



New Zealand
Medical Radiation
Technologists Board
Te Poari Ringa Hangarua Iraruke

POLICY: SUPERVISION

OCTOBER 2020

Policy Title	Supervision
Reference Number	2020-Oct-V3-MRT Supervision
Scope	This policy applies to any person applying for registration, or is registered with, the Medical Radiation Technologists Board under the Health Practitioners Competence Assurance Act 2003

Associated Documents

Code of Ethics

Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand

Revision Schedule

Version Number	Version Date	Approved By	Next Review
One	2014	Medical Radiation Technologists Board	2016
Two	October 2018	Medical Radiation Technologists Board	2020
Three	October 2020	Medical Radiation Technologists Board	2022

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Policy Overview

Section 22 (3) of the Health Practitioners Competence Assurance Act 2003 allows the Medical Radiation Technologists Board (the Board) to place a condition on a practitioner's scope of practice as a mechanism to be satisfied they are competent to practise.

Appropriate supervision provides assurance to the Board and the New Zealand public that a registered practitioner's practice is safe and does not pose a risk of harm to the public. These guidelines provide practical advice on the Board's requirements for practitioners undertaking supervised practice.

Supervision requirements may be different for each practitioner. They will be tailored to address the reason(s) why supervision is required as well as the practitioner's particular circumstances, experience and learning needs. Supervision may be provided at different levels to address the different supervision requirements, and arrangements should be flexible to accommodate individual capabilities and learning needs, diverse practice settings and the complexity of workloads.

Circumstances for Supervision

These guidelines apply to all registered practitioners (across all scopes of practice) who are required to complete a period of supervised practice, including:

- All practitioners registered in any training scope of practice
- Registered medical imaging/radiation therapy practitioners (excluding training scopes of practice) who have not held a practising for over three years
- Overseas trained practitioners who are required to undertake a period of supervised to confirm their competency
- All registration examination assessment (REA) candidates undertaking a familiarisation period

Definitions

Practice:

Any role in which the individual uses their skills and knowledge as a health practitioner in a defined scope of practice.

Supervision:

The formal process of professional support and learning enabling a practitioner under supervision to develop knowledge, skills and professional attributes, assume responsibility for their own practice, and enhance public protection and safety. Supervision can be provided by more than one supervisor.

Supervision Plan:

A plan agreed by the Board, the supervisor and the supervised practitioner, setting out the objectives for the levels, type, and amount of supervision required and how the supervision is to occur.

Supervision Report:

Document submitted in the Board-approved format at intervals agreed in the supervision plan that details progress against the plan.

Supervisor:

A registered medical imaging/radiation therapy practitioner who holds a current practising certificate with no limitations. The nominated supervisor must be approved by the Board. The

nominated supervisor may delegate their daily oversight of a practitioner to another registered health practitioner with the appropriate expertise and relevant knowledge.

Principles of Supervision

For all supervised registered practitioners, the type and level of supervision must consider:

- Individual needs;
- The level of risk associated with the position;
- The purpose of the supervision;
- The practitioner's capabilities.

Before the start of a period of supervised practice the practitioner and their supervisor must:

- Understand and agree to the requirements of the supervision plan which includes learning outcomes, supervision levels, expected progression points, the frequency and duration of the reporting requirements and the period for review of the supervision arrangements.

- The supervisor accepts professional responsibility to the Board to properly supervise the practitioner. At all times the supervisor will be responsible for ensuring appropriate arrangements are in place to enable the provision of safe health services by a practitioner and will ensure the needs of the practitioner are paramount in determining the level of supervision.

Supervision Levels

The Board will determine what level of supervision is required at the start of the supervision period.

This will depend on a number of factors that may include:

- The purpose of the supervision
- The previous practice experience, qualifications, skills and attributes of the practitioner
- The level of risk associated with:
 - o the purpose of supervision;
 - o the capability and suitability of the practitioner; and
 - o the location and the availability of clinical and relevant support, and
- Specific requirements imposed either by the Board or by a third party (such as the Health Practitioners Disciplinary Tribunal).

Individual supervision plans must clearly identify the proposed starting level of supervision and expected progressions.

If concerns are raised in the supervision reports, the supervision plan should be amended as necessary, with any changes requiring approval from the Board.

Nominated Supervisor

A nominated supervisor must be approved by the Board prior to the commencement of the period of supervised practice. There can only be one nominated supervisor.

The nominated supervisor may delegate the day-to-day supervision to another registered practitioner in the relevant scope of practice (who holds a current practising certificate with no limitations) so there is always supervision cover to account for days off, shift work, etc.

