SUPERVISION REQUIREMENTS DURING GRACE PERIOD

The following supervision requirements will apply during grace period (i.e. from 15 Apr 13 – 14 Apr 14):

(A) Orientation
(B) Supervisor Requirements
(C) Supervision
   i. Supervisor-Supervisee Ratio
   ii. Supervision Intensity
(D) Supervisor Assessment Report
(E) Management of Poor Performers

(A) Orientation

All newly registered therapists on conditional/temporary registration must undergo an orientation programme before they start clinical work. The orientation programme should include the following:

i. The new therapist is to be provided with orientation materials such as relevant ethical code and guidelines, management protocols for common conditions treated, occupational health and safety measures, good practice in record keeping and workflows to the department and procedures for referrals within and outside the organisations.

ii. An orientation-cum-tour of the department and organisation is to be given to the new therapist during which he is introduced to the key staff and clinical resources.

iii. A briefing on an overview of the healthcare sector in Singapore, relevant local laws and regulations, administrative information, local culture and working environment, should be given to the new therapist.

iv. A formal introduction between the new therapist and his supervisor should be made.

v. The new therapists should be informed about how he would be appraised and assessed.

(B) Supervisor Requirements

Supervisors must be:

a) Registered under Full or Restricted Registration and assigned to new therapists accordingly as outlined in Table 1 below;

b) Currently practising; and

c) Have 3 years of local clinical practice experience in the profession he is supervising.
A secondary supervisor may be assigned to the new therapist if co-supervision is necessary.

Note: Organisations that do not have therapists within their organisation who meet the requirements of a supervisor may engage an external supervisor to provide the supervision required.

(C) Supervision

(i) Supervisor-Supervisee Ratio

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

Table 1: Supervisory Assignment

<table>
<thead>
<tr>
<th>Supervisee</th>
<th>Primary Supervisor</th>
<th>Secondary Supervisor*</th>
</tr>
</thead>
<tbody>
<tr>
<td>C (F) registrant</td>
<td>Full registration</td>
<td>Full registration; or Restricted registration for supervision within the restricted scope of the supervisor</td>
</tr>
<tr>
<td>C (R) registrant</td>
<td>Full registration; or Restricted registration with the same scope of restrictions as supervisee</td>
<td>Full registration; or Restricted registration with the same scope of restrictions as supervisee</td>
</tr>
<tr>
<td>T Registrant</td>
<td>Full registration; or Restricted registration with the same scope of restrictions as supervisee</td>
<td>Full registration; or Restricted registration with the same scope of restrictions as supervisee</td>
</tr>
</tbody>
</table>

* A secondary supervisor may be assigned to the new therapist if co-supervision is necessary.

(ii) Supervision Intensity

The minimum level of supervision intensity to be accorded as outlined in Table 3 below. Supervisors are to increase supervision intensity should it be deemed necessary for the new therapist under supervision.

Table 2: Supervisor to Supervised Therapist Ratio

<table>
<thead>
<tr>
<th>1 supervisor to:</th>
<th>No. of L1 supervised Therapist</th>
<th>No. of L2 supervised Therapist</th>
<th>Or</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>6</td>
<td>Or</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>3</td>
<td>Or</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>Or</td>
</tr>
</tbody>
</table>

C (F) registrant

C (R) registrant

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
Table 3: Level of Supervision Intensity

**Occupational Therapists & Physiotherapists**

<table>
<thead>
<tr>
<th></th>
<th>L1 Supervision</th>
<th>L2 Supervision</th>
<th>L3 Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Month</td>
<td>8 hours/week</td>
<td>4 hours/week</td>
<td>4 hours/2 months</td>
</tr>
<tr>
<td>2nd - 6th Month</td>
<td></td>
<td>4 hours/fortnight</td>
<td></td>
</tr>
<tr>
<td>7th Month onwards</td>
<td>4 hours/month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMPORTANT NOTES ON L1 SUPERVISION:**

For L1 supervision, daily auditing* of at least 3 case records are 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 L1 supervision conducted by external supervisor, auditing of at least 3 case records is required for the first month at each direct supervision encounter, but should be extended at the discretion of the supervisor.

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

**Speech-Language Therapists**

<table>
<thead>
<tr>
<th></th>
<th>L1 Supervision</th>
<th>L2 Supervision</th>
<th>L3 Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Month</td>
<td>8 hours/week</td>
<td>4 hours/week</td>
<td></td>
</tr>
<tr>
<td>2nd - 6th Month</td>
<td></td>
<td>4 hours/fortnight</td>
<td></td>
</tr>
<tr>
<td>7th Month onwards</td>
<td>4 hours/month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13th Month onwards</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**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 till 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 L1 supervision conducted by external supervisor, auditing of case records are required for dysphagia cases at each direct supervision encounter, and at least twice a week for other non-dysphagia cases, up till the 2nd month, but should be extended at the discretion of the supervisor.

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

The supervisor must submit the following reports to the Council:

(i) Newly registered therapists on 1 year conditional registration:

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

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

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

(ii) Newly registered therapists on 2 years conditional registration:

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

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

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

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

IMPORTANT NOTE:
Subject to the Council’s review of the Supervisor Assessment Report submitted at the end of the 1st month, another report may be required at the end of the 3rd month.

(E) Management of Poor Performers

For therapists whose professional competence and performance is not up to par, counselling should be given by his supervisor once the problem is highlighted. Steps should be taken to help the therapist improve, including setting goals to achieve and reviewed at mid-way. If no progress is 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.