



Supervision Policy and Procedures

1. Purpose

1.1 Supervision of Associate Hand Therapists

Supervision of an HTNZ Associate member by a HTNZ Registered Hand Therapist is a process facilitating mentorship which enables an Associate to develop skills and knowledge in the practice area of Hand Therapy. Regular on-site Supervision will provide the Associate with the clinical and professional skills they require to work safely and proficiently in the expert field of Hand Therapy. HTNZ expects Supervision to be the Supervisor/Registered Hand Therapist and Associate members engaging in regular on-site clinical and professional Supervision. This should be with a Registered member who works on site with the Associate for a minimum of 50% of the Associates working week.

Associate members are required to gain Registered Member status within 5 years. The total hours required, working with a caseload representative of 70% hand, wrist and elbow, is 3600. It is expected that Associate members will therefore be working on average 15 hours per week in the field of hand therapy practice in order to achieve these hours within this timeframe.

Hand Therapy Scope Of Practice - Checklist

The Hand Therapy Scope of Practice relates to the knowledge areas and clinical skills that a Hand Therapist has been educated in and trained to do such that the therapist is competent to perform these tasks.

[Appendix 8](#) provides a resource for members to gain an understanding of the knowledge that a Hand Therapist is expected to understand and perform as they relate to conditions, fundamental science, assessment and treatment techniques so they are able to provide independent and safe clinical practice in their role as a Hand Therapist.

It is recommended that the supervisor and supervisee use this checklist as a guide so that all areas of the Hand Therapy Scope are covered through their path of supervision.

1.2 Supervision and ACC Contract

ACC has a role in monitoring the standards as outlined in the Allied Health Services Contract. All contract holders have a responsibility to familiarise themselves and the staff they supervise with the details of the contract. The application process for an Allied Health Contract is outlined on the ACC website. An Occupational therapist and Physiotherapist can still treat hand-injuries under the general Physiotherapy or Occupational Therapy Contracts with ACC if they are offering what a 'general' therapist would offer, without the requirement of becoming an Associate HTNZ member.

All Associate members of HTNZ are required to have a named Supervisor and complete regular Supervision as defined by this policy to complete the application process for Registered membership of HTNZ.

2.0 Roles

2.1 Role of the Supervisor

The Supervisor needs to have been a member of HTNZ for a minimum of 5 years, including two years as a Registered Hand Therapist to accept the role of Supervisor and completed the HTNZ Supervisor training. The main role of the Supervisor is for:

- peer review, clinical advice, mentoring, auditing, and professional support of the Associate Hand Therapist.
- to engage in an ongoing clinical review process to ensure that the Associate meets the standards expected under the contract.

Under the terms of the Supervision agreement, ([Appendix 1](#)) the Supervisor provides:

1. Clinical support and advice onsite as required.
2. Review and audit of clinical practice
3. Facilitation and encouragement for the Associate's development towards Registered membership.

2.1.2 The Supervisor's role also includes:

- Documenting the Supervision provided on the Supervision Record ([Appendix 7](#))
- Reviewing the Supervision agreement annually to ensure that the Associate is on track for achieving Registered membership at five years and advising the HTNZ Executive Committee of any potential delays foreseen to achieving Registered membership within the designated five year period.

2.2 Role of the Supervisee

The role of the Supervisee is to be actively engaged in Supervision, as a process to facilitate their development towards Registered member status.

2.2.1 Under the terms of the Supervision agreement, ([Appendix 1](#)), the Supervisee agrees to:

1. Comply with the clinical review process.
2. Complete the development plan.
3. Actively pursue Registered membership of HTNZ.

2.2.2 The Supervisee's role also includes:

- A commitment to attaining Registered membership within five years.
- Documenting the Supervision received on the Supervision Record ([Appendix 6](#))
- Formally applying to the HTNZ Executive Committee for an extension if required, **prior** to the five year requirement for attaining Registered membership with a development plan attached for attaining Registered membership.
- Formally applying to the HTNZ Executive Committee for off-site supervision (see [Appendix 2](#)) if required.

3.0 Clinical review Process

The Clinical Review Process ([Appendix 3](#)) outlined below contains the minimum requirements for the Supervision process. The extent of Supervision provided can be varied by the Supervisor based on the experience and developmental needs of the therapist.

