

# SUPERVISED PRACTICE & SUPERVISION GUIDELINES

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## Overview

The Chinese Medicine Council of New Zealand (Council) is legislated to protect the public by registering competent Chinese medicine practitioners (CM). Under section 27 (a) and (b) of the Health Practitioners Competence Assurance Act 2003 (HPCA Act), supervision is a key mechanism to ensure that practitioners maintain and demonstrate their competence. Supervision means that the Council may impose conditions on a practitioner's practice and may also require oversight of their scope/s of practice. Supervision is a monitoring activity, where the Council defines the parameters of the supervision (section 27 (a)), along with the reporting requirements (section 27 (b)).

Supervision may be applicable in the following situations:

**Registration:** Newly registered practitioners, or practitioners changing or adding to scopes of practice, may be required to work under supervision until the Council is assured that they are competent to practise. For example, an overseas-qualified applicant with an apparent equivalent qualification to those prescribed by the Council may require a period of supervised practice, to assure the Council of their competency.

**Re-entry to Practice:** Practitioners who are returning to practice after a significant break may need to work under supervision to update their skills and knowledge, ensuring they are competent and fit to practice independently.

**Competence Concerns, notification of harm, complaint, or query:** If there are concerns about a practitioner's competence or conduct, supervision may be part of a remediation or monitoring plan. This involves close monitoring and support to help the practitioner deal with the specific concerns identified, while they become familiar with the Council's standards and the New Zealand health system.

**Regulatory Compliance:** Supervision can be mandated to ensure compliance with the HPCA Act and other relevant regulations, to verify that practitioners adhere to professional standards and provide safe care. During supervised practice, tangata whai ora care must be safe and appropriate, and meet the Council's standards.

The need for supervised practice is reflected by either one, or a combination of the following:

- a registration requirement;
- a complaint (notification); or
- a condition/s placed on a practitioner's registration/scope of practice.

This information is available on the public register of practitioners.

The Council will consider several factors when taking a risk-based approach to supervised practice. As a general principle, if supervised practice is required to address an assessed high risk, then supervision will be direct and frequent, and reports to the Council will be detailed and comprehensive.

## Conflicts of Interest

Conflicts of interest are one aspect of the administrative law requirement of procedural propriety and fairness in public decision making. It requires adherence to more than minimal or cursory standards of procedural fairness. This is acknowledged in the HPCA Act, which prescribes how these conflicts can be managed procedurally.

Conflicts of interest cannot always be avoided – some are natural and unavoidable in small countries like Aotearoa New Zealand. However, notice of them to the Council is required.

Conflicts of interest, and perceived conflicts of interest, may prevent objectivity and/or interfere with the supervised practice arrangement. Therefore, supervisors and supervisees must disclose potential or actual conflicts of interest to the Council.

**Obligations to disclose** - some examples that must be declared by the supervisor:

- where there is a personal or professional relationship with the practitioner, or family friend or relative;
- a financial, business, or other interest, or the supervisor's friends or relatives have a financial, business or other interest;
- if there has been, or they are currently engaged in, a therapeutic relationship; or the supervisor is the employer or visa sponsor.

## Definitions

Throughout this document:

**Council:** The Chinese Medicine Council of New Zealand

**Practice:** Any work or role in which the individual uses their skills and knowledge as a health practitioner in a defined scope of practice, see. Part 2 of the HPCA Act.

**Levels:** Levels of supervised practice are designed to ensure that supervised practice requirements are proportional to the risk associated with the purpose/s of supervision.

**Supervisee:** The Council registrant receiving supervision from a Council approved supervisor.

**Supervision:** The formal process of Council imposed supervision, which provides professional support and learning to enable a practitioner to develop their knowledge, skills, and professional attributes, and assume responsibility for their own practice. This will enhance public protection and safety. Supervision can be provided by more than one supervisor.

The Council acknowledges practitioners for whom professional supervision is mandatory, as well as practitioners who carry dual registration. These include registrants undertaking specialties in mental health (New Zealand Association of Counsellors), and/or addictions (Addiction Practitioners' Association Aotearoa New Zealand).

**Supervision Report:** A document written in the Council format, which is submitted at predetermined intervals to the Council, according to the conditions placed upon the practitioner’s registration/scope of practice.

