



HAND THERAPY NEW ZEALAND
Ringaromi Aotearoa

**Supervision Standards & Guidelines for
NZ Registered Hand Therapists Supervising
Associate Members on the
ACC Allied Health Services Contract**

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1.0 Supervision

1.1 Supervision of Associate Hand Therapists

Supervision of an Associate member of HTNZ by a Registered Hand Therapist is a process facilitating mentorship which enables an Associate to develop skills and knowledge in the practise 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.

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.

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 be completing regular Supervision as defined by this policy to complete the application process for Registered member of HTNZ.

2.0 Associate Member of HTNZ under the Supervision of a Registered Hand Therapist

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 role of the Supervisor is to provide Supervision and mentoring of an Associate therapist, and to engage in an ongoing clinical review process to ensure that the Associate meets the standards expected under the contract. The Supervisor must have completed an HTNZ-approved Supervisor training.

2.1.1 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 6)
 - 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.
-

3.0 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.

3.1.1 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.

3.1.2 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.

4.0 Clinical Review Process

4.1 The Clinical Review Process 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.

4.1.1 The minimum requirements are:

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 reserve the right to request evidence of on-site Supervision at initially application and from time to time throughout the Associates training.

In the case of rural service deliver 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. 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.

2. Clinical Notes Review and Audit

Two cases are selected from the case log every six months for full review of notes (see Appendix 3 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. 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 4 or substitute your institution's or professional body's forms if of a comparable standard).

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 2) 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.

Off-site Supervision will have additional requirements:

5. Case Log

Complete the case log of patients treated on the Hand Therapy Contract (as outlined in Appendix 5) and submit to Supervisor every three months.

6. 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 |

5.0 HTNZ Standards

5.1 The following outlines the standards the Supervisee must demonstrate:

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

6.0 Failure to Meet the HTNZ Standards

6.1 The Supervisor may remove his/her services of Supervision.

6.1.1 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.

6.2 HTNZ Executive committee reserve the right to withdraw an Associate application or membership status if the Supervision guidelines are not being met.

6.3 The HTNZ Executive committee reserve the right to withdraw a Supervisor from supervising if they do not meet the Supervisor requirements or if the Supervision guidelines are not being met.

Appendix 1



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HTNZ Supervision Agreement

I, _____ (Name) agree to provide Supervision for
_____ (Name) for a period of one year commencing _____ (Date)

, or until such time as the said person becomes a Registered Member of HTNZ.

Under the terms of the agreement, the Supervisor _____ (Name), declares that (please tick):

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

The Supervisor 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 _____ (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



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HTNZ Clinical Review Process & Development Plan

Clinical Review Process

I, _____ agree to:

1. **Clinical Notes Review & Audit**
Provide clinical case notes for two cases chosen by Supervisor, for review and audit twice per year (4 cases per year).
2. **Clinical Observation & Peer Review**
Be observed in clinical practice and provided with feedback two cases per year (2 cases per year).
3. **Professional Development**
Provide evidence of ongoing education specific to the upper limb.
4. **Case Log (only required for off-site Supervision)**
Submit three monthly log of cases treated.
5. **Financial Reimbursement (only required for off-site Supervision)**
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

Key area for development	Planned actions	Outcome measure

Appendix 3



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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			

Ongoing Record	Yes	No	Comments
Standard Format (eg SOAP)			
Treatment Reproducible			
Objective Outcomes Used			
Re-assessment of Comparable Sign/s Evident			
Exercise Program Reproducible (copied or identified)			
Splint description/regime			
Analysis shows appropriate progression/digression and explains why			

On Discharge	Yes	No	Comments
Discharge Summary Completed			
Final Outcomes Stated			
Appropriate Paperwork Filed			
ACC documentation completed			

With All Documentation	Yes	No	Comments
Date Patient Attended			
Signature of Therapist			
Printed Name of Therapist if not legible			
Patient's Name on Progress Notes			
Legible			
Abbreviations as per standard			
Profession designated under signature (NZROT, NZAP)			

Recommendations

Appendix 4



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HTNZ Clinical Observation & Peer Review Form

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 Registered 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 Registered HTNZ membership application. If the document is used for Registered HTNZ membership application, the reviewee will also share the document with their Supervisor and the HTNZ Executive Committee. The completed document remains the property of the hand therapist who was reviewed.

Note: Where this form is used for HTNZ Registered 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.

Guidelines for the Reviewee

Ask your reviewer to read all the documentation carefully.

Arrange the appointment time with your reviewer. You will need to allow at least 1-2 hours to allow time for discussion at the end. You may prefer to arrange a follow up time for further discussion; this will allow time for more self-reflection and professional development planning.

Book in the selected client/patient/child for the agreed time, briefly explain to the client/patient/child/teacher/family/whānau about the reviewer's presence and obtain initial consent at the time of making the booking, for the reviewer to be present.

Read through the Peer Review Forms and become familiar with the criteria that will be observed.

On completion of the peer review process ask your reviewer and Supervisor to sign the form that confirms the process has been undertaken and completed. The completed Peer Review document will form part of your application for Registered membership (or for CPD points).

Guidelines for the Reviewer

Please read all the information regarding the peer review process.

The peer review process is about being pro-active in facilitating professional development.

This process should not be viewed as an examination, it is not a pass /fail assessment of practice. The observation criteria are there as a guide of what to look for to enable you to give constructive feedback.

It will be useful to write feedback comments in the boxes provided so that your Supervisee can take time to reflect on your feedback following your discussion.

On completion of the review process, you will be asked to sign, to state you have been the reviewer and have completed the whole process.

Please Note: As a reviewer it is your professional responsibility to highlight any areas of concern with the reviewee. You will be able to comment on page 10 whether there were any concerns that the reviewee should discuss with their Supervisor.

