Health Professions Council of South Africa

PROFESSIONAL BOARD FOR EMERGENCY CARE

BOARD SUPERVISION GUIDELINES

As per the Health Professions Act 56 of 1974, the Professional Board for Emergency Care (PBEC) is responsible for the professional registration of the holders of recognised qualifications in emergency care in the relevant registration and practice categories.
The following professional registration categories fall within the ambit of the PBEC:

1. *Basic Ambulance Assistant (BAA)* – Supervised Practice
2. *Ambulance Emergency Assistant (AEA)* – Independent Practice
3. *Paramedic (ANT)* – Independent Practice
4. *Operational Emergency Care Orderly (OECO)* – Independent Practice
5. *Emergency Care Technician (ECT)* – Independent Practice
6. *Emergency Care Assistant (ECA)* – Supervised Practice
7. *Emergency Care Practitioner (ECP)* – Independent Practice

In the context of the PBEC, the following words and expressions have the following meaning:

1. "***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.

2. "***Supervised practice***" means the practising a health profession within an established, published supervision framework as approved by the "Emergency Medical Services Manager" as per the ***National Health Act, 2003*** *(Act No. 61 of 2003)* ***Emergency Medical Services Regulations*** *(Government Gazette 38775 of*

2015).

Supervision Framework[1,2,3]

Emergency Medical Services Managers are responsible and will be held accountable for establishing appropriate supervision frameworks. Clinical supervision is a critical component of professional development for individuals working in healthcare. Supervision provides a structured and supportive framework for enhancing clinical skills, promoting self-awareness, and ensuring the quality of care provided to patients.

1. Victorian Allied Health Clinical Supervision Framework. Victoria State Government: Health and Human Services. May 2019.
2. Milne D, Aylott H, Fitzpatrick H, Ellis M. How Does Clinical Supervision Work? Using a "Best Evidence Synthesis", Approach to Construct a Basic Model of Supervision. The Clinical Supervisor. 2008;27(2):170-190.
3. Baker N, Garner J, Lange B, Kapur L. Allied Health Clinical Supervision: An Opportunity Lost. Health Services Management Research. 2023;36(2):102-108.

1. **Select an Appropriate Suitably Qualified Clinical Supervision Team/Supervisor:**
   - Ensure that the team and individuals have the necessary qualifications, experience, and expertise in the emergency care domain. They should also be aware of contemporary research, ethical standards, and best practices. Considering the nature of the emergency care environment, this Clinical Supervision Team may devolve regular contact/information Sessions to individual supervisors. Formal establishment of such a team or group of individual supervisors is encouraged.
2. **Create a Safe and Supportive Environment:**
   - Foster a nonjudgmental, confidential, and trusting atmosphere where the supervised practitioner feels comfortable discussing their cases, challenges, and personal reactions.
3. **Regular Contact/Information Sessions**
   - Regular supervision sessions at a frequency that suits both the supervisors and supervised practitioners are mandatory. The frequency may vary depending on the level of experience and needs of the supervised practitioners.
4. **Case Presentation and Analysis:**
   - Supervised practitioners should present specific cases for discussion. These specific cases should be analysed together focusing on assessment, diagnosis, treatment planning, and interventions.
5. **Reflective Practice:**

- Supervised practitioners should engage in reflective practice, exploring their thoughts, feelings, and reactions in clinical situations. This helps in developing self-awareness and insight.

6. **Skill Development:**
   - Through peer feedback, identify areas where the supervised practitioner can improve their clinical skills and provide guidance, resources, and training opportunities to address these gaps.

7. **Feedback and Evaluation:**
   - Provide constructive feedback on the supervised practitioner's performance, highlighting strengths and areas for improvement. Specific examples should be provided to ensure supervised practitioners have real-world context.
8. **Ethical and Legal Considerations:**
   - Discuss ethical dilemmas, boundaries, and legal requirements relevant to the emergency care profession. Ensure that the supervised practitioner adheres to ethical standards and maintains patient confidentiality.
9. **Cultural Sensitivity and Diversity:**
   - Address issues related to cultural competence and diversity, helping the supervised practitioner provide inclusive and culturally sensitive care to a diverse patient and societal makeup.

   Documentation:
   - Maintain records of supervision sessions, including notes on discussions, goals, and progress. This documentation is essential for accountability and can also serve as evidence of professional development.
10. **Continuing Education:**
    - Encourage ongoing learning and professional growth through Continuing Professional Development (CPD) activities, workshops, conferences, and reading relevant literature.

Supervision must include all domains of practice. A breakdown of the respective domains of practice are provided below:

Domains of Practice

PROFESSIONALISM	SAFETY & QUALITY	COMMUNICATION	KNOWLEDGE, SKILLS & PERFORMANCE
• Good practice • Integrity • Intercultural competence	• Systems to protect patients/clients. • Respond to risks to safety. • Protect patients/clients from risks posed by colleagues	• Communicate effectively. • Work constructively with colleagues	• Develop and maintain professional performance. • Apply knowledge and experience to practice • Maintain clear, accurate and legible records

Specific areas within the domains of practice:

Clinical Management:

- History taking, examination, investigation management.
- Care planning, decision making, referral/consultation.
- Clinical judgement

Communication:

- With patients
- With families/relatives (cultural and privacy)
- Within clinical team
- With other healthcare professionals
- Documentation of care

Professionalism:

- Compassion and sensitivity for patients; culture, ethnicity, and spiritual issues
- Punctuality, reliability, prioritisation
- Requesting assistance
- Personal health management

Patient safety:

- Drug prescribing, medication safety
- Infection control principles
- Adverse event recognition and reporting

The PBEC views 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. Although the supervision guidelines and related framework are mandatory for the supervised practitioners, we suggest that all registered persons form part of these supervision guidelines.

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 actual clinical encounters in the form of debriefing, reflection and where necessary ongoing education and training.

If a more holistic approach to supervision occurs, it is acceptable for supervised practitioners to perform 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 a supervision team/supervising practitioner being present during the clinical encounter. Where such clinical encounters are anticipated, clinical supervision and individuals within the clinical supervision framework must be identified prospectively where supervised practitioners are able consult at the time of the clinical encounter.