

New Zealand Association of Occupational Therapists Supervision POSITION STATEMENT

BACKGROUND

The objective of the Health Professionals Competence Assurance Act (2003) is to assure members of the public of their health practitioners' life-long competence. A variety of mechanisms will be used by health practitioners to ensure fit and competent practice, thus enabling protection of public health and safety.

NZAOT considers that supervision enhances professional development, clinical competence and safe practice. It reduces risk to the client and clinician. NZAOT considers that supervision should be a mandatory requirement of ongoing competency. This is endorsed by the Occupational Therapy Board of Aotearoa/New Zealand's Code of Ethics for Occupational Therapists (2004), which defines professional supervision as:

"A structured intentional relationship within which a practitioner reflects critically on his/her work, and receives feedback and guidance from a supervisor, in order to deliver the best possible service to consumers. Professional supervision may incorporate any aspect of professional role eg. Clinical, managerial, or cultural, and be one to one, one to group, or peer review".

Supervision is informed by relevant legal, ethical, professional standards and current practice considerations including the Treaty of Waitangi.

PHILOSOPHY OF SUPERVISION

NZAOT recognises both clinical and professional supervision, and acknowledges that there is likely to be an overlap between these functions (see below). NZAOT believes that in most occupational therapy practice areas it is advisable to receive both clinical and professional supervision. However it is acknowledged that in many practices experienced therapists may have their supervision needs met solely by professional supervision. NZAOT recommends supervision occurs at least monthly.

Generally, supervision has the following purposes:

- To reduce clinical risk
- To facilitate reflective practice in a safe and supportive environment.
- To allow the therapists / practitioners thoughts and actions to develop in a way which leads to an enhanced quality of therapy
- To enable practitioners to be accountable for their own practice and professional development

Neither clinical nor professional supervision includes personal counselling. Should this be required, the supervisee should be referred on to an appropriate counsellor. Nor does it include administrative or managerial supervision, which is ordinarily provided by the line manager.

Supervision is a supportive, empowering and constructive process, and promotes anti-discriminatory, culturally safe and gender appropriate practice. It is important that the supervisee has a choice of supervisors wherever practicable. Supervision is a confidential process within limits of a specified contract. Exceptions to confidentiality are issues of client, public or therapist safety. This must be overtly stated in the supervision contract.

DEFINITIONS

1. **Clinical Supervision** – This supervision reflects on clinical practice. The primary purpose is to enable the therapist to address the **occupational therapy** needs of the client as effectively as possible. It is considered optimal that this supervision is provided by a registered occupational therapist that has suitable experience and skill. Clinical Supervision addresses clinical and communication issues; facilitates decision making and problem solving; encourages clinical reasoning and evidence based practice, and ensures safe practice.

2. **Professional Supervision** – This supervision assists the therapist to increase their understanding of themselves and their relationships with others and / or to develop more satisfying and resourceful ways of delivering occupational therapy and/ or bring about a change in professional behaviour. This supervision is ideally carried out by an occupational therapist but may be carried out by a registered member of a like profession such as social work, physiotherapy, psychology, nursing, etc. It is advisable that the therapist's line manager does not carry out professional supervision and that supervisees are able to choose their own supervisor.

3. **Peer Supervision** – Peer supervision is a model of supervision whereby therapists share experiences, brainstorm and seek constructive feedback with colleagues in a group or one to one basis. This may be on a formal or informal basis. Attention is paid to the process as well as content of the session, and both clinical and professional supervision needs can be met by utilising this model. NZAOT acknowledges this as a valid supervisory model for professional development either in addition to or as an alternative to individual supervision.

KEY TASKS:

All formal supervision relationships should be contract based. The specifics of the supervision contract are negotiated between supervisor and supervisee, and should include details regarding:

- a) The rights and responsibilities of both the supervisee and the supervisor.
- b) Specifics with regard to frequency, process, documentation (including the extent of documentation, where it is stored and ownership of the documentation), evaluation, confidentiality, location, goals, learning styles and review etc.
- c) Identification of potential safety, power and/or ethical issues

REQUIREMENTS OF THE SUPERVISOR

All supervisors, including those facilitating a model of peer/group supervision, require specific training in conducting supervision. They must have an understanding of the different forms of supervision, and be clear in the boundaries regarding the form of supervision they are providing. Supervisors should have a relevant professional qualification, hold a current Annual Practising Certificate (where applicable) and themselves be receiving appropriate supervision.

Position statements are statements on political, ethical, social, cultural and practice issues that influence client well-being, the role and practice of occupational therapy or that affect the New Zealand Association of Occupational Therapists (Inc). Position statements are developed in consultation with occupational therapists working in New Zealand, and reflect their current thinking. They are frequently time limited and persons wishing to use them more than two years after publication should confirm their current status with the Executive Director of NZAOT.

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