**Supervisor:** A registered Chinese medicine practitioner who holds a current practising certificate with no conditions and has been in practice for a minimum of 5 years, or another suitably qualified person as determined by the Council. They may be nominated or appointed and must be approved by the Council. The supervisor may delegate their daily oversight of a practitioner to another registered health practitioner with the appropriate expertise and relevant knowledge, subject to Council approval. On a case-by-case basis a non-Chinese medicine practitioner supervisor may be approved by the Council, depending upon the level of supervision required.

Dependent upon the purpose of the supervised practice it may be appropriate for the supervisee to nominate their own supervisor. The Council would still be required to approve and appoint the nominated supervisors (s), and they would still be required to meet the requirements, training, and responsibilities as outlined.

## Supervision Levels and Risk Assessment Framework

The levels of supervised practice are designed to make sure that the supervisee practises safely. There are four levels of supervised practice that directly relate to an assessment of risk to the public.

When supervised practice is required because of a complaint (notification), the supervised practice remains at the level outlined in the condition. Supervised practice may involve progression through different levels when it is required for registration. Progression can occur depending upon the individual requirements of supervised practice as set out in the supervised practice arrangement, for example, meeting the entry-level competencies or equivalent.

### Supervision Levels

Level of supervised practice	Description of supervised practice level
<b>1. Direct</b>	<p>Supervisor always physically present to observe the supervisee.</p> <p>The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given.</p> <p>The care provided must be directly observed by the supervisor who is always physically present with the supervisee.</p> <p>This occurs mostly in the following circumstances:</p> <ul style="list-style-type: none"> <li>• when personal boundary issues may be a concern;</li> </ul>

	<ul style="list-style-type: none"> <li>• when the Council has determined that direct supervised practice is necessary to ensure the protection of the public.</li> </ul>
<p><b>2. Indirect (present)</b></p>	<p>Supervisor physically present at the workplace.</p> <p>The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with the supervisor who is always physically present in the workplace or practice environment and available to observe and discuss at agreed intervals, and as necessary the:</p> <ul style="list-style-type: none"> <li>• management of patients, including when care is being given, and/or</li> <li>• competence of the supervisee.</li> </ul> <p>Level 2 supervision is most likely to occur in the following circumstances:</p> <ul style="list-style-type: none"> <li>• a registrant returning to practise after a break of more than 5 years;</li> <li>• a new registrant with a non-prescribed qualification;</li> <li>• a registrant whom the Council is concerned may be engaging in activities outside of their scope of practice.</li> </ul>
<p><b>3. Indirect (accessible)</b></p>	<p>Supervisor is accessible by phone or other means, and available to physically attend the workplace.</p> <p>The supervisee takes primary responsibility for their practice and the management of all individual patients receiving care from the supervisee under the supervisor’s general oversight.</p> <p>The supervisee must consult with the supervisor who is accessible by telephone, video conference or other means of telecommunication and available to attend the workplace or practice environment to observe and discuss at agreed intervals and as necessary the: management of patients, and/or</p> <ul style="list-style-type: none"> <li>• competence of the supervisee.</li> <li>• This may be after the care is given to the patient.</li> </ul> <p>Level 3 supervision is most likely to occur in the following circumstances:</p> <ul style="list-style-type: none"> <li>• a registrant returning to practise after a break of less than 3 years;</li> <li>• where concerns have been raised about the conduct or competence of a practitioner, investigations or enquiries are pending, and the Council has determined that risk to public safety is low to moderate.</li> </ul>

	The supervised registrant is permitted to work alone.
<b>4. Remote</b>	<p>Supervisor is not present at the workplace.</p> <p>The supervisee takes primary responsibility for their practice including the management of all individual patients receiving care from the supervisee under the supervisor’s general oversight.</p> <p>The supervisee must consult with the supervisor, who is accessible by telephone, video conference or other means of telecommunication at agreed intervals and as necessary about the:</p> <ul style="list-style-type: none"> <li>• management of patients, and/or</li> <li>• competence of the supervisee.</li> </ul> <p>This may be after the care is given to the patient.</p> <p>Level 4 supervision is most likely to occur as a precautionary measure or at the end of a “stepped” supervision programme. This level of supervision may also apply to geographically remote supervision.</p>

## Risk Assessment Framework

### Risk Factor

- **Low Risk (1):** Clinical situations unlikely to cause significant issues or harm.
- **Moderate Risk (2):** Situations with potential to cause some issues or harm.
- **High Risk (3):** Situations likely to cause significant issues or harm.

