



# **GUIDELINES FOR OCCUPATIONAL THERAPISTS, PHYSIOTHERAPISTS & SPEECH-LANGUAGE THERAPISTS**

## **SUPERVISION AND DELEGATION OF TASKS TO THERAPY SUPPORT STAFF**

### **1. INTRODUCTION**

1.1 With registration and regulation in place for occupational therapists, physiotherapists and speech-language therapists, the Allied Health Professions Council (AHPC) had received increasing numbers of queries regarding the roles of therapy support staff vis-a-vis AHPC registered therapists. There were also concerns raised with regard to therapy support staff performing tasks and activities that they were not qualified to do, whether these activities were in the interest of patients or clients, or were in contravention of the Allied Health Professions Act (“the Act”).

1.2 The Act was established to provide for the registration of allied health professionals for the protection of the health and safety of the public. Apart from assuring the public that allied health professionals registered with the AHPC are safe, competent and professional in their respective professions, the Act also sets out as offences, situations where allied health professional services are provided by unqualified persons. This is to ensure that the public, patient or client seeking a specific allied health service, such as occupational therapy, physiotherapy, speech-language therapy, are treated by qualified professionals. In the same vein, these guidelines were developed to:

- i. **Protect the patient and client**, ensuring that they are treated by a bona fide therapist when they seek the abovementioned therapy services;
- ii. **Give guidance to the AHPC registered therapist** regarding his professional duties and responsibilities in having therapy support staff assisting him; and
- iii. **Give guidance to organisations** providing such professional services to ensure the responsible employment and deployment of therapy support staff in the provision of therapy services to patients.

1.3 Every organisation providing occupational therapy, physiotherapy and/or speech-language therapy services and employs therapy support staff should minimally adopt these guidelines in supervising and managing their therapy support staff. Therapy support staff should only be employed if an AHPC registered therapist is available to provide therapy services and the therapy support staff have a reporting line to the AHPC registered therapist.

1.4 In developing these guidelines, feedback was initially obtained from AHPC registered therapists with experience supervising therapy support staff in various settings. The draft guidelines were then refined after each consultation with stakeholders, such as the restructured hospitals, community hospitals, therapy hubs and major voluntary welfare organisations from the aged care and social services sector. All suggestions and issues raised were considered by the AHPC and the resulting guidance contained within were further refined to be applicable to all settings where therapy services are provided.

## 2. ROLE OF THERAPY SUPPORT STAFF AND AHPC REGISTERED THERAPISTS

2.1 The AHPC acknowledges that therapy support staff play an important role in provision of therapy services to patients and clients. However, therapy support staff cannot and should not replace AHPC registered therapists when occupational therapy, physiotherapy and/or speech-language therapy is intended or indicated for the patient's or client's treatment or rehabilitation.

2.2 Where allied health professional services in the therapy areas are indicated and intended, the professional services required must be provided by the respective registered allied health professional i.e.

- i. **Occupational therapy services** must only be provided by **an AHPC registered occupational therapist**;
- ii. **Physiotherapy services** must only be provided by **an AHPC registered physiotherapist**; and
- iii. **Speech-language therapy services** must only be provided by **an AHPC registered speech-language therapist**.

2.3 The AHPC has in place processes to ensure that the AHPC registered therapist is qualified to provide the said therapy services and holds the AHPC registered therapist responsible for the care of their patients or clients. The registered therapist must retain all responsibilities for the care and management of the patient or client.

2.4 Therefore, while the AHPC registered therapist may have therapy support staff assisting them, the AHPC registered therapist is responsible for:

- i. Ensuring that the therapy support staff assisting them are competent in the tasks delegated; and
- ii. Supervises the therapy support staff in carrying out the delegated tasks.

2.5 This means that a therapy support staff assisting in occupational therapy, physiotherapy or speech language therapy for patients or clients must be supervised by an AHPC registered occupational therapist, physiotherapist or speech-language therapist respectively. The intensity, frequency and directness of supervision provided should commensurate with the competency levels of the therapy support staff and the tasks assigned. When the AHPC registered therapist is not on site, the therapy support staff should have ready

access to the advice and direction from the AHPC registered therapist supervisor on therapy related issues.

2.6 The principles outlined above further expands on the guidance on supervision and delegation of tasks in the AHPC Code of Professional Conduct. The subsequent sections cover the following areas:

- i. Duties and responsibilities of organisations providing therapy services, their registered therapists and therapy support staff;
- ii. Setting supervision and training guidelines for therapy support staff in an organisation; and
- iii. Principles of delegation for AHPC registered therapists.

### 3. DEFINITIONS

3.1 In this document:

- **“Organisations”** refer to any parties (i.e. public, private or voluntary welfare organisations) providing occupational therapy, physiotherapy and/or speech language therapy services solely or as part of a more comprehensive suite of health and/or social care services;
- **“Registered therapists”** refers to occupational therapists, physiotherapists and speech-language therapists registered with the AHPC; and
- **“Therapy support staff”** refers to all therapy related support staff working under registered therapists, and who are involved in supporting the therapy provided to patients/clients either fully or partially. They do not include persons who are employed to provide clerical, reception and/or housekeeping duties.

