

SUPERVISED PRACTICE GUIDELINES FOR OCCUPATIONAL THERAPISTS, PHYSIOTHERAPISTS AND SPEECH-LANGUAGE THERAPISTS (CONDITIONAL AND TEMPORARY REGISTRATION) (2014)

1. Orientation

1.1. All newly registered therapists on conditional/temporary registration must undergo an orientation programme before they start clinical work.

1.2. The new therapist is to be provided with orientation materials containing the following:

- 1.2.1. Important regulations and professional guidelines governing his professional practice in Singapore
- 1.2.2. Relevant ethical code and ethical guidelines for his profession
- 1.2.3. General information about the organisation of the hospital/institution and the services that it provides
- 1.2.4. Good practice in record keeping or documentation
- 1.2.5. Workflows to the department and procedures for referrals within and outside the organisation
- 1.2.6. Procedures and rules to access patient records or files
- 1.2.7. Management protocols for the more common conditions treated in the department/centre and for emergency purposes
- 1.2.8. Infection control procedures within organisation
- 1.2.9. Occupational health and safety measures
- 1.2.10. Procedures for equipment and home programmes prescription (*For Occupational Therapists only*)

1.3. A briefing is to be given to the new therapist to highlight the salient points. The briefing should include:

- 1.3.1. Overview of the healthcare, special education provision, social services and community services sector in Singapore relevant to his profession
- 1.3.2. Local laws and regulations applicable to the profession
- 1.3.3. Administrative information e.g. working hours, duty roster and support facilities available
- 1.3.4. An insight into the local culture and working environment

1.4. The new therapist should be formally introduced to his supervisor so that he will know who his supervisor is and vice versa.

1.5. The new therapist should be informed about how he would be appraised and assessed.

1.6. The new therapist is to be given an orientation cum tour of the department and organisation during which he is introduced to the key staff and clinical resources.

2. Supervisor Requirements

2.1. Eligibility Criteria for Supervisors

The requirements of a supervisor for conditional or temporary registered therapist are as follows:

- 2.1.1. A supervisor must be registered under Full or Restricted Registration and assigned to new therapists accordingly as outline in Table 1 below
- 2.1.2. A supervisor must be currently practising
- 2.1.3. A supervisor must have at least 3 years of clinical practice experience in Singapore in the profession he is supervising

Table 1: Supervisory Assignment

Supervisee	Primary Supervisor	Secondary Supervisor
C (F) registrant	Full registration	Full registration; or Restricted registration for supervision within the restricted scope of the supervisor
C (R) registrant	Full registration; or Restricted registration with the same scope of restrictions as supervisee	Full registration; or Restricted registration with the same scope of restrictions as supervisee
T Registrant	Full registration; or Restricted registration with the same scope of restrictions as supervisee	Full registration; or Restricted registration with the same scope of restrictions as supervisee

2.2. The **primary supervisor** is responsible to ensure that his supervisee has access to other supervisors (meeting the eligibility requirements in para 2.1) who can provide timely and direct supervision when he is not onsite with his supervisee.

2.3. The supervisor is expected to be familiar and comply with the requirements of the Allied Health Professions Council (AHPC) Supervised Practice Guidelines.

2.4. The name and designation of the supervisor(s) must be made known to the AHPC via the submission of the Undertaking by Supervisor (Form SF2) as Prospective Supervisor(s). This should be done at the point of registration application for the therapist requiring supervision, and upon any changes in supervisor for the therapist under supervision.

2.5. The supervisor(s) identified in the Form SF2 has a duty to provide an accurate and objective assessment of the supervisee based on performance criteria listed in the assessment form. This supervisor will assess the performance of the supervisee according to the requirements set in the form and ensure that the information provided in the Supervisor Assessment Reports to the AHPC is true and accurate.