The minimum requirements are:

3.1. Clinical Supervision;

- Associate hand therapists receive onsite clinical Supervision to gain the clinical skills required to become proficient in the assessment and treatment of elbow, wrist and hand injuries.
- Associate members are required to have a Registered hand therapist on-site for 50% of the Associate's working week for the entirety of the Associate membership (with the exception of standard leave).
- The 3600 hours required for Registered membership must comprise: a variety of upper limb conditions, with 70% of the caseload involving the forearm and hand.
- If the named Supervisor on the Supervision contract is not based at the same clinic or location as the Associate, a declaration (signed by the Supervisee and Supervisor – see [Appendix 1](#)) will need to be provided that a Registered hand therapist is on-site for 50% of the Associates working week, excluding standard leave.
- The HTNZ Executive Committee reserves the right to request evidence of on-site Supervision at initial application and from time to time throughout the Associates training.
- In the case of rural service delivery where on-site Supervision may be difficult, individual cases can be presented to the HTNZ Executive Committee for off-site approval. The Supervisor will need to contact the HTNZ Executive Committee with the Associate's individual circumstances for this to be considered (see [Appendix 2](#)). The Associate will be required to complete all the components of Registered membership except the full number of clinical hours for this application to be considered.

3.2 Clinical Notes Review and Audit

Two cases are selected from the case log every six months for full review of notes (see [Appendix 4](#)) or substitute your institution's or professional body's forms if of a comparable standard). This enables comprehensive feedback to be provided and facilitates a deeper clinical discussion.

3.3 Clinical Observation & Peer Review

The Supervisor observes the Supervisee in clinical practice and provides review and feedback, a minimum of two cases per year. The clinical observation can be completed at either the Supervisor or Supervisee's place of work. A video recording or via video conferencing could be appropriate if significant distance is involved. Peer observation and review is a tool to help solidify and improve client care (see [Appendix 5](#)) or substitute your institution's or professional body's forms if of a comparable standard).

3.4 Professional Development

To provide evidence of ongoing education specific to the upper limb. The Supervisee presents a development plan with time-framed goals prospectively on an annual basis. The Supervisor reviews the development plan ([Appendix 4](#)) and makes appropriate recommendations as a result of the Clinical Review Process. The Supervisee records the evidence of their professional development in the HTNZ Log Book which will be eligible for ongoing HTNZ membership.

The Supervisor also assists the Supervisee regarding:

- Appropriate journal articles, and other resource materials which will help with self-directed learning.
- Invitations to join local HTNZ meetings, in-services and journal clubs etc.

Approved Off-site Supervision will have additional requirements:

2. Case Log

Complete the case log of patients treated on the Hand Therapy Contract (as outlined in [Appendix 6](#)) and submit to the Supervisor every three months.

3. Financial Reimbursement

The reimbursement rate is a personal decision that is mutually agreed upon by both parties.

An estimate of the minimum time required by the Supervisor to effectively complete the above minimum requirements per year are:

- | | |
|---|---------|
| 1. Case Log – review 3 monthly @ 2 hours | 8 hours |
| 2. Clinical Notes Review & Audit | 8 hours |
| 3. Clinical Observation & Peer Review | 6 hours |
| 4. General Supervision enquiries/feedback/support | 8 hours |

4.0 HTNZ Supervision Expectations

4.1 The following outlines the expectation the Supervisee must demonstrate:

- Full commitment to the Clinical Review Process.
- A caseload appropriate to the field of hand therapy (70% hand, forearm and elbow)
- Appropriate outcomes to treatment provided.
- Achievement of goals outlined in the development plan towards Registered membership with HTNZ within five years.
- The requirements of the ACC Contract service description are being met.

5.0 Failure to Meet the HTNZ Supervision Policy

- The Supervisor may remove his/her supervision services
- The HTNZ Education Committee recommends that:
 - The Supervisor in the first instance offers help and mentoring to resolve any Supervisory problems.
 - The Supervisor seeks a second Supervisor's opinion prior to any further action being taken.
- HTNZ Executive committee reserves the right to withdraw an Associate application or membership status if the Supervision Policy is not being met.
- The HTNZ Executive committee reserves the right to withdraw a Supervisor from supervising if they do not meet the Supervisor requirements or if the Supervision Policy is not being met.

Appendix 1

To link to the supervision agreement click on the graphic below.



HTNZ Supervision Agreement

I, [insert name]
agree to provide Supervision for
[insert name]
for a period of one year commencing [insert date], or until such time as the said person becomes a
Registered Member of HTNZ.

