AHPC-1507-SPG(DRRT)-01

SUPERVISED PRACTICE GUIDELINES FOR CONDITIONALLY REGISTERED DIAGNOSTIC RADIOGRAPHERS AND RADIATION THERAPISTS

1. Orientation

1.1. All newly registered diagnostic radiographers (DR) and radiation therapists (RT) on conditional registration must undergo an orientation programme before they start clinical work.

1.2. The new DR/RT 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
- 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

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

- 1.3.1. Overview of the healthcare sector in Singapore relevant to his profession
- 1.3.2. Local laws and regulations applicable to the profession (e.g. Radiation Protection Act, Allied Health Professions Act)
- 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 DR/RT should be formally introduced to his supervisor so that he will know who his supervisor is and vice versa.

1.5. The new DR/RT should be informed about how he would be appraised and assessed.

1.6. The new DR/RT 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 a conditionally registered DR/RT are as follows:

2.1.1. A supervisor must be registered under Full or Restricted Registration and assigned to new DR/RT 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[1]
C (R) registrant	Full registration; or Restricted registration[1]	

[1] These supervisors only supervise within their restricted scope of practice.

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 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 new DR/RT requiring supervision, and upon any changes in supervisor for the DR/RT 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 supervisor assessment report. 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 DR/RT Ratio

	No. of L1 supervisee	No. of L2 supervisee	
1 supervisor to:	0	6	**Or**
	1	4	**Or**
	2	2	**Or**
	3	0	

3.2. A newly hired conditionally registered DR/RT should not be allowed to manage patients on his own until such time that his supervisor is satisfied that he has been properly trained and is competent to do so.

3.3. The new DR/RT must never be assigned or take up a task for which he has insufficient experience or expertise.

3.4. The new DR/RT must have direct and timely access to his supervisor for advice and assistance whenever he has a problem in managing a patient.

3.5. Supervision Intensity (Overview)

3.5.1. Supervision intensity refers to the direct contact hours between the supervisor and the conditionally registered DR/RT.

3.5.2. All newly registered DR/RT on conditional 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.

3.5.3. 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.

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

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

3.5.6. 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

Diagnostic Radiographers and Radiation Therapists

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

IMPORTANT NOTES ON L1 SUPERVISION:

For L1 supervision, audit of 2 cases per week 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.

3.6. Level One (L1) supervision

3.6.1. L1 supervision is to be applied in the first 6 months of conditional registration where the level of supervision by the assigned supervisor will be more intense.

3.6.2. The supervisor must be committed to the period of supervision to be accorded to his assigned supervisee(s) and be familiar with the workings of the organisation.

3.6.3. 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 weekly discussions of cases required. Weekly discussion of cases may be extended if deemed necessary by the supervisor.

3.6.4. For the period of L1 supervision (1st month), 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 DR/RT with supervisory roles in the organisation. However, the supervisors must be in the same profession as the DR/RT under supervision.

3.7. Level Two (L2) supervision

3.7.1. A conditionally registered DR/RT who has demonstrated competence on all elements in the supervisor assessment report 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.

3.8. Level Three (L3) supervision

3.8.1. L3 supervision applies to conditionally registered DR/RT 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.

3.8.2. Subject to the AHPC's approval, to be eligible for L3, the conditionally registered DR/RT must:

3.8.2.1. Have received "competent/exceeding" performance grading for the past 1 year (minimum period) of supervised practice and

3.8.2.2. Not be involved in any adverse complaints and feedback

3.8.3. A conditionally registered DR/RT on L3 supervision will:

3.8.3.1. Continue to practise under supervision of the SF2 named supervisor(s);

3.8.3.2. 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 DR/RT's eligibility for Full or Restricted registration;

3.8.3.3. Be excluded from the ratio count under the Supervised Practice Guidelines as indicated in Table 2 and

3.8.3.4. Prohibited from assuming supervisory role(s) for other junior DR/RT.

3.9. In the event that the audit findings show that the standard of supervision is consistently unsatisfactory, the AHPC may not allow any new conditionally registered DR/RT to work in the department/centre concerned in the future.

3.10. Any problems faced with the new DR/RT are to be reported to the Head of Department (HOD) or Senior Management of the organisation for remedial action.

3.11. Where difficulties arise, especially in adaptation and phasing into the system, the department is to take appropriate actions and inform the Senior Management of the organisation.

3.12. The Senior Management and HOD are to monitor the progress of the new DR/RT very closely. Recommendation for termination or continuation of service is to be made when appropriate.

4. Supervisor Assessment Report

4.1. Supervisors of all newly registered DR/RT on 1 year of conditional 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 DR/RT on 2 years of conditional 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 supervisor assessment reports completed by either the primary supervisor or secondary supervisor(s) named in SF2 and must be acknowledged by:

- 4.3.1. The Chief DR/RT, Head of Department, Department manager; or
- 4.3.2. An authorised personnel in the absence of (4.3.1)
- 4.3.3. If the supervisor assessment report is completed by the secondary supervisor, the primary supervisor is required to countersign on the report.

5. Maintaining a supervision log

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

- 5.1.1. All supervision activities, including cases that are discussed 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 DR/RT on conditional 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 DR/RT has received poor assessment reports from his supervisors.

7. Identification of Poor Performers

7.1. Poor performers are DR/RT 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 DR/RT who demonstrated areas of weakness 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 DR/RT with poor attitude is usually identified from feedback from fellow colleagues, ancillary staff, patients or their caregivers.

7.4. A DR/RT 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 relevant personnel within the department (e.g. DR/RT in Charge, Head of Department/Manager), who should then take appropriate action.

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

8.1. The DR/RT under supervision will need to notify the AHPC immediately or at least one month before the intended date of change should there be change of employer, employment arrangements or supervisor.

8.2. Such DR/RT will be required to revert to L1 supervision (1st month) should he change his place of practice or employer.

8.3. Failure to do so amounts to non-compliance with the AHPC supervised practice guideline and the conditions of the conditional registration.

8.4. AHPC will not approve the changes if the new arrangements do not meet the supervised practice requirements for the DR/RT's registration.

8.5. Changes in Supervisor(s)

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

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

8.6. Changes in 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),
- 8.6.3. A Undertaking from Supervisor (Form SF2) to be completed by the new supervisor(s),
- 8.6.4. A supervisor assessment report (SF3) of the period of supervision completed by the last supervisor and the End of Supervised Practice Evaluation (SF4).

Note

If there is a change in employer or place of practice, the DR/RT will be required to revert to the supervision intensity that corresponds to L1 supervision at 1st month for the respective professions while on conditional registration and submit a supervisor assessment report after completing the first month of L1 supervision at his new employer. The AHPC will advise on the period and level of supervision required after the review of the supervisor assessment reports.