2.6. A minimum of 2 supervisory grade staff is required per profession in the organisation.

3. Supervision

3.1. Supervisor:Supervisee Ratio

3.1.1. The supervisor must observe the supervisor-supervisee ratio in Table 2 below.

Table 2: Supervisor to Supervised Therapist Ratio

	No. of L1 supervised Therapist	No. of L2 supervised Therapist	
1 supervisor to:	0	6	Or Or
	1	3	
	2	0	

3.2. The Head of Department/Therapist-in-charge of the department/team will be responsible for assigning the types of cases to be seen by a new therapist during the initial weeks or months until such time that the therapist under supervision is able to handle the normal caseload.

3.3. A newly hired conditional or temporary registered therapist should not be allowed to manage patients on his own until such time that his supervisor or Head of Department is satisfied that he has been properly trained and is competent to do so.

3.4. The new therapist must not be assigned or take up a task for which he has insufficient experience or expertise.

3.5. The new therapist must have direct and timely access to his supervisor for advice and assistance whenever he has a problem in managing a patient.

3.6. Supervision Intensity (Overview)

3.6.1. Supervision intensity refers to the direct contact hours between the supervisor and the therapist.

3.6.2. All newly registered therapists on conditional/temporary registration will undergo a period of supervised practice, ranging from 1 to 2 years. There are 3 levels of supervision intensity, from Level 1 (L1) to Level 3 (L3), where L1 is of the greatest intensity.

3.6.3. Under normal circumstance, registrants placed on 1 year supervision will need to complete 6 months of L1 supervision and upon AHPC's approval, progress to L2 supervision to complete the next 6 months of supervision. Registrants placed on 2 years supervision can progress to L3 supervision in their 2nd year upon AHPC's approval.

3.6.4. Supervision at any particular level can be extended should the AHPC deem necessary.

3.6.5. The minimum intensity of supervision must be adhered to, and increased if the supervisor deems it is necessary for the therapist under supervision. Details of the supervision intensity are outlined in **Table 3**.

3.6.6. Transition to lower levels of supervision is not automatic, and will be subject to the approval of the AHPC upon consideration of the supervisory and peer review reports submitted.

Table 3: Level of Supervision Intensity

Occupational Therapists & Physiotherapists

L1 Supervision		L2 Supervision	L3 Supervision
1 st Month	2 nd - 6 th Month	7 th Month onwards	13 th Month onwards
4 hours/week	4 hours/fortnight	4 hours/month	4 hours/2 months

IMPORTANT NOTES ON L1 SUPERVISION:

For L1 supervision, daily auditing of at least 1 case record is required for the first month, but may be extended based on the discretion of the supervisor. Throughout the supervision period, direct contact could include any of the following*:

- I. One-to-one performance feedback discussion
- II. One-to-one case discussion or case audit discussion
- III. Direct observation of a clinical intervention or assessment
- IV. Case presentation of selected cases in the presence of the supervisor, with feedback/input from the supervisor

*For the 1st – 2nd month, at least one of (I) and (III) are required each week.

Speech-Language Therapists

L1 Supervision		L2 Supervision	L3 Supervision
1 st Month	2 nd - 6 th Month	7 th Month onwards	13 th Month onwards
8 hours/week	4 hours/week	4 hours/fortnight	4 hours/2 months

IMPORTANT NOTES ON L1 SUPERVISION:

For L1 supervision, daily auditing of case records are required for dysphagia cases, and at least twice a week for other non-dysphagia cases, up to the end of the 2nd month. Throughout the supervision period, direct contact could include any of the following*:

- I. One-to-one performance feedback discussion
- II. One-to-one case discussion or case audit discussion
- III. Direct observation of a clinical intervention or assessment
- IV. Case presentation of selected cases in the presence of the supervisor, with feedback/input from the supervisor

*For the 1st – 2nd month, at least one of (I) and (III) are required each week.

