**Guidelines for Supervision.**

**Requirements for Supervised Practice.**

Clinical physiologists working with conditions of supervised practice must be supervised by approved supervisor(s) to;

* Ensure clinical safety
* Appropriate clinical practice
* Facilitate professional development/education
* Determine if the registrant fulfils the requirements to practice unsupervised.

Should supervisory responsibilities change during the period of supervised practice the CPRB must be informed immediately and suitable alternative supervisory provisions must be approved within 30 days of any such change. This is solely the responsibility of the registrant.

**Clinical supervision can take one of two forms;**

**Direct supervision by registered clinical physiologist**

**Direct Registered Clinical Physiologist Supervisory Requirements/Responsibilities**

Registered without conditions for a minimum of 5 years within the disciple for which the registrant requires supervision.

* Works within the same physical location as the registrant under supervision.
* Able to provide support for clinical practice.
* Is able to provide the clinical and professional development of the registrant under supervision.
* Responsible for clinical work product review to ensure appropriate standards are maintained.
* Organise regular meetings with supervised individual to provide feedback and review of practice and manage the framework for completing required tasks to become registered without conditions.
* Is in good standing with the CPRB.

**Indirect supervision by registered clinical physiologist**

Indirect supervision requires that the registrant work under the supervision of a suitably qualified medical practitioner within the specialty in which the registrant is practicing to ensure appropriate practice and clinical safety. Additionally a registered clinical physiologist who fulfils the requirements will provide indirect supervision of professional development. This may include but is not limited to offsite placement to facilitate assessment and/or professional development. Obtaining suitable clinical physiologist support may be facilitated by way of the professional society.

**Direct Medical Practitioner Supervisory Requirements/Responsibilities**

* Registered medical practitioner who is recognised specialist within the specialty that the registrant is working under supervision.
* Able to provide direct support for clinical practice and ensure safe practice.
* Responsible for clinical work product review to ensure appropriate standards are maintained.

**Indirect Registered Clinical Physiologist Supervisory Requirements/Responsibilities**

Registered without conditions for a minimum of 5 years within the disciple for which the registrant requires supervision.

* Is able to provide the clinical and professional development of the registrant under supervision.
* Organise regular meetings with supervised individual to provide feedback and review of practice and manage the framework for completing required tasks to become registered without conditions.
* Is in good standing with the CPRB.

**APC Application requirements**

All applicants that require supervision must provide the following;

Supervisor Information Required;

* Name
* Professional title
* Primary employer
* Position held
* Registration body
* Registration number
* Contact details
* Curriculum vitae
* Signed declaration agreeing to provide appropriate supervision.

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| **Direct Clinical Physiologist Supervised Practice****Supervisory Declaration** |
| **Registered Clinical Physiologist** |
| **Supervisor Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Professional tile** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Primary employer** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position held** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Physical Location** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CPRB – Registration #** | **\_\_\_\_\_\_\_\_\_** |  |  |
| **Registered scope of practice to be supervised** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Years of experience working without conditions in aforementioned scope.** | \_\_\_\_\_\_\_ |
| **Declaration-;** |  |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_agree to the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and agree to provide• Support for and oversight of clinical practice.• Support for clinical and professional development.• Clinical work product review.• Organise regular meetings with and feedback to registrant under supervision. |
| **Signature** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** |

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| **Indirect Clinical Physiologist Supervised Practice** **Supervisory Declarations** |
| **Registered medical practitioner** |
| **Supervisor Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Professional tile** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Primary employer** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position held** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Physical Location** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **NZ Medical Council Registration Number** | **\_\_\_\_\_\_\_\_\_** | **Medical Specialty** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Declaration-;** |  |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_agree to the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and agree to provide• Support for and oversight of clinical practice.• Clinical work product review. |
| **Signature** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** |
|  |
| **Registered Clinical Physiologist** |
| **Supervisor Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Professional tile** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Primary employer** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position held** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CPRB – Registration #** | **\_\_\_\_\_\_\_\_\_** |  |  |
| **Registered scope of practice to be supervised** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Years of experience working without conditions in aforementioned scope.** | \_\_\_\_\_\_\_ |
| **Declaration-;** |  |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_agree to the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and agree to provide• Support for clinical practice.• Support for clinical and professional development.• Organise regular meetings with and feedback to registrant under supervision. |
| **Signature** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** |