#### 4. DUTIES & RESPONSIBILITIES OF ORGANISATIONS, REGISTERED THERAPISTS AND THERAPY SUPPORT STAFF

4.1 **Organisations** have a duty to ensure the following:

- i. Occupational therapy, physiotherapy or speech-language therapy services are provided by a registered therapist in the respective allied health profession;
- ii. Therapy support staff hired to provide assistance are to be appropriately supervised, trained and competent for the jobs assigned; and.
- iii. Adequate resources and frameworks are in place for the training, competency checks and supervision of therapy support staff that commensurate with the roles of the therapy support staff within the organisation. This means that there should be:
  - a. Regular competency checks and audits (e.g. every 6 or 12 months as determined by the organisation based on the competency levels of the staff) for therapy support staff for the tasks assigned; and
  - b. Proper records are maintained for the training completed and competencies achieved in specific clinical tasks by each therapy support staff. Such records may be in the form of courses attended, logs of supervision, on-the-job training provided, and/or competency checklists.

4.2 **Registered therapists** are responsible for the management and care of clients or patients receiving therapy within the organisation regardless of whether they are locums, under full or part time employment. Therefore, the registered therapist is accountable for any work done or delegated to the therapy support staff assisting them in the care of clients or patients, and should ensure that the therapy support staff is competent in the tasks assigned prior to delegation.

4.3 **Therapy support staff** should only perform tasks delegated by the registered therapist and within the limits of what they have been trained and competent to perform. They should seek support and direction from the registered therapist delegating the tasks when in doubt.

## 5. SETTING SUPERVISION AND TRAINING GUIDELINES FOR THERAPY SUPPORT STAFF

5.1 Supervision is a formal process of providing professional support which allows the therapy support staff to learn and develop relevant knowledge and skills needed to enhance the quality and safety of patient or client care. Supervision must also be supported by ongoing training and development to maintain and improve the knowledge and skills of therapy support staff.

5.2 **Organisations and supervising therapists** should incorporate the following elements when establishing a supervision framework for therapy support staff in their organisations:

- i. Developing knowledge and skills;
- ii. Clarifying boundaries and scope of practice;
- iii. Identifying training and educational needs; and
- iv. Developing accountability for the safety and quality of care provided.

5.3 The organisation's supervision framework should also be communicated clearly to the registered therapist and therapy support staff such that they are also aware of the supervision and support available to them.

5.4 When establishing a supervision framework within an organisation, consideration should be given to the following to determine the appropriate intensity and frequency of training, supervision, audit and feedback necessary:

- i. Knowledge and skill level of the therapy support staff employed;
- ii. Needs of the patient or client;
- iii. Patient acuity and risk levels;
- iv. Setting of care; and
- v. Complexity of tasks delegated.

For example, more frequent, direct supervision should be given to a new task assigned; whereas, less intense and frequent supervision is needed for a well-trained, competent and experienced therapy support staff providing routine care to a stable patient.

5.5 **Organisations and supervising registered therapists** must provide continuous professional development opportunities for therapy support staff and maintain records of training and development programmes or activities completed.

5.6 Training and professional development can include:

- i. Completion of competency evaluations;
- ii. Discussions on patient or client care between therapy support staff and the registered therapist;
- iii. Direct observation of care provided and provision of feedback;
- iv. Various short courses relevant to the patient or client group; and/or
- v. Work shadowing with registered therapists.

5.7 In addition, therapy support staff should also be trained to provide:

- i. Safe patient care (e.g. infection control, managing risks and/or adverse events during treatment, safe handling techniques);
- ii. Emergency care as deemed necessary by organisations (e.g. heartsaver, AED + CPR, the basic cardiac life support programme); and
- iii. Equipped with the knowledge and skills to seek assistance within the organisation in emergency situations.

## 6. PRINCIPLES OF DELEGATION FOR REGISTERED THERAPISTS

6.1 Delegation is the process by which a registered therapist allocates tasks or roles to a therapy support staff who has demonstrated competence to undertake the said tasks.

6.2 In delegation, the **registered therapist** retains all responsibilities for and continue to undertake the diagnosis, clinical decision-making, progression and evaluation of treatment plans and programmes for patient or client care, including developing care plans and patients' or clients' well-being during therapy.

6.3 Whereas, the **therapy support staff** is responsible for performing the delegated tasks or roles safely and effectively. This also means that the therapy support staff must have been trained and their competencies ascertained for the tasks delegated. They are also responsible for raising any issues or challenges related to performing the delegated task.

6.4 If the **therapy support staff** deviates from the delegated tasks or roles, and/or modifies the treatment interventions prescribed by the registered therapists, the therapy support staff will be held accountable for the consequences arising from the deviations or modifications.