### Type of Complaint

- **Minor issues (1):** Small, easily resolvable clinical issues.
- **Moderate issues (2):** More substantial issues requiring effort and resources.
- **Serious issues (3):** Significant issues with major impact.

### Patient Harm

- **No harm (1):** No adverse effects.
- **Minor harm (2):** Minor, non-lasting adverse effects.
- **Significant harm (3):** Serious, potentially lasting adverse effects.

### Frequency of Complaints

- **Rare (1):** Infrequent complaints.
- **Occasional (2):** Complaints occurring from time to time.

- **Frequent (3):** Regular, common complaints.

### Compliance with Regulations

- **Full compliance (1):** All regulations and standards met.
- **Partial compliance (2):** Some regulations and standards met.
- **Non-compliance (3):** Regulations and standards not met.

### Severity of Incident

- **Low (1):** Minimal impact, easily managed.
- **Moderate (2):** Noticeable impact, requires effort to manage.
- **High (3):** Significant impact, requires substantial effort to manage.

## Scoring System

Each category is scored from 1 to 3. The total score determines the level of supervision required:

- **Remote Supervision (1-6):** Low overall risk, minimal clinical supervision needed.
- **Indirect Supervision (Accessible) (7-12):** Moderate overall risk, supervision needed but not constant.
- **Indirect Supervision (Present) (13-18):** High overall risk, supervision needed on-site but not constant.
- **Direct Supervision (19-24):** Very high overall risk, constant supervision required.

### Example

When a situation involves:

- **Moderate Risk (2)**
- **Moderate issues (2)**
- **Minor harm (2)**
- **Occasional complaints (2)**
- **Partial compliance (2)**
- **Moderate severity (2)**

Total score: (2 + 2 + 2 + 2 + 2 + 2 = 12) - This would fall under **Indirect Supervision (Accessible)**.

## Roles and Responsibilities

### Council

It is the responsibility of the Council to determine the level of supervision required for the registrant, and to approve the supervision arrangements. If the supervisory arrangements are not complied with, then the Council has the right to take appropriate action regarding the registrant.

### Supervisor

The Supervisor will be a Chinese medicine practitioner, with the appropriate scopes of practice, or another appropriate skilled person, who understands the role and has agreed to act as a supervisor. Supervisors should possess strong supervision skills which include having formal qualifications in supervision, excellent communication abilities, and a deep understanding of ethical and cultural safety practices. These skills ensure that supervisors can effectively guide and support practitioners, regardless of their specific professional background. They must be able to comply with the requirements of the level of supervision required and approved by the Council.

The Supervisor will be informed of the reasons for supervision by the Council and provided with the tools and necessary documentation to undertake the type of supervision required.

The Supervisor is tasked with ensuring that the supervised registrant is practising competently and safely, by such measures as:

- direct observation (where it is relevant to the level of supervision);
- individual case reviews;
- informed consent and communication;
- periodic indirect observation (Zoom etc.); and
- remediation of any identified issues.

The Supervisor should notify the Council immediately if there are concerns about the supervisee's clinical competence, personal health, or non-compliance with conditions or undertakings.

The Supervisor must ensure that the supervisee is practising in accordance with the approved work arrangements and must notify the Council of any non-compliance with, or proposed changes to, those arrangements.

The Supervisor must inform the Council, in a timely manner, if they can no longer provide the required level of supervision.

The Supervisor will provide reports as stated in the Council's requirements. These reports should be:

- timely;
- objective;
- as accurate as possible;
- able to identify both strengths and weaknesses of the registrant; and

- inclusive of any issues (if applicable), including follow-up or remediation.

Supervisors have legal protection when reports are made to the Council.

During the contracted period, the Supervisor is expected to:

1. provide supervision (as determined by the Council);
2. ensure the supervisee has a proper understanding of the nature of the supervision and areas/s of concern;
3. carry out peer review and audit (as required);
4. provide the supervisee with feedback (if necessary);
5. observe the supervisee's clinical and practical skills;
6. observe the supervisee's fitness to practice (communication skills and informed consent);
7. be satisfied with the supervisee's level of competence professionally and therapeutically;
8. discuss difficult or unusual cases; and
9. provide timely reports to the Council, as determined in the conditions of supervision.

