



Policy and Procedure: Supervision for registrants returning to practice

1.0 Background

- 1.1 The Occupational Therapists Board of Queensland's primary role under the *Occupational Therapists Registration Act 2001* (the Act) is to protect the public by ensuring occupational therapy is delivered by registrants in a professional, safe and competent way. Accordingly, the Occupational Therapists Board of Queensland (the Board) requires that an applicant who is returning to practice after an absence of greater than 5 years (the affected registrant) undertakes a period of supervised practice as determined by this policy

2.0 Purpose and scope of policy

- 2.1 This policy describes how the Board will implement the provisions of section 57(1) of the Act on any affected registrant.

57 Imposition of conditions by board

(1) The board may decide to register an applicant for general registration as a general registrant on conditions the board considers necessary or desirable for the applicant to competently and safely practise the profession.

Examples of conditions of general registration—

1 a condition that a general registrant only practise the profession under the supervision of another general registrant

2 a condition prohibiting a general registrant engaging in stated procedures related to the practice of the profession

- 2.2 This policy also provides guidance to supervisors of registrants who have supervised practice conditions as a condition of their registration (the supervisor and the affected registrant respectively).
- 2.3 If an applicant for registration under the Act is an affected registrant, supervision in accordance with the Act and this policy is required for *any* occupational therapy practice in Queensland.
- 2.4 The purpose of conditions requiring supervision imposed by the Board on an affected registrant is to ensure that:
- the affected registrant's performance is evaluated and monitored;
 - the affected registrant demonstrates that she or he can practice the profession of occupational therapy safely and competently; and
 - the affected registrant develops skills that enable her or him to operate within the local and Australian health care systems.
- 2.5 A flowchart describing the steps required to obtain registration by an affected registrant, and the review of supervised practice conditions are in Appendix A.

3.0 Key elements of this policy

- 3.1 Affected registrants must practise primarily **under supervision** of a supervisor who is an Occupational Therapist registered under the Act and otherwise in accordance with the terms of the conditions imposed by the Board.

3.2 Fulfillment of the conditions of practice imposed by the Board in accordance with the Act and this policy is subject to the Board being satisfied with the *Supervised Practice Reports* provided to the Board by the supervisor.

4.0 Registration application process

4.1 Affected registrants must have:

- made application to the Board for registration on the *Application for General Registration Form OT101*
- been granted General Registration with conditions by the Board, imposing supervision as a condition of practice.

4.2 The Board may seek an undertaking, or request further information before making a decision on the registration of an affected registrant.

4.3 The affected registrant must not commence the practice of occupational therapy prior to receiving written notification from the Board that registration has been granted, and a copy of the Supervised Practice Agreement is approved and signed by the Board.

5.0 Supervised Practice Agreement

5.1 As a condition of registering an affected registrant the Board will require a *Supervised Practice Agreement* (the Agreement) signed by the affected registrant and the supervisor outlining:

- who will supervise the registrant in his or her work;
- where the affected registrant will be practising.

5.2 It is the affected registrant's responsibility to seek a supervisor and submit the Agreement and any other documentation to the Board.

5.3 An affected registrant must not commence or continue practice (as the case may be) without the prior written approval of the Board in the following circumstances:

- initially commencing practice;
- changing practice location, or
- changing supervisors.

6.0 Obligations of the supervisor

6.1 The supervisor must have a minimum of **two (2) years** full time equivalent experience as a general registrant, without conditions, in Australia or New Zealand and attest to the fact that they are competent to supervise the affected registrant.

6.2 Note that a supervisor must be approved by the Board prior to the commencement of practice by the affected registrant.

6.3 Conflicts of interest must be disclosed, such as a personal relationship between the proposed supervisor and the affected registrant.

6.4 The supervisor must ensure that the affected registrant can demonstrate minimum requirements for safe and competent clinical practice of non-complex cases.

