



HAND THERAPY NEW ZEALAND
Ringaromi Aotearoa

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

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1.0 Background

1.1 Registered Member HTNZ

Prior to 2016, HTNZ was known as NZAHT Inc. The Accident Compensation Corporation (ACC) worked with NZAHT Inc throughout 1999 to develop a specific contract for Hand Therapy Services for their clients.

This was supported by the NZAHT Inc's claim that their Registered Members, having fulfilled the membership criteria and completed the NZAHT Inc Training Programme (subsequently the Hand and Upper Limb Therapy (HAULT) post-graduate paper at AUT and prescribed splinting courses), or a recognised overseas qualification (eg. CHT), had special skills and experience to provide appropriate treatment and splinting to enable ACC clients to return to work and independence more efficiently, following an injury to the hand or upper limb.

HTNZ feels that the membership criteria for a Registered Hand Therapist, reflects the skill level, knowledge level, and experience required to both earn the title of 'Registered Hand Therapist', and provide the level of expert service required by the ACC Hand Therapy Service Contract.

ACC have supported the HTNZ Membership's special skills, philosophy of membership, point system for continuing education, and approved the HTNZ 'Hand' treatment profiles.

1.2 Associate Member HTNZ

ACC wanted good national coverage of this service, but in 1999 the NZAHT Inc only had a handful of 'Full' members.

ACC suggested that in order to ensure a high quality of service provision, the contract be also offered to Associate members at that time, providing they had a 'Supervisor' to act as a mentor/professional adviser, until these members were able to fulfil the registered membership criteria. Both parties accepted this provision.

Although the number of Registered Members has increased over time, it is still recognised that there is a need for provision in the Hand Therapy Services Contract for Associates to work for an agreed period as a 'Named Therapist', for the purpose of training and recruitment, and to meet the needs of populations where currently there is no Registered Hand Therapist.

1.3 HTNZ Registered Hand Therapists and ACC Contract (relationship)

It is important to note:

- The HTNZ Membership Rules were established prior to the contract with ACC, and not for the purpose of the contract.
- The Hand Therapy Services Contract is between individuals and ACC and not with HTNZ. HTNZ's role is in providing ACC with the means to identify appropriately skilled and experienced therapists.
- Hand Therapists are a professional group of Occupational Therapists and Physiotherapists supporting knowledge and skills in the practise area of hand therapy. ACC's interest in our post-graduate training and membership structure is to ensure that those members contracted to ACC can offer a high level of quality treatment expertise and experience to their injured clients.

1.4 Supervision of associate Hand Therapists

Supervision of an associate member of HTNZ by a full registered Hand Therapist is a process facilitating mentorship which enables an associate to develop skills and knowledge in the practise area of Hand Therapy.

ACC currently accepts that there are difficulties for rural or small practice therapists to achieve the 'registered' membership criteria as set out by HTNZ, but wish to continue offering as wide a national coverage of this service where possible. At present, ACC continues to support fully registered Hand Therapists supervising associate Members who hold their own Hand Therapy Contract, by special agreement with ACC.

These Supervision Standards and Guidelines have been reviewed and updated to reflect supervision requirements for:

- Associate members holding their own ACC Hand Therapy Contract, under the supervision of a fully registered Hand Therapist, '**Associate Contract Holder/ ACH**'.
- Associates working as Named Hand Therapists on a contract under the direct supervision of a fully registered Hand Therapist, '**Associate Named Provider/ ANP**'.

1.4.1 Associate HTNZ Members holding an ACC Hand Therapy Services contract under the supervision of a Registered Hand Therapist (ACH)

This provision of these services reflects the supervision of an associate Hand Therapist who is '**Associate Contract Holder/ ACH**'. Either an associate Member holds their own ACC Hand Therapy Services Contract, under the supervision of a fully registered Hand Therapist, or an institution or private practice holds the contract with no fully registered Hand Therapist on site (with supervision from a fully registered Hand Therapist).

The supervisor needs to have been a HTNZ fully registered Hand therapist for a recommended timeframe of at least 2 years, in order to accept the role of supervisor. The main role of the supervisor is for peer review, clinical advice, mentoring, auditing and professional support of the associate Hand Therapist. Due to the distance between the Supervisor and associate Hand Therapist, peer review and clinical observation requirements may need to be adapted from the processes that therapists may have established when supervising associates within their own clinics on-site.

1.4.2 Associate HTNZ Members working as 'Named Hand Therapists' under the direct supervision of a Registered Hand Therapist (ANP).