## Supervisee

The supervisee must ensure safe practice by seeking assistance from other practitioners, cooperating in individual case review, specified observation with their supervisor, and seeking remediation of any identified issues.

The supervisee must inform their supervisor and seek assistance if there are concerns about their health, clinical competence, or compliance with any Council imposed conditions/undertakings. They must ensure their practise is in accordance with their approved work arrangements.

During the supervised period, the supervisee is expected to:

1. make a commitment to fully engage in the supervision process;
2. be proactive and raise any personal or professional issues of concern with their supervisor;
3. identify and report any areas that may require further mentoring/assistance from their supervisor;
4. set their own goals and objectives in consultation with their supervisor;
5. communicate clearly, openly, and honestly with their supervisor; and
6. advise the Council as soon as practical if they feel there is an issue with their supervisor that is preventing their progress.

## Supervision contracts and payments

The contract agreements for supervision will vary depending upon whether the supervision is:

1. following a complaint (notification)
2. for a return to practice, or
3. for entry to practice.

The cost of supervision is generally borne by the supervisee and will depend upon the purpose of the supervision. An exception to this may be when an employer funds the supervision of an employee. The Council will indicate to both parties where costs will lie at the outset, when supervision is proposed. The cost of supervision will be closely monitored to ensure it remains a manageable expense for registrants requiring supervision.

Supervisors are entitled to be paid fees for preparation and attendance at meetings/reviews/site visits including the preparation of supervision reports. Reimbursement is also received for actual and reasonable travel and accommodation expenses such as airfares, taxis, mileage, and parking. The fee for supervision is \$62.50 an hour excluding GST to a maximum of \$500 a day.

To alleviate the financial burden of supervision, the Council may discuss the implementing of flexible payment plans. These plans could allow supervisees to spread the cost of supervision over a longer period, such as 1-2 years after the supervision period ends. This approach ensures that the cost remains manageable, especially for those without adequate or initial income sources.

### 1. Supervision Following a Complaint (notification):

*Purpose:* This type of supervision is implemented because of concerns about a practitioner's competence or professional conduct.

*Contract Terms:* The agreement typically includes specific competence improvement plans, regular clinical observation or a competence review, and detailed reporting requirements. The duration and intensity of supervision are high, to ensure compliance and improvement.

*Monitoring:* Close and frequent monitoring is required, with detailed and comprehensive documentation of progress and timely reporting of any adverse incidents.

### 2. Return to Practice:

*Purpose:* This type of supervision is for practitioners re-entering the workforce after a period of three or more years.

*Contract Terms:* The agreement focuses on updating skills and knowledge. It may include a structured re-training programme, mentorship, and a gradual increase in clinical responsibilities.

*Monitoring:* Regular assessments and feedback sessions are essential to ensure the practitioner regains their clinical competence and confidence.

### 3. Entry to Practice:

*Purpose:* This type of supervision is for newly registered practitioners, or those entering a new scope of practice.

*Contract Terms:* This agreement often includes a probationary period, mentorship, and a clear outline of expected competencies and milestones.

*Monitoring:* Supervision is less intensive than following a complaint (notification), but still involves regular check-ins and competence evaluations to support the practitioner’s development.

## Supervision Reports

The prime role of the supervisor is to monitor the supervisee’s competence and fitness to practice and to provide feedback to the Council, via the Supervision Report template. This reporting must:

1. be provided using the report template;
2. be undertaken at the timeframes set by the Council;
3. be accurate and unbiased; and
4. be submitted to the Council at the pre-determined timeframes.

## Supervisor Liability

Pursuant to Section 119 (1-4) of the Act, a supervising practitioner, carrying out the Council’s requirements to the best of their ability, and in good faith, will not be under any criminal or civil liability in the exercise of their duties under the Act.

A supervising practitioner should tailor their supervision to the skills or experience of the supervisee, considering the potential risk to the tangata whai ora.

A supervisor will not be liable for the actions of a supervised registrant where no employment relationship exists between them.