3.7. Level One (L1) supervision

- 3.7.1. L1 supervision is to be applied in the first 6 months of conditional/temporary registration where the level of supervision by the assigned supervisor will be more intense.
- 3.7.2. The supervisor must be committed to the period of supervision to be accorded to his assigned supervisees and familiar with the workings of the organisation.
- 3.7.3. The SF2 named supervisor(s) must provide the minimum direct contact hours of supervision as stipulated in **Table 3** at all levels of supervision, and perform the daily auditing of cases required. Daily auditing of cases may be extended if deemed necessary by the supervisor.
- 3.7.4. For the period of L1 supervision, a supervisor must be available onsite to provide timely and direct supervision. Where the SF2 named supervisor(s) are not available onsite for any reason, he can delegate his supervision role to other therapists with supervisory roles in the organisation. However, the supervisors must be in the same profession as the therapist under supervision.

3.8. Level Two (L2) supervision

- 3.8.1. A conditionally/temporary registered therapist who has demonstrated competence on all elements of the performance assessment for the first 6 months (minimum period) of supervision would be eligible to progress to L2 supervision if he was not involved in any adverse complaints and feedback.

3.9. Level Three (L3) supervision

- 3.9.1. L3 supervision applies for conditional/temporary registered therapist who have been ascertained to be generally ready to work independently, but have yet to fulfil the specified period of supervised practice required towards Full or Restricted registration.
- 3.9.2. Subject to the AHPC's approval, to be eligible for L3, the conditional/temporary registered therapist must:
 - 3.9.2.1. Have received "competent/exceeding" performance grading for the past 1 year (minimum period) of supervised practice and
 - 3.9.2.2. Not be involved in any adverse complaints and feedback
- 3.9.3. A conditional/temporary registered therapist on L3 supervision will:
 - 3.9.3.1. Continue to practise under supervision of the SF2 named supervisor(s);
 - 3.9.3.2. Be subjected to assessment reports by the respective supervisor(s).
The reports will be requested by the AHPC until such time that the supervisees complete the specified period of supervised practice required for computation towards the therapist's eligibility for Full or Restricted registration;
 - 3.9.3.3. Be excluded from the ratio count under the Supervised Practice Guidelines as indicated in Table 2 and
 - 3.9.3.4. Prohibited from assuming supervisory role(s) for other junior therapists.

3.10. In the event that the audit findings show that the standard of supervision is consistently unsatisfactory, the AHPC may not allow any new conditional/temporary registered therapist to work in the department/centre concerned in the future.

3.11. Any problems faced with the new therapist are to be reported to the Chief Executive Officer, Chairman, Medical Board/Medical Director, Chief Operating Officer or Allied Health Director *or their equivalent* for the particular organisation for remedial action.

3.12. Where difficulties arise, especially in adaptation and phasing into the system, the Department is to take appropriate actions and inform the Chief Executive Officer, Chairman, Medical Board/Medical Director, Chief Operating Officer or Allied Health Director *or their equivalent* of the organisation.

3.13. The Chief Executive Officer, Chairman, Medical Board/Medical Director, Chief Operating Officer or Allied Health Director and Head of Department or equivalent are to monitor the progress of such new therapists very closely. Any termination should be informed to the AHPC for such categories of registration for the appropriate follow-up.

4. Supervisor Assessment Report

4.1. Supervisors of all newly registered therapists on 1 year of conditional/temporary registration need to submit the following reports to the AHPC:

4.1.1. 1st Supervisor Assessment Report (Form SF3): to be submitted at the end of the 1st month

4.1.2. 2nd Supervisor Assessment Report (Form SF3): to be submitted at the end of the 5th month

4.1.3. 3rd Supervisor Assessment Report (Form SF3) and End of Supervised Practice Evaluation Report (SF4): to be submitted at the end of the 11th month

4.2. Supervisors of all newly registered therapists on 2 years of conditional/temporary registration need to submit the following reports to the AHPC:

4.2.1. 1st Supervisor Assessment Report (Form SF3): to be submitted at the end of the 1st month

4.2.2. 2nd Supervisor Assessment Report (Form SF3): to be submitted at the end of the 5th month

4.2.3. 3rd Supervisor Assessment Report (Form SF3): to be submitted at the end of the 11th month

4.2.4. 4th Supervisor Assessment Report (Form SF3) and End of Supervised Practice Evaluation Report (SF4): to be submitted at the end of the 23rd month

4.3. All assessment reports completed by either the primary supervisor or secondary supervisor(s) named in SF2 and must be acknowledged by:

4.3.1. The Therapist-in-charge, e.g. Chief, Head of Department, Department manager;
or

4.3.2. An authorised personnel in the absence of (4.3.1) e.g.: the rehabilitation manager

4.3.3. If the assessment report is completed by the secondary supervisor, the primary supervisor is required to countersign on the report.