- 6.5 The supervisor must ensure that the affected registrant is practising safely, by direct observation where relevant, by individual case review, periodic performance review and remediation of identified problems.
- 6.6 The supervisor must notify the Board immediately if concerned about the affected registrant's clinical performance, health, approved work arrangements or non-compliance with Board imposed conditions or undertakings.
- 6.7 The supervisor must notify the Board immediately if she/he is no longer able to provide the level of supervision that is required. Note: A notification is not required if the supervisor takes temporary leave for a period of up to one month. In these circumstances the approved supervisor **MUST** delegate supervision responsibilities to another appropriate registrant; however, the approved supervisor will retain primary responsibility for the affected registrant.
- 6.8 The supervisor must provide *Supervised Practice Reports* as required by the affected registrant's level of supervision conditions and comply with the Board's requirements as to format and frequency (see section 9.0).
- 6.9 The supervisor must give information and/or opinion to the Board, if requested, about the affected registrant's practise of the profession from time to time, without reference to the affected registrant.

7.0 Notification of change in supervisor

- 7.1 The affected registrant must seek **prior** approval from the Board for a new supervisor and the affected registrant and the new supervisor must enter into and submit a signed and fully completed Supervision Practice Agreement to the Board. For example, if the supervisor takes a period of leave greater than 4 weeks or is no longer in a position to provide supervision
- 7.2 The affected registrant must immediately cease practicing the profession of occupational therapy from the date the supervisor ceases to supervise the affected registrant until the date the Board notifies the affected registrant and the new supervisor of its approval of the Supervised Practice Agreement.

8.0 Obligations of the affected registrant

- 8.1 The affected registrant must take reasonable steps to ensure safe practice by such measures as seeking assistance from other practitioners, cooperation in individual case review, periodic performance review with the supervisor and remediating identified problems.
- 8.2 The affected registrant must seek advice if there are concerns in relation to the affected registrant's health, clinical performance or compliance with any conditions/undertakings. This advice may be from their supervisor, a medical practitioner, or from the Board. Where advice is given to the affected registrant on the request of the affected registrant, the affected registrant must take all reasonable steps to implement that advice.
- 8.3 The Supervised Practice Agreement does not derogate or supplant the affected registrant's obligations under the Act and law generally. A breach of the Act by the affected registrant may be considered a breach of the Supervised Practice Agreement.
- 8.4 The affected registrant must comply with the terms of this Agreement, the Supervised Practice Agreement and the conditions imposed by the Board on the affected registrant's registration. If the affected registrant breaches any of these the Board reserves the right to take whatever steps are available to it under the Act including show cause, investigation, a revision or change to conditions of registration and disciplinary proceedings.

9.0 Levels of Supervision

- 9.1 The Board reserves the right to determine the conditions that it will impose on an affected registrant with respect to the supervision required by this policy.
- 9.2 The Board reserves the right to determine whether the proposed Supervised Practice Agreement and all other requirements of this policy have been met by the affected registrant.
- 9.3 An affected registrant may practise under more than one Supervised Practice Agreement.
- 9.4 There are three (3) levels of supervision that must be undertaken by the affected registrant as a condition of his or her registration. Minimum periods apply to supervision levels two and three, which must be complied with before moving to the next level. Affected registrants must commence supervision at Level 1. Before the affected registrant may proceed to the next level of supervised practice, the supervisor must complete a *Supervised Practice Report* and forward it to the Board for approval. Board approval is not required prior to affected registrant moving from level 1 to level 2, however a supervision report must be submitted to the Board.

9.5 LEVEL 1 – Direct Supervision

- 9.5.1 With level 1 supervision the supervisor takes direct and principal responsibility for the client. The supervisor must be present and observe at all times when occupational therapy services are being provided.
- 9.5.2 The Board approved supervisor will organise some clients that are at **entry level (non-complex) for the profession** for specific intervention. The supervisor must **personally supervise** the interventions performed by the affected registrant on these clients.
- 9.5.3 **Clinical practice requirements**
The affected registrant must demonstrate safe and competent clinical practice under Level 1 supervision in the areas specified in Appendix B (categories 1 to 4). For further information, the supervisor must refer to the Occupational Therapists Board of Queensland *Guidelines for Professional Conduct and Practice* which are available online at www.occuptherapyboard.qld.gov.au
- 9.5.4 **Minimum practice period**
No minimum period (may depend on the affected registrant's previous level of clinical experience). It may take as little as 1 day to complete this level of supervision.
- 9.5.5 **Reporting and progression to next level**
The affected registrant may proceed to Level 2 supervision on submitting to the Board a *Supervised Practice Report* completed by the supervisor stating that the affected registrant has been observed as safe and competent at Level 1 supervision (i.e. for entry level (non-complex) clients), and that the supervisor is satisfied that the affected registrant will safely practise under Level 2 supervision.