# Appendices

## Sample Supervision Agreement

### SUPERVISION AGREEMENT

#### PARTIES

1. Chinese Medicine Council of New Zealand (The Council)
2. **XXX**, Registered CM practitioner, and holder of a current Annual Practising Certificate, of xxx (Supervisor)

#### BACKGROUND

Outline of reason for supervision.

#### AGREEMENT

##### Definitions

In this Agreement, unless the context requires otherwise, the following terms have the following meanings:

**Agreement:** means this Supervision Agreement.

**Supervision:** means the supervision that the CM practitioner is required to complete under the terms of the conditions imposed by the Council on day, month, 202X.

**CM practitioner:** means the CM practitioner who is the subject of supervision.

**CM practitioner's place of work:** means Registrants place of work.

**Registrar:** means the Registrar appointed by the Council.

**Services:** means the services to be performed by the supervisor under the terms of this Agreement.

#### PURPOSE

The CM practitioner must practise under the imposed conditions and participate in the supervision. This Agreement records the supervision arrangements agreed between the Council and the supervisor. It will assist the CM practitioner to complete their supervision and ensure they comply with the conditions included in their scope of practice and any other conditions that may be approved by the Registrar from time to time.

#### SUPERVISION ARRANGEMENTS

The supervisor will provide the CM practitioner with supervision until the Council agrees that the requirement for supervision is no longer required or until the supervisor indicates to the Council that they can no longer provide supervision. The supervisor will discuss any amendments to the supervision

relationship with the Registrar. The supervisor will provide the Registrar with regular reports as detailed below, and otherwise upon request by the Registrar.

Supervision will include the following elements:

- A. Discussion of the areas of concern noted in the competency assessment report;
- B. Implementation of a plan to address the concerns noted in the competency assessment report;
- C. Observation of clinical practice to observe any improvement in the areas of concern noted in the competency assessment report;
- D. Review of a sample of clinical records to observe improvement in the areas of concern noted in the competency assessment report;
- E. Discussion of the CM practitioner's application of relevant Council standard and
- F. At scheduled intervals, a report from the supervisor regarding the progress of the CM practitioner.

The frequency of the supervision will be agreed upon by the supervisor and supervisee and confirmed by the Registrar. This may be varied by the supervisor during supervision with the agreement of the Registrar, based on the supervisor's assessment of the CM practitioner's progress.

Supervision will take place at face-to-face meetings at the CM practitioner's place of work and/or remotely through electronic communications, as determined by the supervisor (e.g. phone, email, zoom.) The supervisor and the CM practitioner shall communicate as necessary to ensure effective supervision, as determined by the supervisor.

The Council expects the CM practitioner to comply with all reasonable requirements and instructions of the supervisor given under this Agreement. The CM practitioner's professional and legal responsibilities are not diminished by the CM practitioner practising under supervision.

#### **DURATION OF SUPERVISION**

The CM practitioner must practise under supervision until the respective conditions included in their scope of practice are removed. Supervision will continue until the Registrar advises the supervisor otherwise.

#### **SUPERVISION RESPONSIBILITIES**

The supervisor shall inform the Council if the CM practitioner is complying with their supervision requirements as set out in the actions below. The supervisor is not responsible for the outcome of the CM practitioner's independent choices and practice; this accountability rests with the CM practitioner alone.

The supervisor will refer to the Registrar any complaints, conduct or disciplinary matters that come to their attention during the period of supervision.

#### **MANNER OF SUPERVISION**

The supervisor may adopt all means reasonably required to undertake competent supervision of the CM practitioner. Such means include, without limitation:

- A. interviewing the CM practitioner, the CM practitioner’s patients, and any work colleagues of the practitioner;
- B. auditing and observing the CM practitioner’s work practices; and
- C. inspecting patient records and any other documentation relevant to the CM practitioner’s practice, including electronic records kept on information systems.

Unless specified, the supervisor is not bound by a specific date, place, or time in terms of when and where visits and other supervision activities will occur, or how long they may take.

Should the CM practitioner decline to participate in supervision at any time, the reason for the refusal must be reasonable in the circumstances. The supervisor shall report unreasonable refusals to the Registrar, which may require the Council to take further action.

