

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE

SUPERVISION GUIDELINES FOR HEALTH CARE PROFESSIONS

Definitions:

Health practitioner means a person registered with Council in a profession registrable in terms of the Health Professions Act, 1974 (Act No. 56 of 1974).

Independent practice means the practising of a health profession by a registered health practitioner for his or her own account in solus practice, as a partner in a partnership with another health practitioner or other health practitioners, as an associate in an incorporated association with other health practitioners, or as a director of a company exempted from the provisions of the Act in terms of section 54A of the Act.

Supervised practice means practising a health profession under the supervision of an appropriately qualified health practitioner as determined by the board.

Supervised means the overseeing of the professional acts of a person registered in the category of supervised practice by a supervising practitioner and the acceptance by that supervising practitioner of liability for such professional acts

Supervision means the acceptance of liability by a supervising practitioner for the acts of another practitioner.

Supervisor means the independent practitioner who is in good standing with HPCSA, and expressly accept liability for the professional acts of another practitioner. The supervisor undertakes to guide the supervisees to enhance their knowledge, skills, and professionalism while they are practicing the profession within the confines of their scope of profession.

Direct supervision means the type of supervised practice where supervisee perform professional acts within their scope of practice under constant visual supervision at the time of the clinical encounter. The supervising practitioner must be present during the clinical encounter to provide immediate support when necessary and sign off the act.

Indirect supervision means the type of supervised practice where supervisee perform professional acts within their scope of practice not necessarily under direct **visual**

supervision at the time of the clinical encounter. When necessary, this means that the supervised practitioner may perform an act within his/her scope of practice without the supervising practitioner being present during the clinical encounter.

A practitioner in good standing means a health professional who is currently registered, CPD compliant, and with no pending complaint against them.

1. Preamble

The Health Professions Council of South Africa (HPCSA) view the matter of supervision as a holistic process that occurs in relation to all professional practice related activities in which the supervised practitioner is engaged in. Good supervision should enable a supervised practitioner to develop and enhance their knowledge, skills, and professionalism. The process of supervision should form part of activities prior to actual clinical encounters in the form of education and training, during clinical encounters as well after clinical encounters in the form of debriefing, reflection and where necessary ongoing education and training. This document provide guidance on the type and expected level of supervision for the professions registrable in terms of the Health Professions Act, 1974 (Act No. 56 of 1974), as approved by the relevant professional board.

2. Purpose:

The purpose of supervision is to ensure that the practitioner who require such process, as per Board's requirements, is assisted to adequately practice the profession in a competent manner which conform to the requirements as determined by the Board while protecting the public. These guidelines also provide the framework for supervised practitioners, supervisors to monitor and assess a health practitioners' performance. The document is not intended to guide the supervision process of any practitioner who is still studying or is undertaking a structured approved training programme.

3. Supervised Practitioner

A supervised practitioner should undertake the following:

- 3.1 Identify a registered oral health professional who meets the supervisor requirements as prescribed by the Board.
- 3.2 Obtain written agreement with the supervisor and maintain such records.
- 3.3 Comply with the applicable CPD requirements.
- 3.4 Inform the Board, in writing, of any material change of circumstances, such as a change of supervisor, and detailed reasons for such changes.

- 3.5 Comply with any other requirements determined by the Board and agreed to at the beginning of the supervision.
- 3.6 Comply with the supervision guidelines as reflected in Table 5.1.

4. Supervisor

- 4.1 Must be an oral health practitioner in good standing and continuous registration with the HPCSA for at least 1 year.
- 4.2 Must meet the requirements to supervise as defined by the Board's annexure to ethical rules and defined in Table 5.1.
- 4.3 Must accept responsibility and liability of the supervising practitioner, and provide such evidence to the Board in writing, when required.
- 4.4 Must undertake the supervision process in the appropriate facility that meets the requirements for all domains of supervised practice using the Board's standards of practice.
- 4.6 Must monitor and facilitate the supervision process e.g. communicating with the HPCSA, submission of reports and any other necessary documentation.
- 4.7 Must inform the Board, in writing, of any material change of the circumstances, such as a change of supervisor, and detailed reasons of such changes.

5. Professions

5.1 Dental Assistant, Dental Therapist and Oral Hygienist

REGISTERED PRACTITIONER	SUPERVISOR GUIDELINES	TYPE OF SUPERVISION	EXTENT OF SUPERVISION
Dental Assistant	Only under the clinical supervision of a registered dental specialist, dentist, dental therapist, and oral hygienist	Direct supervision	Supervisor present in the facility
Dental Therapist: supervised practice	Under the supervision of a registered dental specialist, dentist, and dental therapist Independence is approved after serving at least one year under the control and clinical supervision of a registered dental specialist, dentist or dental therapist.	Direct/indirect supervision	Supervisor present in the facility or remotely
Dental Therapist restoration requirements	After passing the Board examination they will be under the supervision of a registered dental specialist, dentist, and dental therapist for one year. Thereafter, an application for independent practice could be made.	Direct/indirect supervision	Supervisor present in the facility or remotely

<p>Oral Hygienist: supervised practice</p>	<p>Under the supervision of a registered dental specialist, dentist, dental therapist or oral hygienist</p> <p>Independence is approved after serving at least one year under the control and clinical supervision of a registered dental specialist, dentist, dental therapist or oral hygienist.</p> <p>For Oral Hygienists who qualified before 2001 they must have obtained the 2000 certification in the expanded clinical functions, published under Government Notice R1150 in Government Gazette 21736 of 17 November 2000. He or she must have also completed an approved first aid training (QCTO or SETA) in order to apply for independent practice.</p>	<p>Direct/Indirect supervision</p>	<p>Supervisor present in the facility or remotely</p>
<p>Oral Hygienist restoration requirements</p>	<p>After passing the Board examination they will be under the supervision of a registered dental specialist, dentist, dental therapist or oral hygienist for one year. Thereafter, an application for independent practice could be made.</p>	<p>Direct/indirect supervision</p>	<p>Supervisor present in the facility or remotely</p>

Annexure 1: SUPERVISOR GUIDELINE AND REPORTING TEMPLATE

The domains below must serve as guide when supervising and /or reporting. *Note a comprehensive report may be requested from the Board signed by the supervisor or from the head of the department (who meets the requirements to be a supervisor, as prescribed by the board) and where applicable advise on the strengths and weaknesses of the practitioner to be restored.*

Four Domains of Practice

1. Professionalism

The ability and extent of the supervisee to manage clinical cases: history taking, examination, investigation management, care planning, decision making, referral/consultation, clinical judgment - emergencies, recognition and management, discharge planning (where relevant). Dispositions of good practice, ethical Integrity and intercultural competence must be displayed.

2. Safety and Quality

The ability of the supervisee to manage /prescribe drugs/medication, Infection control principles adherence, and managing adverse event recognition and reporting (where relevant). The following are essential: employing systems to protect patients/clients, as well as responsiveness to risks and safety.

3. Communication

The extent and ability of the supervisee to communicate with patients, patient's families/relatives with cultural and privacy considerations, the clinical team, and with other practitioners, including specialists (for example regarding handover reports, discharge, and transfers as well as documentation of care. The following dispositions

are important for the supervisee to inculcate: effective communication, working constructively with colleagues, developing and maintaining professional practice, maintaining clear, accurate, and legible records.

4. Knowledge, skills, and performance

The supervisee must satisfy the supervisor that he/she has acquired sufficient knowledge, skills, and experience to adequately perform professional tasks with requisite safety, best practice, ethical integrity, intercultural competence, systems to protect patients/clients, responsiveness to risks and safety and protection of patients/clients.