Under the terms of the agreement, I as the Supervisor declare that (please tick):

- There is an on-site Registered Hand Therapist for 50% of the Associate's working week for the
entirety of the Associate membership (with the exception for standard leave.
Registered Hand Therapist Name:
HTNZ Membership number:

As the Supervisor I will provide (please tick):

- Clinical support and advice as required.
 Review and audit of clinical practice.
 Facilitation and encouragement for the Associate's development towards Registered HTNZ
Membership.

Under the terms of this agreement, the Associate [insert Name] agrees to comply with the clinical review
process and development plan attached, and to actively pursue Registered Membership of HTNZ.

The Supervisor and the Supervisee are aware that the 3600 hours required for Registered membership must
comprise: a variety of upper limb conditions, with 70% of the caseload involving the forearm and hand.

Signed: _____ Membership No. _____ Date: _____
(Supervisor)

Signed: _____ Date: _____
(Associate membership applicant)

Appendix 2

To link to the off site supervision agreement click on the graphic below.



HAND THERAPY NEW ZEALAND
Ringaromi Aotearoa

REQUEST FOR OFF SITE SUPERVISION REQUIREMENTS

Please complete the following and submit to the HTNZ administrator,
admin@handtherapy.org.nz

Date of Application	
Full Name	
HTNZ Membership Number	
Date of HTNZ Associate Registration	
Name of Supervisor	
HT hours completed	
HT hours worked per week	Hours per week: Date of when you started your HT hours:
Timeframe required for off-site supervision	Start date: End date:
Who will be providing off-site supervision	Provide information on who and how this will be provided
Please outline the plan for reinstating on site supervision	
Have you discussed your plan with your supervisor?	<ul style="list-style-type: none">• Yes:

Appendix 3

To link to the document click on the graphic below.



Clinical Review Process

I, _____ agree to:

- Clinical Notes Review & Audit**
 - o Provide clinical case notes for two cases chosen by Supervisor, for review and audit twice per year (4 cases per year).
- Clinical Observation & Peer Review**
 - o Be observed in clinical practice and provided with feedback two cases per year (2 cases per year).
- Professional Development**
 - o Provide evidence of ongoing education specific to the upper limb.
- Case Log (only required for off-site Supervision)**
 - o Submit three monthly [log](#) of cases treated.
- Financial Reimbursement (only required for off-site Supervision)**
 - a. Financially reimburse the Supervisor for Supervisory time, at an agreed hourly rate, and any travel costs incurred for clinical observation.

and will record the evidence of my Supervision and the above clinical review process on the HTNZ Supervision Record.

Development Plan

Appendix 4

To link to the document click on the graphic below.



HTNZ Clinical Notes Review & Audit

Therapist _____

Reviewer _____

Date _____

Initial Assessment	Yes	No	Comments
Patient Data			
Name of patient			
NHI Number (as appropriate)			
Date of Birth			
Address & Contact Details			
Date of Injury			
ACC Number			
Hand Dominance			
Past Medical History			
Medications/Investigations			
Social History/Occupation/Activities of Daily Living			
Referral Data			
Date of referral			
Referral Source			
Reason for Referral			
Diagnosis			
Assessment			
Initial Assessment Date			
Treatment Explained			
Informed Consent (written or verbal)			
Objective Assessment Completed			
Analysis of Findings			
Plan			
Short Term Goals (SMART)			
Long Term Goals (SMART)			
Initial Assessment Completed			
On Discharge	Yes	No	Comments
Discharge Summary Completed			
Final Outcomes Stated			
Appropriate Paperwork Filed			

Appendix 5

To link to the document click on the graphic below.



Peer Review (Observed Practice) Document

This peer review form is based on the New Zealand College of Physiotherapy Inc. Peer Review Form June 2009 and has been adapted for HTNZ purposes.

The form should be used by associate members applying for full membership of HTNZ.

The form may also be used by any member for peer reviews as part of continuing professional development.

The peer review process is about demonstrating ongoing professional development in hand therapy practice. Look for the positives in the process. It will not be used for a disciplinary purpose. It should help you to identify your ongoing professional development needs. The intention is to provide feedback on your practice and identify areas for development.

It is important to remember that self-reflection plays a particularly valuable part in the review process, along with the clinical reasoning discussion with the reviewer/supervisor, and the sharing of ideas for ongoing professional development.

This document and all that is written within it remains confidential to the two hand therapists participating in the peer review process, with the exception of its use for full HTNZ membership application. If the document is used for full HTNZ membership application, the reviewee will also share the document with their supervisor and the HTNZ executive. The completed document remains the property of the hand therapist who was reviewed.