Supervision Level Specifications

Level	Definition	Specifications
1	The supervisor takes direct and principal responsibility for individual patients	<ul style="list-style-type: none"> - The supervisor must be physically present and observing at all times when the practitioner is undertaking examinations and/or treatment. - The practitioner must consult the supervisor about the management of each patient before undertaking examinations and/or treatment. - Supervision via telephone (indirect) is not permitted.
2	The supervisor and supervised practitioner share the responsibility for patients	<ul style="list-style-type: none"> - The supervisor must be physically present within the workplace when the practitioner is undertaking examinations and/or treatment. - The practitioner must inform the supervisor at agreed intervals about the management of each patient; this may be after the examinations and/or treatment has been delivered. - Supervision must be primarily in person (direct). When the supervisor is not physically present, (but is within the workplace) they are always accessible by telephone or other means of telecommunication. - The supervisor must conduct periodic reviews of the practitioner's practice.
3	The supervised practitioner takes full responsibility for their practice, with general oversight provided by a supervisor	<ul style="list-style-type: none"> - The supervisor must oversee the practitioner's practice. - The supervisor must be available for consultation if the practitioner requires assistance. - The practitioner is permitted to work independently, providing a supervisor is contactable by telephone or other means of telecommunication. - The supervisor must conduct periodic reviews of the practitioner's practice.

Supervision Responsibilities

The Practitioner under Supervision

Requirements

- Be registered with the Board; and
- Hold a current practising certificate. (This does not apply to REA candidates who are completing their three-month familiarisation period); and
- Agree to, and sign a documented supervision plan.

Responsibilities

- Maintain a professional relationship with their supervisor.
- Be prepared for meetings with their supervisor.
- Adapt their practice to address the remediation of identified areas for any improvements that may arise.
- Recognise their professional limits, and practise within those professional limits.
- Immediately advising their supervisor of any issues and all clinical incidents.
- Practise within the Board's Code of Ethics.

The practitioner must notify the Board immediately if:

- The relationship with the supervisor breaks down;
- The supervisor leaves employment;
- There is a change in who is providing the supervision.

The Nominated Supervisor

Requirements

- Hold a current practising certificate without any limitations on their practice.
- Formally agree to act as a supervisor through signing the supervision plan.
- Have at least two-year's post-qualification clinical experience.
- Have sound understanding of the competencies required for registration in the relevant scope of practice, as prescribed by the Board.
- Declare any conflict of interest.
- Provide objective and accurate reports.

Responsibilities

- Maintain supervision and assessment integrity, avoid or declare any conflicts of interest.
- Ensure the health and safety of patients is paramount when designing a supervision plan.
- Maintain a professional relationship with the practitioner.
- Be contactable and readily available to the practitioner.
- Establish regular meetings with the practitioner, and conduct regular performance reviews with timely remediation of any identified problems.
- Take appropriate steps to ensure the practitioner is practising safely.
- Observe the practitioner, conduct case reviews and provide constructive feedback.
- Take responsibility for their own, and the practitioner's, practice.
- Assign tasks that are appropriate to the role of those being supervised and are within the scope of training and capability of the individual.
- Provide clear direction.

- Be clear about how they can be contacted by the practitioner if indirect or remote supervision is occurring.

The nominated supervisor must notify the Board immediately if:

- The relationship with the practitioner breaks down.
- There are concerns regarding the conduct or fitness to practise of the practitioner.
- The practitioner is not complying with the conditions imposed, or undertakings accepted by the Board, or is not complying with the supervision plan.
- The practitioner leaves their current employment.

Skills and Experience of Supervisors

In addition to their professional qualification and clinical skills, it is recommended supervisors demonstrate:

- An understanding of adult learning principles;
- An understanding of the theory underpinning, and techniques required for, effective clinical supervision;
- Experience in, or an understanding of the principles of, assessment;
- Knowledge and understanding of the Board's competence standards.

Supervision Plan

A supervision plan should include the knowledge, skills and professional attributes required of an entry level practitioner as identified in the Boards *Competence Standards for Medical Imaging and Radiation Therapy Practice in New Zealand*, which can be downloaded from the Board's website.

The supervision plan is to be documented, signed by the nominated supervisor and the practitioner, and forwarded to the Board for approval.

The supervision plan is to include a summary of:

- the practitioner's knowledge and skills;
- the level of supervision required;
- an orientation period plan;
- the frequency of supervision reports to be completed;
- the content and supporting evidence that is required within the supervision report;
- details for progressing through the supervision levels.

Any amendments to the supervision plan must be approved by the Board.

The supervision plan must be submitted to the Board for approval before the supervision period begins. The plan should reflect a balance between the practitioner's current level of training, competence, the scope of practice and the supervised practice role.

The Board retains discretion to amend any aspect of the supervision plan, including the nominated supervisor.

Assessment and Reporting Requirements

Reporting requirements are to be described in the supervision plan, agreed to by all parties, or as laid down under direction from the Board. The Board may, at any time, exercise discretion about the frequency and structure of a report.

The supervision plan should stipulate the following:

- The frequency of reporting
- The content and supporting evidence of progress required in each report, and
- The format of the supervision report.

Supervision Report

The supervision report must be completed by the nominated supervisor and include:

- The requirements of the supervision plan and what level of supervision is taking place;
- An evaluation of whether the elements of the supervision plan are being achieved;
- If elements were not achieved, the report must include the measures planned or implemented to address the elements that are not being achieved;
- Any changes in supervisory arrangements over time (including changes in levels) as agreed in the supervision plan;
- The achievements of the practitioner;
- Any emerging issues.