

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY

GUIDELINES RELATING TO SUPERVISED PRACTICE

These guidelines should be read in conjunction with the procedure relating to the restoration of names to the register of practitioners whose names were erased from the register for a period of more than three years. See document: Restoration of practitioners who were off the register for more than three years and who have not practised their profession.

A practitioner whose name has been erased from the register and had not been practising for a period of more than three years will be required to work under supervision for a period of **six months** or completion of a 1000 hours.

During the period of supervised practice, the applicant will not be allowed to be self-employed or practising in their own private practice.

SUMMARY OF PROCESS

The supervisee will be required to identify and request a suitable supervisor to oversee him or her during the period of supervised practice. For this purpose, a signed undertaking has to be obtained from the supervisor agreeing to undertake the supervision. On completion of six months' supervised practice or completion of a 1000 hours, the supervisor will be required to complete and submit the Supervisor Evaluation Report. The findings presented in this report will be reviewed by the Education Committee. If the Committee is satisfied by the recommendation of the supervisor, the practitioner will be registered in the category in which the applicant was previously registered.

In cases where the Education Committee remains unconvinced that the practitioner is ready for independent practice, the supervisor will be expected to develop a portfolio as reflected in the Portfolio Guidelines. This process should be completed within a period of six months.

APPOINTING OF SUPERVISOR

The supervisee identifies a supervisor and provides these guidelines to the supervisor with a view to obtain a written undertaking relating to the period of supervision.

The process is as follows:

- Undertaking by Supervisor Regarding Supervision as outlined on page 4 below is submitted to the Board Administration.
- Period of supervision commences only once the Board Administration had confirmed that the supervisor had been approved by the Education Committee
- Supervised practice is completed for a period of 6 months or equivalent of 1000 hours.
- Supervisor Evaluation Report (Form 18 C OCP Supervisory Report) is completed by the supervisor and submitted to the Board Administration.

APPROVAL OF SUPERVISOR

The supervisor should be appointed in consultation with other role players at the practice or institution with due cognizance of the workload and responsibilities of the supervisor.

The supervisor must be registered and in good standing with the HPCSA in the same profession and modality (where applicable) as the supervisee.

The supervisor should have been registered for a minimum period of two years in the category of independent practice and have appropriate and relevant experience as a supervisor.

CHANGE OF SUPERVISOR

A supervisee may apply to the Committee for a change of supervisor due to unforeseen circumstances.

Each supervisor must provide a Supervisor Evaluation Report for the period that they supervised.

NATURE OF SUPERVISION

"Supervised practice" implies that the applicant is not allowed to practise independently or privately in their own practice. Such practitioner is neither allowed to act as a locum.

The supervisor should be readily available to allow for regular interaction with the candidate and for OT and MOP observations of interventions with patients at least once every week.

The supervisee and the supervisor may keep a portfolio of evidence.

CONTACT DETAILS / ENQUIRIES

Duly compiled undertakings may be sent or delivered to:

The Registrar HPCSA P O Box 205 PRETORIA SOUTH AFRICA

OR

553 Madiba Street Arcadia PRETORIA

OR

Email: Seethar@hpcsa.co.za

NOTE:

This form should be read in conjunction with Form 18 B OCP.