Progress to Level 2 can occur prior to Board approval being given.

- 9.5.6 Supervision at this level can only be undertaken by a registered occupational therapist.

9.6 LEVEL 2 – Contemporaneous Supervision

- 9.6.1 With Level 2 supervision the supervisor shares responsibility for the individual client with the affected registrant. Thus the supervisor must be in the workplace at all times however is not required to directly observe. The affected registrant is responsible for ensuring that practice is within the Supervised Practice Agreement and that the supervisor is informed of the management of individual clients on a daily basis.

- 9.6.2 The work environment must be such that there is at least general oversight of the affected registrant's practice by other registered Occupational Therapists or health practitioners who can recognise if a threat to client safety is emerging and give guidance or initiate appropriate action.
- 9.6.3 The Board accepts that on rare occasions there may be an exception to the requirement that another colleague be present at all times. For instance, where an affected registrant is **required** to work and the only other colleague who is rostered on is unable to work due to unexpected personal reasons such as illness. The Board does not expect the affected registrant to withhold treatment to clients. However the affected registrant must notify the **principal** supervisor as soon as possible of the circumstances which led to unsupervised practice and also of the services provided.
- 9.6.4 **Clinical practice requirements**
At this level the affected registrant should demonstrate to the supervisor they are safe and competent under Level 2 supervision with a **broader scope of clients** in the areas specified in Appendix B (categories 1 to 4). For further information, the supervisor must refer to the Occupational Therapists Board of Queensland *Guidelines for Professional Conduct and Practice* which are available online at www.occuptherapyboard.qld.gov.au
- 9.6.5 **Minimum practice period**
A minimum of **20** working days of clinical practice at Level 2 supervision is required before progression to Level 3 will be considered by the Board.
- 9.6.6 **Reporting and progression to next level**
Supervised Practice Reports are required to be submitted to the Board no later than the last day of every month following commencement of clinical practice.
- The supervisor must submit a *Supervised Practice Report* to the Board stating that the affected registrant has been observed as safe and competent to practise under Level 2 supervision across a broad scope of cases, and that they are satisfied that they will safely practise under Level 3 supervision. This report may be submitted at any time (i.e. does not have to be aligned with the Board's monthly reporting requirement).
- 9.6.7 **The affected registrant cannot commence practice at Level 3 supervision until the Board notifies the supervisor and affected registrant of the approved change in supervisory level.**
- 9.7 **LEVEL 3 – Broad supervision**
- 9.7.1 With level 3 supervision the supervisor is responsible for ensuring that the practice of the affected registrant is in accordance with acceptable standards and that there are mechanisms in place to ensure that the registrant is practising at a safe standard. The registrant takes responsibility for individual client care. The supervisor maintains an indirect responsibility for the client through ensuring that appropriate safeguards are in place for monitoring performance and referral as required.
- 9.7.2 Upon commencing level 3 supervision the supervisor and affected registrant must **formulate a plan in regard to the scope and limits of practice** and should meet regularly to monitor practice performance including workload and any significant clinical issues. This agreement may alter over time as the supervisor is satisfied with the progress and performance of the affected registrant. Thus the extent of supervision will vary over time as the affected registrant becomes more confident (e.g. the affected registrant may be permitted to work alone, on-call or after hours). When working alone, the affected registrant must have telephone access to a supervisor.
- 9.7.3 **Reporting**
Supervised Practice Reports are required to be submitted to the Board no later than the last day of every month following commencement of clinical practice, until otherwise advised by the Board.

9.7.4 Minimum practice period

A minimum of **100** working days of clinical practice at Level 3 supervision is required before removal of supervision conditions will be considered by the Board (see section 10.0 Review of conditions).

9.7.5 The affected registrant cannot commence practice without supervision until the Board notifies the supervisor and registrant of the approved removal of supervisory conditions.