Please Note:

Where this form is used for HTNZ full membership application, the reviewee must discuss the completed review with their supervisor prior to application submission. The supervisor will need to sign the form to state they have read the peer review and discussed any areas for development.

That as part of the HTNZ rules it is a requirement that the two peer reviews are completed by an independent New Zealand Registered Supervising Hand Therapist who does not work in the same work organisation as you or your supervisor.

Appendix 6

To link to the document click on the graphic below.



HAND THERAPY NEW ZEALAND

Ringaromi Aotearoa

Case Log for off-site supervision

Patient ID	Referred Condition	Primary Goals (3)	Therapy Interventions	# of Rx Over Time	Profile # of TTS	Outcome e.g. poor/fair/good/excellent e.g. RTW/independence e.g. complications
J.B or XYZ234	Flexor tendon repair Zone 2IF.	Tendon protection 6/52. ECM tendon. Restore grip.	Splint and CAM protocol. Progressive resistance from 6/52.	12 8/52		Good. RTW in office at 6/52. FFD 10°.
K.S or CVB786	UCL sprain Gd 2 (L) thumb.	Pain relief. Functional pinch.	Splint and HEP. PJM traction.	4 8/52		Fair. Impr function. On WL for surgery.

Appendix 7

To link to the document click on the graphic below.



Supervision Record

To record the supervision of an Associate Therapist by a Registered Member of Hand Therapy New Zealand (HTNZ) under the terms of the supervision agreement.

Associate: _____

Membership No: _____

Supervisor: _____

Membership No: _____

Date	Type of Supervision Provided <small>(eg. notes review & audit, observation of clinical practice, feedback & discussion)</small>	Hours	Action/ Comments	Associate's Signature	Registered Member's Signature

Appendix 8

To link to the document click on the graphic below.



HAND THERAPY SCOPE OF PRACTICE - Checklist

The Hand Therapy Scope of Practice relates to the knowledge areas and clinical skills that a Hand Therapist has been educated in and trained to do such that the therapist is competent to perform these tasks.

The following template provides a resource for members to gain an understanding of the knowledge that a Hand Therapist is expected to understand and perform as they relate to conditions, fundamental science, assessment and treatment techniques so they are able to provide independent and safe clinical practice in their role as a Hand Therapist.

It is recommended that the supervisor and supervisee use this template as a guide so that all areas of the Hand Therapy Scope are covered through their path of supervision.

Fundamental Knowledge and Scientific Knowledge	Competent to treat
Demonstrates understanding of the anatomy and physiology of the upper limb connective tissues as they relate to	
Surface anatomy	
Musculoskeletal system	
Nervous system	
Vascular system	
Lymphatic system	
Demonstrates the understanding of the pathology and clinical presentation of common diseases and injuries of the upper limb as they relate to the	
Musculoskeletal system	
Nervous system	
Vascular system	
Lymphatic system	
Demonstrates the understanding of	
the classification of fractures of the upper limb	
the classification of nerve injuries	
the histology of bone and soft tissue healing and repair	
the phases and physiology of wound healing	
the development of age-specific upper limb function	
the kinesiology and biomechanical principles relevant to the upper extremity	
pathomechanics and pathophysiology of injury and conditions relevant to the upper limb	
the aetiology and pathology of systemic medical conditions that may manifest with signs and symptoms in the upper limb	
the physiology and psychology of pain	
the properties of heat, water, light, electricity and sound as they apply to physical agent modalities and electrodiagnostic tools	
the psychological reactions to impairment	
research design and statistics	
the principles of evidence-based practice	

Acknowledgments

Developed by:

2001: NZAHT ACC Committee Accepted at NZAHT Inc AGM 2001

Revised by:

- 2009/08: NZAHT ACC Committee; Robyn Baldwin, Julie Rouse, Sue Sewell, Lisa Hansen, John Forrest.
- 2019/08 Education Committee:; Alison Coyle, Tania Stephenson, Christie Oldfield, Miranda Buhler, Julie Collis, Rebecca Clay, Lyndall O'Loughlin , Evelyn Willmann.
- 2020: Lyndall O'Loughlin and reviewed and signed off by HTNZ Executive Committee; Kelly Davison, Josie Timmins, Lindsay Egbers, Brierley McCarten, Evelyn Willmann.
- 2023: Lyndall O'Loughlin, Evelyn Willmann and reviewed and signed off by HTNZ Executive Committee