Peer review confidentiality document

I (reviewer's name):

have been asked by (reviewee):

to review their hand therapy practice using this HTNZ approved Peer Review Form

- I have read all the documentation and understand the process
- I agree that I will not discuss the outcome with anyone else other than the participating hand therapist
- I will give all the documentation used in the peer review process back to the participating hand therapist
- I will not make any copies of any of the documentation used in the review process
- I will maintain confidentiality of all patient related information

Signed:

Date:

Reviewer: Hand Therapy NZ Registered member	
Reviewee: Hand Therapy NZ Associate or Registered Member	
Date of review	
Patient's presenting problems	

Observation criteria	Reviewer comments
1. Professional practice	
Appropriate patient consent has been obtained for the review process	
Informed consent gained for reviewer's access to patient information	
Consent obtained from the patient to undergo assessment/treatment procedures	
Appropriate interview setting	
Demonstrates respect for patient's privacy and cultural needs	
Recognises cultural and /whānau needs	

Observation criteria	Reviewer comments
2. Communicate effectively	
Adequate explanations of assessment/treatment processes and procedures are provided to the patient	
Clear instructions given throughout	

Able to articulate assessment findings to the patient	
3. Evaluate patient's health needs: Subjective interview	
Appropriate interview setting	
Questions appropriate for presenting diagnosis, asked in logical and methodical order	
Listens to answers and responds appropriately	
Records findings	
Clarifies and recaps subjective findings	
Establishes functional goals and the main problems	

Observation criteria	Reviewer comments
4. Objective examination	
Demonstrates clinical reasoning process in action <ul style="list-style-type: none"> a. Explains rationale for tests to patient/child, caregiver, whānau a. Explains findings to patient/child, caregiver, whānau b. Appropriate tests performed c. Selects treatment choices appropriate to assessment findings/presenting problems 	
Documents test results	

Outlines hand therapy treatment choices	
Reconfirms functional goals with clinical goals, discusses probable time frames and confirms consent for treatment	
Outcome measures discussed and performed if appropriate	

Observation criteria	Reviewer comments
5. Plan and implement safe and effective client management	
Treatment choices applied effectively, with clear explanations and clarification of patient/child, caregiver, whānau understanding	
Monitors and analyses clinical signs and response to treatment	
Patient/child, caregiver, whānau treated with respect at all times	
Patient safety maintained	
Treatment outcomes re-assessed. Self-management advice given	

Clear teaching skills with appropriate feedback/correction	
Patient advised re further treatment	

Discussion with reviewer following observation of practice	
	Comments
What went well? What could be changed? What have I learnt from assessing and treating this patient?	
Discuss hand therapy science base and clinical reasoning	
Questions to stimulate discussion <ol style="list-style-type: none"> 1. What was your rationale for the chosen assessment tests? 2. What was your reasoning for the clinical interventions? 3. How did you identify the patient's problems and decide on differential diagnoses? 4. What ideas do you have for further assessments or tests to be performed at subsequent visits? 5. Can you discuss any evidence from research that guided your treatment decisions? 6. How might you look for further evidence or information? 	

General comments from reviewer	
	Comments
<p>Strengths of the reviewee</p> <ul style="list-style-type: none"> Assessment Clinical reasoning Safe practice demonstrated Hand therapy techniques Communication Documentation Rationale for treatment choice Evidence based practice Professionalism 	
<p>Recommendations</p> <p>Feedback and discuss areas in which the reviewer can recommend areas for development</p>	
<p>Concerns</p> <p>The reviewer should comment on any observations that were of concern. These should then be discussed by the reviewee with their Supervisor</p>	
<p>Signature of Reviewee:</p> <p>Signature of Reviewer:</p> <p>Date:</p>	

Self-Reflection following the Peer Review – to be completed by the reviewee	
	Comments
<p>Reflect on the whole peer review process:</p> <p>Your organisational skills</p> <p>Your communication</p> <p>Your assessment</p> <p>Your clinical reasoning</p> <p>Your treatment choice</p> <p>Your rationale for your treatment choice</p> <p>Your reference to current literature, best practice evidence</p> <p>Your overall professionalism</p>	
<p>Personal action plan following the peer review process</p> <p>Professional development plan</p> <p>Time frames</p>	
<p>Signature of Reviewee:</p> <p>Date:</p>	

HTNZ Peer Review confirmation

Name of person being reviewed: _____

Name of reviewer: _____

Qualifications of reviewer: _____

Reviewer HTNZ membership number: _____

Email address of reviewer: _____

Contact phone number of reviewer: _____

Signed by reviewer: _____

Signed by reviewee: _____

Date: _____

HTNZ Supervisor confirmation

Where peer review is undertaken for HTNZ Registered membership application, please complete:

Name of reviewee's Supervisor: _____

HTNZ membership number of Supervisor:

I confirm that I have read the review, discussed any recommendations and areas of concern, and developed an action plan in collaboration with
_____ (name of reviewee)

Signed: _____ Date: _____

Therapist _____ Reviewer _____

Date _____

Appendix 5



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HTNZ Case Log for Off-Site Supervision only

Patient ID	Referred Condition	Primary Goals (3)	Therapy Interventions	No. of TMT's Over Time	Profile No. TMT's	Outcome eg. poor/fair/good/excellent eg. RTW/independence eg. complications
J.B or XYZ234	Flexor tendon repair Zone 2 IF	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 6



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HTNZ Supervision Record

To record the Supervision of an Associate Therapist by a Registered Member of HTNZ under the terms of the Supervision agreement.

Associate: _____

Membership No: _____

Supervisor: _____

Membership No: _____

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

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