**DOCUMENTATION AND REPORTING**

The Registrar, (on behalf of the Council) must ensure that the Council and the supervisor obtain all the information relevant to their respective roles. The supervisor may correspond on all matters relevant to the CM practitioner’s practice including but not limited to, the CM practitioner’s compliance with the conditions included in their scope of practice.

**SUPERVISION REPORTS**

The supervisor shall record details of meetings, observations, and conclusions in their regular Supervision report. The supervision reports shall include the conclusions of the supervisor about the CM practitioner meeting Council imposed requirements, and the information on which the supervisor has based their conclusions.

All reports shall be in writing and provided to the Registrar within a designated time after the end of each month. The supervisor must report to the Registrar immediately any concerns regarding the level of compliance or any matters that involve risk of harm to the health and safety of members of the public, including the reasons for their concerns.

**COPIES OF AGREEMENT**

Each party will hold a copy of this Supervision Agreement.

A copy will be sent to the CM practitioner by the Registrar.

Signatures

For the Chinese Medicine Council of New Zealand:

.....

(Registrar)

Dated:

.....  
(Supervisor)

Dated:

**Appendices:** Any relevant reports or assessments

## Sample Supervisor-Supervisee Contract - Return to Practice

Parties Involved:

Supervisor:

Supervisee:

**Purpose:** To provide structured supervision for XXX as they return to clinical practice after a break of three or more years. This supervision will assist the practitioner to regain competence and confidence in their clinical and professional roles, to meet the required standards of the Chinese Medicine Council of New Zealand, in accordance with the HPCA Act.

Duration:

Start Date:

End Date:

Supervision Schedule:

Frequency:

Duration:

Location:

Objectives:

- To update clinical skills and knowledge.
- To ensure safe and competent patient care.
- To provide support and feedback on performance.
- To identify and address any areas of concern.

Responsibilities:

Supervisor:

- Provide guidance and support during supervision sessions.
- Observe clinical practice and provide constructive feedback.
- Monitor progress and document performance.
- Report any significant concerns to the Chinese Medicine Council of New Zealand.

Supervisee:

- Attend all scheduled supervision sessions.
- Actively participate in discussions and feedback.
- Implement recommendations and improvement plans.

- Maintain a reflective journal of experiences and learning.

Evaluation:

Mid-term Review:

Final Review:

Criteria: Clinical competence, adherence to professional standards, patient feedback, and self-reflection.

Signatures:

(Supervisor)

Date: \_\_\_\_\_

(Supervisee)

Date: \_\_\_\_\_

## Sample Supervisor-Supervisee Contract - Following a Complaint (notification)

Parties Involved:

Supervisor:

Supervisee:

**Purpose:** To provide structured supervision for XXXXX to address performance concerns raised in a recent complaint (notification). This supervision will ensure that the practitioner meets the required standards of competence and provides safe and effective care to patients, in accordance with the HPCA and the guidelines of the Chinese Medicine Council of New Zealand.

Duration:

Start Date:

End Date:

Supervision Schedule:

Frequency:

Duration:

Location:

Objectives:

- To address specific performance and professional issues identified in the complaint (notification).
- To ensure safe and competent patient care.
- To provide support and feedback on performance.
- To develop a professional development plan to prevent future issues.

Responsibilities:

Supervisor:

- Provide guidance and support during supervision sessions.
- Observe clinical practice and provide constructive feedback.
- Monitor progress and document performance.
- Report progress and any ongoing concerns to the Chinese Medicine Council of New Zealand.
- 

Supervisee:

- Attend all scheduled supervision sessions.

- Actively participate in discussions and feedback.
- Implement recommendations and improvement plans.
- Maintain a reflective journal of experiences and learning.

Evaluation:

Mid-term Review:

Final Review:

Criteria: Addressing specific performance issues, clinical competence, adherence to professional standards, patient feedback, and self-reflection.

Signatures:

(Supervisor)

Date: \_\_\_\_\_

(Supervisee)

Date: \_\_\_\_\_

## Sample Supervisor-Supervisee Contract - Entry to Practice

Parties Involved:

Supervisor:

Supervisee:

**Purpose:** To ensure that XXXX, as a newly registered Chinese medicine practitioner, meets the required standards of competence and provides safe and effective care to patients, in accordance with the HPCA and the guidelines of the Chinese Medicine Council of New Zealand.