6.5 In delegating tasks or roles to therapy support staff, **registered therapists** should apply the following principles:

- i. The **registered therapist** should not delegate tasks or roles beyond the therapy support staff's level of skill, competency, confidence and experience.
  - a. If the therapy support staff expresses lack of confidence in undertaking the task(s) or roles, then the appropriate knowledge, skills and confidence should be developed before the task or role is delegated.
- ii. In delegating a task, the **registered therapist** should provide:
  - a. Clear instructions on the purpose of the intervention;
  - b. Clear steps to be followed in performing the task;
  - c. Outcomes to be monitored;
  - d. A list of potential risks to watch out for and guidance on how to handle such risks; and
  - e. Clear guidance on when further support or direction should be sought from the registered therapist.



## **Delegating assessment-related tasks to therapy support staff**

6.6 The **registered therapist** is responsible for assessing the client's or patient's therapy needs and progress, analysing assessment results, diagnosis, planning and prescribing therapy interventions, establishing treatment goals and outcomes based on the assessment findings.

6.7 The **registered therapist** must conduct all initial assessments for new patients or clients referred for therapy. However, they may delegate components of assessments to a trained and competent therapy support staff.

6.8 The **registered therapist** is also responsible for ensuring that the assessments are conducted in a safe manner.

6.9 When conducting the delegated assessments, the **therapy support staff** must report to the registered therapist responsible for the patient or client, all completed assessment tasks, findings and observations. Where the therapy support staff is delegated to record or document the assessments, the assessment reports should be reviewed and initialled by the registered therapist at a frequency determined by the registered therapist.

6.10 When performing the delegated assessments, the **therapy support staff** are not allowed to:

- i. Modify any assigned assessment or tasks or outcome measures independently except after consultation with the registered therapist responsible for the patient or client;
- ii. Diagnose problems based on assessment findings;
- iii. Communicate to patients or clients and their caregivers on their medical diagnosis/condition prior to formal communications by the therapist or doctor-in-charge; or
- iv. Provide opinions and advice on the patient's conditions based on personal beliefs and experiences.

### ***Examples of assessments that can be delegated to therapy support staff***

Occupational Therapy – A registered OT has completed a home assessment and gave the caregiver specifications for the construction of a wheelchair ramp. The registered OT instructs his therapy support staff to check on the safety of the ramp following installation and to ensure that it was constructed as specified. Therapy support staff would have been trained to perform the necessary safety checks, including the documentation. The therapy support staff is then expected to report his/her findings and observations to the registered OT.

Physiotherapy – A registered PT has assessed a patient and recommended heat therapy (hot pack) to be administered. The registered PT then instructs the therapy support staff to carry out a “hot-cold sensation test” prior to administering the hot pack. All therapy support staff at the unit are trained to carry out this test where abnormal results are to be reported to the registered PT for further directions. The therapy support staff assigned will complete the task according to the protocols in place.

Speech-Language Therapy –The registered SLT department has established a protocol and training programme for therapy support staff to be trained to carry out simple screening tests for orientation state. A registered SLT may then delegate the screening to the therapy support staff, where results are to be reported back to the registered SLT.

### **Delegating treatment related tasks to therapy support staff**

6.11 The **registered therapist** is responsible for the development and/or modification of treatment goals and plans after assessing the patients or clients. The registered therapist is also responsible for ensuring that treatment sessions are conducted in a safe manner.

6.12 The **therapy support staff** are not allowed to develop or modify any treatment goals or plans. When the treatment is observed to be causing harm, distress or puts a patient’s or client’s safety at risk during the session, the therapy support staff should cease the treatment and report to the registered therapist immediately.

6.13 When conducting the delegated treatment sessions, the **therapy support staff** must report to the registered therapist responsible for the patient or client, all completed tasks and observations. Where the therapy support staff is delegated to record or document the treatment provided, these treatment records should be initialled by the registered therapist at a frequency determined by the registered therapist.

### ***Examples of Treatment Implementation by Therapy Support Staff***

Occupational Therapy – A registered OT has assessed, prescribed and fitted a wheelchair that suits a patient with below-the-knee amputation. The registered OT may then delegate wheelchair mobility practice with the patient. The AHP must instruct the therapy support staff about particular wheelchair mobility tasks and potential risks during this task for this patient, and how to manage such risks.

Physiotherapy – A patient had been seen by the registered PT on two occasions and is progressing well with his exercises. On the third day, after checking that the patient is well, the registered PT may delegate the task to the therapy support staff to supervise the patient with his exercises.

Speech-Language Therapy – A patient has been assessed by the registered SLT for swallowing difficulties. Recommendations which include food and/or fluid modification and swallowing rehabilitation exercises e.g. Thermal Tactile Stimulation (TTS), has been prescribed. The registered SLT may instruct the therapy support staff to carry out TTS on the patient.

### **Delegating client/patient/caregivers education**

6.14 The **registered therapist** is responsible for educating their patients or clients and their caregivers. However, a trained and competent therapy support staff may be delegated this role.

### **Discharge plans**

6.15 The **registered therapist** is responsible for the discharge plans of their patients or clients. The therapy support staff are not to discharge any patient or client from treatment.

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