The supervisor needs to have been a HTNZ fully registered Hand Therapist for at least 2 years, in order to accept the role of supervisor. The provision of this type of supervision refers to a full registered Hand Therapist who is supervising an associate Hand Therapist from within their clinic or institution, '**Associate Named Provider/ ANP**'. The supervision standards for these therapists still apply, however the requirement for a patient log may be excluded, as it is expected that these associate Hand Therapists will be supervised in conjunction with the fully registered Hand Therapist's own practice procedures for quality assurance and peer review.

ACC has a role in monitoring the standards as outlined in the Hand Therapy Services Contract. It is pertinent that all contract holders familiarise themselves and the staff they supervise with the details of the contract.

2.0 Criteria for accepting an 'Associate Contract Holder/ ACH' Associate Hand Therapist for Supervision

2.1 Criteria for accepting an associate HTNZ member holding their own ACC Hand Therapy Services contract under the supervision of a fully registered Hand Therapist

The criteria for accepting to supervise an associate member wishing to hold their own ACC Hand Therapy Contract, (who is by definition off-site from the fully registered Hand Therapist) is higher than that which is required to supervise an associate member from within their own clinic/institution.

Criteria:

2.1.1 Associate members who wish to hold their own ACC Contract will need to have completed all the components of registration except the full number of clinical hours. However, they must be working towards completing the 1800 clinical hours required for full registration as part of their chosen pathway towards full membership of Hand Therapy New Zealand (HTNZ) (*ACC Hand therapy Operational Guidelines, 2018*).

2.1.2 The associate member must supply a CV with the following details to a potential supervisor before the fully registered Member accepts them for supervision:

- Associate Membership HTNZ (or equivalent) for a least one year
- Relevant caseload to date evidencing breadth of 'hand' conditions treated.
- Relevant experience and training to date evidencing a minimum of 12 months 'hand' experience within the past 5 years.
- Demonstrate professional development specific to the area of hand & upper limb conditions, e.g. activities listed above.
- Time-framed goals for achieving full registered member of HTNZ status

2.1.3 The supervisor will review the CV and:

- agree to supervision,
- or may defer this role until specific criteria are met (eg. hours, experience, professional development, registration plan).
- ask for a second opinion from another a fully registered Hand Therapist,
- or decline to supervise the associate

A fully registered hand therapist is not obliged to supervise anyone.

2.1.4 If the fully registered hand therapy does not feel the applicant reaches the above criteria they should:

- advise the applicant
- outline a process to reach the criteria
- offer a second opinion (if required)
- advise ACC Healthwise of their reasons for declining supervision if a process to reach the criteria cannot be achieved.

2.1.5 **A completed Supervision Agreement (Appendix 1) is required for an associate therapist** to apply for an ACC Hand Therapy Contract. The application process for a Hand Therapy Contract *is outlined on the ACC website*.

NB: An associate member can still treat hand-injured clients under the general Physiotherapy or Occupational Therapy Contracts with ACC if they are offering what a 'general' therapist would offer.

3.0 Criteria for accepting an 'Associate Named Provider/ ANP' Associate Hand Therapist for Supervision

3.1 Criteria for accepting an '**Associate Named Provider/ ANP**' associate member of HTNZ working as 'Named Hand Therapists' under the direct supervision of a fully registered Hand Therapist.

The provision of this type of supervision refers to where a fully registered Hand Therapist supervises an associate Hand Therapist from within their own clinic or institution.

- 3.2.1 The associate member must supply a CV with the following details to a potential supervisor before the fully registered member accepts them for supervision:
- Associate Membership HTNZ (or equivalent)
 - Relevant experience and training to date
 - Time-framed goals for achieving full Registered Member status

- 3.2.2 The supervisor will review the CV and:
- agree to supervision,
 - may defer this role until specific criteria are met (eg. hours, experience, development plan).
 - ask for a second opinion from another Registered Hand Therapist
 - decline to supervise the associate.

A fully registered hand therapist is not obliged to supervise anyone.

3.2.3 If a fully registered hand therapist does not feel the applicant reaches the above criteria they should:

- advise the applicant
- outline a process to reach the criteria
- offer a second opinion (if required)

3.2.4 A Supervision Agreement (Appendix 1) is required for an associate therapist to be added to an ACC Hand Therapy Contract as a 'Named Therapist'.

4.0 Role of the Supervisor

4.1 The supervisor needs to have been a HTNZ fully registered Hand Therapist for at least 2 years, in order to accept the role of supervisor. 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.

- 4.1.1 Under the terms of the supervision agreement, (Appendix 1) the supervisor provides:
1. Clinical support and advice as required
 2. Review and audit of clinical practice
 3. Facilitation and encouragement for the Associate's development towards fully registered membership.

- 4.1.2 The supervisor's role also includes:
- Documenting the supervision provided on the Supervision Record (Appendix 6)

- Reviewing the supervision agreement at 18 months to ensure that the associate is on track for achieving full registration at three years, and advising ACC of any potential delays foreseen to achieving full membership within the designated three year period.

