



New Zealand
**Medical Radiation
Technologists Board**
Te Poari Ringa Hangarau Iraruke

Supervision Policy

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One	2014	MRTB	2016
Two	2016	MRTB	2020
Three	2020	MRTB	2022
Four	2022	MRTB	2024
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Associated documents

Related Policies, Procedures, Guidelines and Forms

- Code of Ethical Conduct
- Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand

Scope

This policy applies to any person applying for registration, or is registered with Te Poari Ringa Hangarua Iraruke | the Medical Radiation Technologists Board (the Board) – under the Health Practitioners Competence Assurance Act 2003.

What, why and when: supervision?

What?

Supervision is a formal and documented process enabling a practitioner to demonstrate medical imaging and radiation therapy entry-level competence and fitness to practise in a clinical setting which protects the health and safety of the public. During the process, a Board approved supervisor(s), will provide professional oversight and clinical support to an independently capable practitioner.

Why?

Section 22 (3) of the Health Practitioners Competence Assurance Act 2003 allows 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.

When?

Practitioners are required to be under supervision in the following circumstances:

- Returning to practice after a break of three or more years.
- Internationally qualified practitioners who are new to the Register in Aotearoa | New Zealand may have a supervision requirement.
- All registration examination assessment (REA) candidates undertaking a familiarisation period.

Supervision may also be used to assist individual practitioners to meet specific professional standard requirements.

Students registered in trainee scopes

Post-graduate students registered in trainee scopes are required to practise under supervision. However, the level of supervision is determined by the policy of the University. Students and their supervisors must ensure that they comply with the requirements of that organisation.

Determining levels of supervision: core principles

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

If there are any concerns with the levels of supervision allocated during the supervision period, these will need to be raised with the Board immediately. Any changes to the assigned level of supervision requires pre-approval from the Board.

Supervision level specifications

Levels of supervision

Level 1

The supervisor takes direct and principal responsibility for individual patients.

- 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.
- The supervisor must conduct a weekly review of the practitioner's practice.
- Supervision via telephone (indirect) is NOT permitted.

Level 2

The supervisor and supervised practitioner share the responsibility for patients.

- The practitioner must inform the supervisor at agreed intervals about the management of each patient; this may be after the examination 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 a fortnightly review of the practitioner's practice.

Practitioner under supervision (supervisee) responsibilities

Professional

- Maintain a professional working relationship with your supervisor.
- Recognise your professional limits and practise within those limits.
- Practise within the Board's Code of Ethical Conduct.

Adaptable

- Adapt your practice to address the remediation of identified areas that may arise to achieve improvements.

Qualified

- Be registered with the Board; and hold a current practising certificate – BEFORE commencement of employment/supervision.

Communicative

- Immediately advise your supervisor of any issues and all clinical incidents.

Responsible

You are responsible for immediately advising the Board if:

- The relationship with your supervisor breaks down.
- You or your supervisor leaves current employment and/or role.
- There is a change in who is providing your supervision.

Prepared

- Be prepared and plan for meetings with your supervisor.
- Keep and maintain records of clinical activities and when your logbook is due.

Supervisor responsibilities

A Supervisor is:

Competent in assessing performance

- Measure entry-level competence and fitness to practise and identify if this has been met against the Board's competency standards.

Supportive

- Assign tasks that are appropriate to the role and are within the scope of training and capability of the individual.
- Be objective, but supportive and encouraging of the supervisee's practise.

Communicative

- Communicate with the Board if any issues or conflicts arise.
- Declare any conflicts of interest.
- Ensure the supervisee understands what the expectations of supervision are.

Innovative

- Initiate regular supervision meetings – both formal and informal.
- Provide constructive feedback with documentary evidence that this has been appropriate and timely.

Able to

- Provide oversight and introduction to the New Zealand healthcare system.
- Describe and understand the difference between supervision levels.
- Be contactable and readily available.

Board approved

- Fully-qualified.
- Current practising certificate.
- No conditions on APC.
- Minimum two years post-qualification experience in the modality supervision is provided in.
- Required to undertake Board-approved supervisor training and complete refresher modules every two years.

Experience

- Up-to date with current technologies and practises in the profession/modality.
- Be knowledgeable of:
 - adult learning principles.
 - the Board's competence standards.
 - principles of assessment.

Recording

- Keeping records of supervision meetings and includes (but is not limited to):
 - level of supervision required.
 - an orientation period plan.
 - frequency of supervision reports to be completed.

Responsible

- For your own and the safe practise of the supervisee.
- Responding to any new needs/issues that have arisen since the last communication.
- For reporting any problems or issues that arise during supervision.

Professional

- Meet ethical and cultural standards and ensure quality of patient care.
- Maintain a professional working relationship with the supervisee.

Nominated supervisor and reporting requirements

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

1. Feedback on how the supervisee is meeting competency in relation to all aspects of the Board's competence standards eg communication, cultural safety, safe practice etc.
2. Weekly objective feedback (with examples) on how the supervisee is progressing through the supervision period:
 - a. What areas is the supervisee doing well?
 - b. What areas need further work?
3. If there are areas of weakness identified, provide a mutually agreed action plan strategy that outlines how these concerns will be addressed and resolved.
4. Confirmation of whether the supervisee meets the required level of competency at the conclusion of the supervision period.
5. Any emerging issues or concerns with the supervisee and any changes in the supervisory arrangements.

The nominated supervisor must be:

- Approved by the Board prior to the commencement of the period of supervised practice.
- The primary practitioner responsible for the supervision of the supervised practitioner.

If there is a need to delegate supervision to another registered practitioner to cover days off, shift work etc, the other supervisor must:

- Be registered in the same scope of practice.
- Hold a current practising certificate with no limitations.
- Be given an appropriate handover of what stage the supervisee is at.
- Not expected to be taking over the supervision on an on-going regular basis or for long periods of time.

Supervision process – supervisor and supervisee responsibilities

Before commencement of supervision – the supervisee is responsible for:

1. Applying for and obtaining an Annual Practising Certificate.
2. Finding appropriate site that offers the range of imaging technology required for completing supervision requirements. If the primary nominated site does not provide the suite of imaging technology eg CT required to complete the supervision, it is your responsibility to liaise with the relevant personnel at the primary nominated site to find suitable alternatives.
3. Finding a supervisor.
4. Sending the Board the name of the site and supervisor. The Board will then review this and will advise whether the site and supervisor are suitable. You should not start supervision until you have received confirmation that the site and supervisor are suitable.

During supervision – the supervisee and supervisor are responsible for:

1. Adhering to the levels of supervision as stated under 'Levels of supervision'.
2. Engaging in a minimum of weekly supervision meetings in level one supervision and a minimum of fortnightly in level two supervision. These meetings should include discussion

around learning outcomes, expected progression points and frequency and duration of the reporting requirements.

3. Submitting to the Board a completed report at the end of level one supervision – and continue level one supervision until the Board confirms that the supervisee can move to level two supervision. The report must be fully completed and filled out.
4. Once approved by Board, beginning and completing level two supervision.
5. Submitting a completed report at the conclusion of level two supervision. The supervisee is deemed to be and is expected to be, continuing supervision until such time that the Board has reviewed the report and has confirmed that no further supervision is required.
6. Immediately advising the Board if any problems arise before, during or after the supervision process.