week	Date, activities, hours per week
3. monitors the effect of intervention 4. progresses intervention appropriately 5. undertakes discharge planning	 Hours per week:	 Hours per week:	 Hours per week:
Evidence-based practice 1. applies evidence based practice in patient care	Date: Activities: Hours per week:	Date: Activities: Hours per week:	Date: Activities: Hours per week:
Risk management 1. identifies adverse events/near misses and minimises risk associated with assessment and interventions	Date: Activities: Hours per week:	Date: Activities: Hours per week:	Date: Activities: Hours per week:
Supervisor signature			
Supervisee signature			

Record of practice and supervision – to be submitted to the Board quarterly (every three months) by supervisor (Form E)

Week beginning	Number of hours	Type of practice	Nature of supervision	Signed	Signed by supervisor

Responsibilities of supervisor – to be completed by prospective supervisor and submitted to the Board with supervision plan (Form F)

Name of prospective supervisor: _____

Name of prospective supervisee: _____

Responsibility	Yes	No	Signature
I understand my legal and professional responsibilities and will act accordingly			
I understand the significance of supervision as a professional undertaking and commit to this role			
I have disclosed any potential conflict of interest, such as a personal relationship with the supervisee			
I understand that the responsibility for determining the type and amount of supervision required must be informed by my assessment of the person to be supervised			
I understand that I must make every effort to ensure that those being supervised: <ul style="list-style-type: none"> • understand their legal responsibilities and constraints within which they must operate and • follow the ethical principles that apply to physiotherapy practice 			
I understand that I must only delegate tasks that are appropriate to the role of those being supervised and are within the scope of training and capability of the individual, as based on my assessment.			
I understand that I must provide clear direction to those who I supervise.			
I understand that I must take responsibility for the interventions carried out by others working under their instruction or direction, as well as their own interventions.			
I understand that I must provide honest and responsible reports as required by the Physiotherapy Board of Australia			
I understand that I must be an experienced practitioner, with a minimum of five years' practice as a registered physiotherapist			

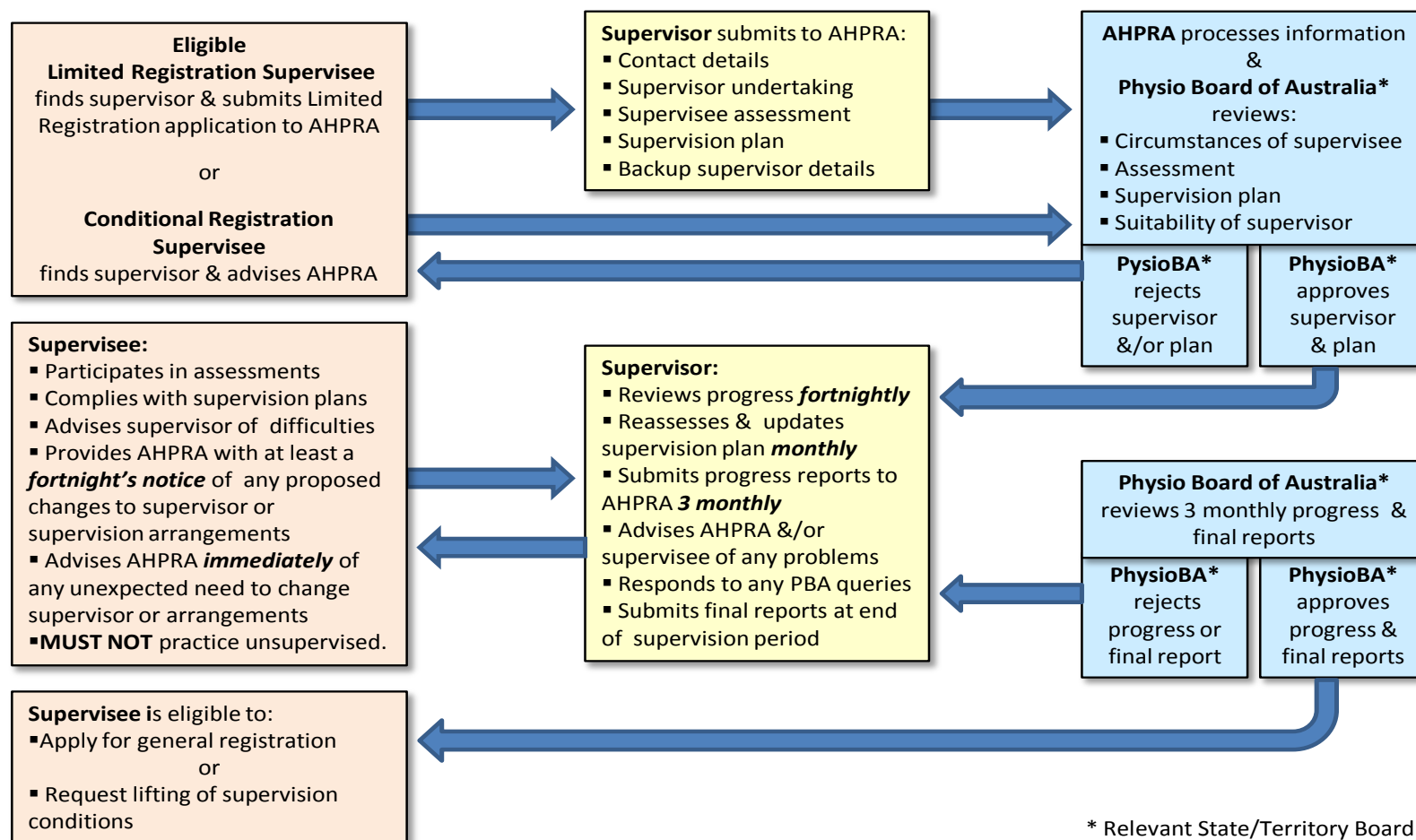
Responsibilities of Person being Supervised – to be completed by prospective supervisee and submitted to the Board (Form G)

Name of prospective supervisor: _____

Name of prospective supervisee: _____

Responsibility	Yes	No	Signature
I understand that I must inform the supervisor at the outset of his or her experience, needs, incidents relevant to their need for supervision and concerns			
I understand that I must participate in assessments undertaken by the supervisor to assist determination of my capabilities, needs and progress			
I understand that I must familiarise myself with my legal and professional responsibilities and comply with these			
I understand that I must familiarise myself with safety policies and procedures and comply with these			
I understand that I must follow directions and instruction from the supervisor and ask questions to clarify where necessary			
I understand that I must advise the supervisor of any uncertainties and incidents during the period of supervision			
I understand that I must reflect on and respond to feedback			

Supervision for Limited and Conditional Physiotherapy Practice



* Relevant State/Territory Board of the Physiotherapy Board of Australia (PBA)