Duration:

Start Date:

End Date:

Supervision Schedule:

Frequency:

Duration:

Location:

Objectives:

- To support the transition from training to independent practice.
- To ensure safe and competent patient care.
- To provide guidance and feedback on clinical performance.
- To identify and address any learning needs.

Responsibilities:

Supervisor:

- Provide guidance and support during supervision sessions.
- Observe clinical practice and provide constructive feedback.
- Monitor progress and document performance.
- Report any significant concerns to the Chinese Medicine Council of New Zealand.

Supervisee:

- Attend all scheduled supervision sessions.
- Actively participate in discussions and feedback.
- Implement recommendations and improvement plans.
- Maintain a reflective journal of experiences and learning.

Evaluation:

Mid-term Review:

Final Review:

Criteria: Clinical competence, adherence to professional standards, patient feedback, and self-reflection.

Signatures:

(Supervisor)

Date: \_\_\_\_\_

(Supervisee)

Date: \_\_\_\_\_

# Sample Supervision Report

## Supervision Report

Name of Supervisee: .....

Name of Supervisor: .....

Reporting period: .....

### Background to supervision:

(Insert brief overview of the reasons for supervision)

### Professional discussion:

[Insert summary of what was discussed, issues or challenges that arose during the period, strategies discussed for managing these etc.]

### Review of clinical notes:

[Insert summary of outcome of notes audit here, focusing on the areas of concern noted in the competency assessment report]

### Clinical observations:

[Insert summary of outcome of observation of clinical/patient interactions/consultations with a particular focus on the areas of concern highlighted in the competency assessment].

### Application of Council Standards:

[Insert summary here of Supervisees application of relevant Council standards]

### Follow up actions/areas of focus for next period

[Insert summary here]

---

Signature:

.....

Date: .....

Supervisor

# Sample Supervision Position Description

## Job Title

Professional Supervisor

## Position Description

A professional supervisor is responsible for providing supervision to Chinese medicine practitioners, under instruction from the Chinese Medicine Council of New Zealand (the Council), to ensure high standards of clinical practice and professional conduct. This role involves developing supervision plans, conducting assessments, offering constructive feedback to practitioners, and drafting/providing reports for the Council. The supervisor ensures compliance with regulatory competencies and standards, supports ongoing professional development, and addresses any conflicts or issues that arise.

Supervisors should be competent to supervise. This may include having formal qualifications in supervision, skills in communication abilities, and an understanding of ethical and cultural safety practices. These skills guarantee that supervisors can effectively guide and support practitioners, regardless of their specific professional background.

## Responsibilities

During the contracted period, the Supervisor is expected to:

- provide direct supervision to CM practitioners (as instructed by the Council);
- develop and implement individualised supervision plans;
- ensure the supervisee has a proper understanding of the area/s of concern;
- observe the supervisee's practical skills and/or conduct;
- carry out peer review and audit (as required);
- monitor and evaluate practitioners' competence and progress;
- provide the supervisee with feedback;
- make judgments about the supervisee's level of competence;
- maintain detailed records of supervision sessions and practitioner's progress;
- prepare and submit supervision reports as required by the Council;
- ensure adherence to the standards and competencies set by the Council; and
- maintain up-to-date knowledge of regulatory requirements and best practices in Chinese medicine.

## Skills and qualifications

- the Supervisor should be a qualified, competent and registered CM practitioner (or another appropriate discipline), and hold a current and unencumbered/unrestricted APC (Annual Practising Certificate);
- ideally hold qualifications in supervision;
- have a minimum of 5 –10 years of clinical experience in Chinese medicine or a related field;

- demonstrate understanding of the regulatory requirements and standards set by the Council;
- have proven verbal and written communication skills;
- demonstrated ability to provide clear and constructive feedback;
- competent understanding of cultural safety and cultural competence;
- have ability to work effectively with practitioners from diverse backgrounds.

#### **Fees and allowances**

- Supervisors are entitled to be paid fees for preparation and attendance at meetings/reviews/site visits including the preparation of supervision reports.
- The fee for supervision is \$62.50 an hour excluding GST to a maximum of \$500 a day.
- Reimbursement is also received for actual and reasonable travel and accommodation expenses such as airfares, taxis, mileage, and parking.
- The cost of supervision must be closely monitored to ensure it remains a manageable expense for registrants requiring supervision.