10.0 Review of conditions

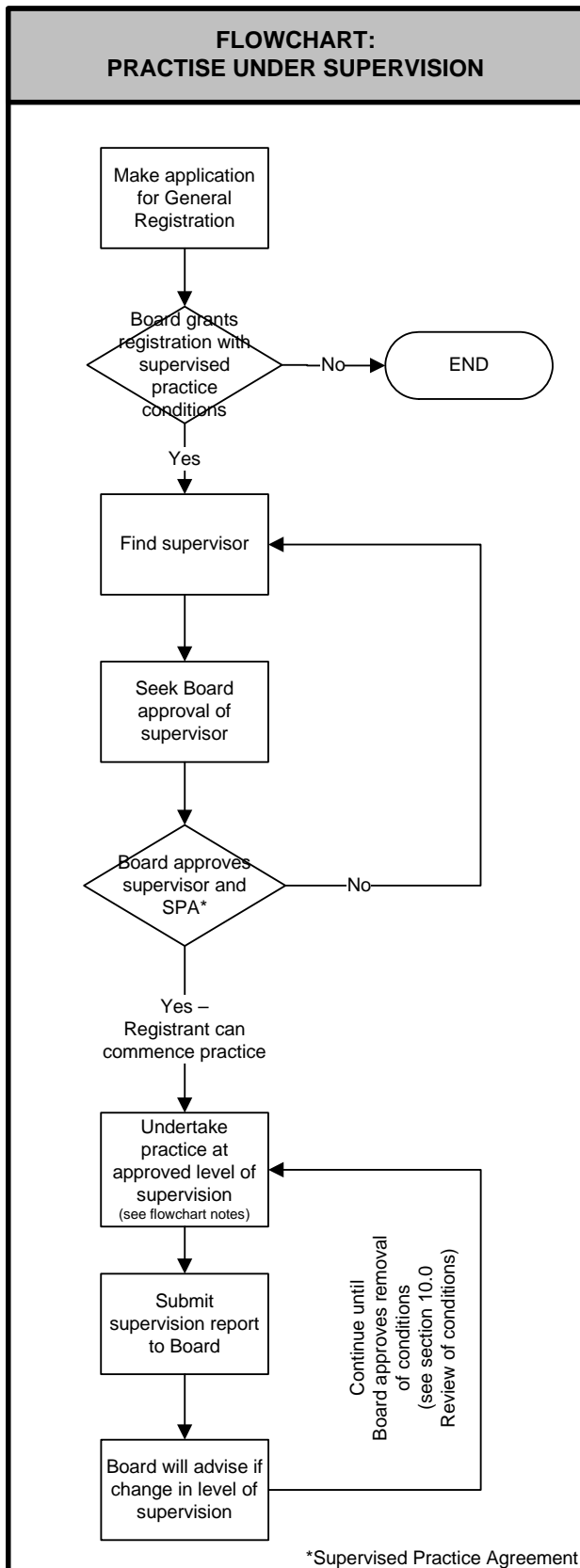
10.1 For conditions of supervised practice to be removed by the Board the supervisor must submit a *Supervised Practice Report* to the Board stating that the affected registrant has been observed as safe and competent to practise under Level 3 supervision across a broad scope of cases for a minimum of 100 working days (full time equivalent), and that they are satisfied that the affected registrant will safely practise without supervision. This report may be submitted at any time (i.e. does not have to be aligned with the Board's monthly reporting requirement).

10.2 The Board, in accordance with section 57 of the Act, will publish the conditions imposed on an affected registrant on the public register of Registrants.

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| Approving authority: | Occupational Therapists Board of Queensland |
| Approval date: | 6 August 2009 |
| Review date: | August 2010 |
| Reviewing officer: | To be advised |

APPENDIX A — Flowchart

The flowchart describes the process for gaining registration and the supervision of registrants under this policy.