5.0 Role of the Supervisee

- 5.1 The role of the supervisee is to be actively engaged in supervision, as a process to facilitate their development towards fully registered member status.
- 5.1.1 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 full registered membership of HTNZ.
- 5.1.2 The supervisee's role also includes:
- A commitment to attaining full registered membership within two years for ACH supervision, or three years for ANP supervision.
 - Documenting the supervision received on the Supervision Record (Appendix 6)
 - Advising ACC at 18 months of their progress towards full registered membership
 - Formally applying to ACC for an extension if required,
 - **prior** to the twoyear requirement for attaining full membership where supervision is ACH,
 - or **prior** to three-year requirement where supervision is ANP.
 - with a development plan attached for attaining full membership

6.0 Clinical Review Process

- 6.1 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.
- 6.1.1 The minimum requirements are:
- 1. Case Log (required for ACH supervision, see 2.0)**
Complete the case log of patients treated on the Hand Therapy Contract (as outlined in Appendix 5) and submit to supervisor every three months.
 - 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.

5. 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 |

6.1.2 Communication

The key to successful supervision is communication. For the first year of off-site for ACH supervision (see 2.0), a minimum of 1 hour per fortnight, or ½ hour per week contact with the supervisor is required. A minimum of 1 hour per month, or ½ hour fortnightly is required thereafter. This may be via telephone, Skype, video conference, or any other chosen method of communication. The supervisee should also be encouraged to request advice via fax, phone, email etc. in discussion with the supervisor as to the preferred method of contact.

A minimum of two face-to-face meetings per year are strongly recommended.

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.

7.0 HTNZ Standards

7.1 The following outlines the standards the supervisee must demonstrate:

1. Full commitment to the Clinical Review Process
2. A caseload appropriate to the ACC Hand Therapy Services Contract.
3. The requirements of the ACC Contract service description are being met.
4. The treatment numbers per pathology are appropriate to the HTNZ Treatment Profiles.
5. Appropriate outcomes to treatment provided
6. Achievement of goals outlined in the development plan towards full registration of HTNZ within three years.

8.0 Failure to Meet the HTNZ Standards

8.1 The supervisor may remove his/her services of supervision.

8.1.1 The ACC 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

Appendix 1



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HTNZ Supervision Agreement

I, _____ agree to provide supervision for
_____ for a period of one year
(commencing _____), or until such time as the said person
becomes a Registered Member of HTNZ.

Under the terms of the agreement, the supervisor _____,
agrees to provide:

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

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

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

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

Appendix 2



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HTNZ Clinical Review Process & Development Plan

Clinical Review Process

I, _____ agree to:

- | | |
|---|--------------------------|
| 1. Case Log (only required for 'off-site' supervision)
submit three monthly log of cases treated under the ACC Hand
Therapy Services Contract (4x per year) | <input type="checkbox"/> |
| 2. Clinical Notes Review & Audit
provide clinical case notes for two cases chosen by supervisor,
(from the log) for review and audit twice per year (4 cases per year) | <input type="checkbox"/> |
| 3. Clinical Observation & Peer Review
Be observed in clinical practice and provided with feedback two
cases per year (2 cases per year) | <input type="checkbox"/> |
| 4. Professional Development
Provide evidence of ongoing education specific to the upper limb | <input type="checkbox"/> |
| 5. Financial Reimbursement
Financially reimburse the supervisor for supervisory time, at an
agreed hourly rate, and any travel costs incurred for clinical
observation | <input type="checkbox"/> |

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

Therapist _____

Reviewer _____

Date _____

Introduction/Professional Practice	Yes	No	Comments
Introduces self & reviewer in professional manner			
Evidence of consent obtained			
Demonstrates awareness & respect of cultural needs			
Therapist's manner appropriate to age and client's needs			
Assessment			
Completes appropriate subjective assessment			
Client's needs and goals appropriately identified			
Completes appropriate objective assessment			
Evaluates current functional limitations			
Identifies accurate diagnosis			
Demonstrates clinical reasoning and formulates appropriate goals, which relate to assessment and client's needs			
Intervention			
Formulates appropriate treatment plan			
Intervention appropriate and demonstrates knowledge of condition and therapeutic approaches to treatment			
Evaluates effectiveness of intervention and modified as appropriate			
Client aware of self-management plan			
Precautions and contra-indications clearly stated/demonstrated			
Communication			
Demonstrates effective communication with client and family/whanau			
Provides clear instructions and self-management plan			
Demonstrates understanding of cultural needs and modifies approach to respect cultural values			
Documentation			
Completes all documentation including: Subjective & Objective Assessment, Intervention, Goals, Analysis, Plan			

Appendix 5



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HTNZ Case Log

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