4.3.4. The Head of Department shall not override the supervisor's assessment of the supervisee.

5. Maintaining a supervision log

5.1. The therapist under supervision is responsible for keeping a log of his direct-contact supervision activities.

5.1.1. All supervision activities, including cases that are audited, should be logged.

5.1.2. Privacy and confidentiality must be maintained in all the cases logged. The case identifiers that are used in these logged cases should enable subsequent audits that are required by the AHPC, can be conducted.

5.1.3. The SF2 named supervisor(s) must verify the direct-contact supervision activity conducted by signing-off each log item.

6. Multi-rater Assessment Report

6.1. The purpose of the multi-rater assessment by peers and fellow colleagues is to provide the AHPC with a holistic view of the registrant's performance whilst practising under L1 supervision.

6.2. Newly registered therapists on conditional/temporary registration under L1 supervision may be subjected to multi-rater assessments (Form SF5) by peers and/or fellow colleagues within the first 6 months of their first year of registration.

6.3. Depending on circumstances, registrants on L1 supervision may be subjected to multi-rater assessments beyond the stipulated period indicated in section 6.2 as directed by the AHPC.

6.4. Registrants on L2 and L3 supervision will generally not be subjected to multi-rater assessments unless required by the AHPC e.g. the therapist has received poor assessment reports from his supervisors.

7. Identification of Poor Performers

7.1. Poor performers are therapists whose professional competence is not up to par, or whose communication with patients/colleagues is consistently poor, or those with poor attitude.

7.2. The supervisor's feedback and auditing sessions would enable the identification of therapists who are weak in their work. The specific areas of weakness are to be identified early so that corrective action can be taken without delay.

7.3. A therapist with poor attitude is usually identified from feedback from fellow colleagues, ancillary staff, patients or their caregivers.

7.4. A therapist who is a poor performer is to be given counselling by his supervisor once the problem is highlighted.

7.5. If there is no improvement seen within one month after counselling, the supervisor should notify the Head of Department/Manager and the organisation's management, who should then take appropriate action.

8. Change of Supervisor (s) / Employer / Employment Arrangements / Practice Place

- 8.1. The therapist under supervision will need to notify the AHPC immediately or at least one month before the intended date of change should there be a change of employer, employment arrangements or supervisor.
- 8.2. Such therapists will be required to revert to L1 supervision if there is a change in his place of practice or employer.
- 8.3. Failure to do so amounts to non-compliance with the AHPC supervised practice guidelines and the conditions of the conditional or temporary registration.
- 8.4. AHPC will not approve the changes if the new arrangements do not meet the supervised practice requirements for the therapist's registration.

8.5. Change of Supervisor(s)

The notification of change of supervisor(s) must include the following:

- 8.5.1. The intended date for the changes to take effect; and
- 8.5.2. An Undertaking by Supervisor (Form SF2) to be completed by the new supervisor(s).

8.6. Change of Employer or Employment Arrangements

The notification must include the following documents:

- 8.6.1. The intended date for the changes to take effect;
- 8.6.2. The name and address of the new employer and/or details of the new employment arrangements (i.e. work hours); and
- 8.6.3. An Undertaking by Supervisor (Form SF2) to be completed by the new supervisor(s).

8.7. In a case where the change request is supported, a Supervisor Assessment Report (Form SF3) and an End of Supervised Practice Evaluation Report (Form SF4) of the period of supervision completed by the current supervisor(s) must be submitted to the AHPC within 10 working days.

8.8. AHPC will advise on the period and level of supervision upon review of the supervision reports.