



# Optometrists and Dispensing Opticians Board

## SUPERVISION GUIDELINES

### Background

The Board is obliged to fulfil its obligations under the Health Practitioners Competence Assurance Act 2003 (the Act). The principal purpose of the Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise.

Where concerns have been identified about an optometrist or dispensing optician's (practitioner's) competence, supervision is a necessary tool to ensure public safety while the practitioner upskills in the area(s) of concern to the Board.

Practitioners who may provide supervision are professional peers (optometrists or dispensing opticians as appropriate) registered with the Board who hold a current annual practising certificate and who have been endorsed by the Board as a suitable supervisor.

The Board will make every effort to ensure that a proposed supervisor is acceptable to the supervisee; however the final decision on the appointment of a supervisor is made by the Board.

### What is supervision?

**Supervision** as defined in the Act means the monitoring of, and reporting on, the performance of a health practitioner by a professional peer.

In this way, supervision is significantly different from "oversight" which is defined as professional support and assistance provided to a health practitioner by a professional peer for the purposes of professional development. **Oversight** would apply to a medical registrar, for example, where a formal teaching arrangement exists.

**Supervision** applies to a practitioner who is capable of independence.

There are four key principles involved in supervision:

1. The supervisor must provide regular, protected, scheduled time, which is free of interruptions to enable facilitated in-depth reflection on clinical practice.
2. The supervisor, the supervised practitioner and the Board must agree on the frequency, duration and content of the supervision session before supervision begins.
3. The supervisor may use his or her judgement about the amount of ongoing supervision required based on the supervised practitioner's ability and competence. It may be appropriate to review this at regular intervals.

4. If satisfied that patient safety is not at risk, the supervisor does not need to be physically present when the supervised practitioner is undertaking day-to-day practice in the area(s) of concern.

### **The role of the supervisor**

The supervisor is expected to:

- provide regular, protected, scheduled time, which is free of interruptions to enable facilitated in-depth reflection on clinical practice
- ensure that the supervised practitioner has a proper understanding of the clinical area of concern
- carry out peer review and audit (as needed)
- review and give feedback on performance
- observe practical skills
- satisfy himself or herself as to the level of competency of the supervised practitioner
- discuss difficult or unusual cases
- use his or her judgement about the intensity of the supervision based upon the practitioner's competence and experience.

To do these things effectively the supervisor must:

- make a commitment to take part fully in the supervision process
- ensure that patient safety is at all times the paramount consideration
- ensure that he or she has clear lines of communication with the practitioner under their supervision
- ensure that protected scheduled supervision time is available and free from interruptions
- be available and approachable
- raise performance issues early
- provide supervision reports to the Board as indicated under the heading supervision reports
- ensure that personality and cultural issues do not interfere with goals and objectives
- identify areas where there is a conflict of interest i.e. it's probably best that the supervisor is not also the practitioner's employer or practice partner
- if the supervisor's relationship with the practitioner breaks down contact the Board as soon as possible.

Board-appointed supervisors are remunerated for their work in accordance with the Board gazetted fee.

### **Supervision reports**

The key role of the supervisor is to monitor the practitioner's competence and prepare reports at 3 month intervals (or as directed by the Board) that are accurate and unbiased, and outline:

- the frequency and number of scheduled protected meetings or communication times that have occurred
- a summary of the proposed tasks and outcomes that have been agreed
- the number of times the practitioner has been formally observed and reviewed, if this has been necessary
- comment on the practitioner's progress in each of the areas of concern

In the event that the supervisor observes any incident(s) that may indicate a risk of harm to the public, the supervisor must immediately notify the Registrar of the Board of that fact, and the details of the incident.

The role of the Board in supervision:

- establish the scope of supervision required
- actively support the practitioner and supervisor to ensure the supervisee-supervisor relationship remains sustainable over the course of the Competence Programme

- develop any learning resources required for the practitioner, for example Problem-Based Learning (PBL) cases in the specific areas required, templates for the written case reports, log sheets for recording patient observations etc.
- provide a suggested time frame for completing the suggested tasks outlined in the Competence Programme, however this time frame is flexible and amendments can be made by agreement between the practitioner and the supervisor.
- provide external review of the supervision process by reading and responding to supervision reports, case reports and PBL cases submitted by the practitioner
- review quarterly supervision reports submitted by the supervisor and comments from the practitioner in a timely manner
- the Board is always happy to answer any questions or concerns regarding the supervision process from either the practitioner or the supervisor.

### **Liability of supervisors**

Under section 119 of the Act, a supervising practitioner will not be liable if he or she does what would be expected of a *reasonable* supervising optometrist/dispensing optician in all circumstances. A supervising practitioner should tailor their supervision to the particular skills or experience of the supervised practitioner, taking into account the potential risk to the patient.

The supervising practitioner will not be expected to stand over the shoulder of the supervised practitioner each and every time the supervised practitioner practises within the area of concern. However, such close supervision may be necessary, for example, where the supervised practitioner performs in that area for the first time.

If a supervisor does what is reasonable in all the circumstances, no liability will arise. If not, the supervisor may breach professional standards (including committing a disciplinary offence), be liable in negligence, and/or breach the Code of Health and Disability Consumer's Rights 1996.

A supervising optometrist/dispensing optician will not be vicariously liable for the actions of a supervised practitioner where no employment relationship exists between them.

### **Obligations of practitioners who are under supervision**

In order to receive maximum benefit from the supervision, practitioners under supervision should:

- make a commitment to take part fully in the supervision process
- be proactive in organising meetings with the supervisor, set a schedule
- set supervision goals and objectives
- communicate clearly with the supervisor, identify specific areas where more assistance is required
- contact the Board if the relationship with the supervisor breaks down.

*Approved by the Board: November 2009*

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