Flowchart notes:

1. All registrants must commence practice at level 1 supervision.
2. The minimum length of practice (full-time equivalent) on each level of supervision is as follows:
 - Level 1 — No minimum period (may depend on the affected registrant’s previous level of clinical experience). May be as little as 1 day.
 - Level 2 — A minimum of 20 working days of clinical practice
 - Level 3 — A minimum of 100 working days of clinical practice

APPENDIX B — Standards

Category 1 — Professional conduct

- Operated within individual and professional strengths and limitations
- Demonstrated respect for the individuality and worth of each client considering cultural, religious, spiritual and social values
- Respected confidentiality and privacy of clients
- Established and maintained appropriate professional boundaries with clients
- Practiced in an ethical and professional manner (refer to the Occupational Therapists Board of Queensland Guidelines for Professional Conduct and Practice)
- Assumed responsibility for ensuring professional competence
- Responded to supervision and feedback about performance and modified behaviour accordingly
- Demonstrated insight and self-reflection about personal performance and areas requiring improvement

Category 2 — Effective Communication

2.1 Verbal and non-verbal communication

- Adapted verbal and non verbal communication to the needs of the client, family and other staff members
- Communicated with the client in a manner and environment that ensured confidentiality, privacy and sensitivity
- Established a rapport with the client that contributed to the maintenance of a positive therapeutic relationship
- All communication promoted a shared understanding of the client's needs and goals and the therapist's intervention aims
- Discussed and agreed the goals, nature, purpose and expected outcomes of the occupational therapy intervention
- Employed appropriate strategies to address communication difficulties
- Demonstrated effective English language ability i.e. speaks clearly, is readily understood by others and understands written and spoken English language
- Informed consent was obtained prior to undertaking any assessment or intervention
- Collaborative, respectful relationships with clients and other health professional were maintained at all times

2.2 Written communication

- Record keeping was clear, concise, accurate and objective
- Documentation was maintained appropriately, according to the accepted procedures and standards of the workplace and any relevant legal requirements
- Documentation was completed within the expected time frame

Category 3 — Information Gathering: Assessment and interpretation of occupations, roles, performance and function

3.1 Assessment selection and information gathering techniques

- Relevant information is gained from records and others involved in the client's management
- Structured observations and interviews were used to obtain and verify this information
- Standardised and non-standardised assessments selected were appropriate to the client's needs, age, gender, occupation and functional performance

3.2 Assessment administration

- Conducted assessments in a safe, accurate and appropriate manner
- Assessment of the client's environment e.g. home, school, work was conducted in accordance to facility policies and procedures

3.3 Analysis of assessment data

- Assessment data was accurately interpreted
- Goals, values and expectations of the client were accurately identified
- Demonstrated well developed clinical reasoning abilities in formulating an intervention plan based on assessment results and identified client goals
- Demonstrated ability to determine intervention priorities
- Determined professional limitations (client difficulties outside therapist's level of competence) and referred on to other professionals for further assessment

Category 4 — Service Provision: Implementation of occupational therapy interventions

4.1 Demonstrated ability to articulate the role of occupational therapy to those within the service area

4.2 Developed an occupational therapy intervention plan

- Clearly articulated an intervention plan based on the assessment findings and in collaboration with the client
- Occupational therapy intervention plan was guided by principals of occupational therapy frames of reference
- Set realistic short and long term goals with the client
- Selected appropriate and effective interventions to address the established goals
- Determined a plan of evaluation that used facility or service relevant outcome measures

4.3 Implemented occupational therapy interventions

- Intervention environment was arranged to meet the performance and occupational needs of the client
- Required resources were obtained and organized prior to the implementation of any intervention
- Interventions were conducted in a safe and effective manner
- Unexpected or adverse events were managed effectively
- Other service providers were consulted to support the intervention when necessary

4.4 Evaluated occupational therapy intervention(s)

- Effectiveness of interventions was monitored at regular intervals via client feedback and standardized and non-standardised assessment
- Accurate observations and inferences were made following each intervention and treatment strategies were adjusted accordingly
- Any changes to intervention strategies were discussed with the client and/or caregiver
- Effective planning for service completion was considered and conducted including communication with external service providers as necessary and appropriate

4.5 Demonstrated the ability to effectively manage the allocated caseload

References

Australian Association of Occupational Therapists (1994): *Australian Competency Standards for Entry-Level Occupational Therapists*

Occupational Therapists Board of Queensland (2008): *Guidelines for Professional Conduct and Practice*

Physiotherapists Board of Queensland (2008): *Supervised Practice Agreement*

Physiotherapists Board of Queensland (2008): *Supervised Practice Report*

Physiotherapists Board of Queensland (2008): *Policy and Procedure: Supervision for registrants with Australian Physiotherapy Council (APC) Interim Certificates*

The University of Queensland (1998): *SPEF-Revised Edition Package*