Professional Board for Physiotherapy, Podiatry and Biokinetics

Minimum standards for training: PHYSIOTHERAPY

1. Rationale for the Profession

Physiotherapy is a healthcare profession that provides services to individuals and communities/ populations to develop, maintain and restore maximum movement and function, throughout the lifespan. Physiotherapy is provided for individuals who have, or may develop impairments, activity limitations, and participation restrictions, related to conditions of the neuromusculoskeletal, neurological, cardiovascular, pulmonary, and/or integumentary systems as they relate to human movement, or due to personal and environmental factors. Physiotherapy is concerned with identifying and maximising quality of life and movement potential within all the pillars of health care, namely promotion; prevention, treatment/ intervention, habilitation / rehabilitation and referral[1]. Knowledge and application of the science of human movement is central to the profession of physiotherapy.

2. Purpose of training

The undergraduate programme must equip physiotherapists with the basic knowledge, skills and attitudes to enable them to function as reflective practitioners within the philosophy and values inherent to the physiotherapy profession within the South African healthcare context, taking into consideration the national and global burden of disease. The training aims to deliver professionals, who understand patient-centred care, have excellent communication and collaborative skills and high standards of ethical and professional behaviour, and have the ability to conduct research and apply evidence-based practice.

[1] World Confederation for Physical Therapy. Policy statement: Regulation of the physical therapy profession. London, UK: WCPT; 2017. www.wcpt.org/policy/ps-regulation

The undergraduate programme trains physiotherapists to meet the minimum standards required for registration with the Professional Board for Physiotherapy, Podiatry and Biokinetics of the Health Professions Council of South Africa.

3. General

3.1. Minimum requirements for access to training

National Senior Certificate with university admission endorsed by Umalusi (Quality Assurance Council), or an equivalent qualification. In addition, the accredited tertiary institutions may have specific entry requirements for their physiotherapy programme.

The following subjects are highly recommended:

- Mathematics
- Physical Science
- Life Sciences / Biology

3.2. Length of the programme

The programme is a four-year Professional bachelor's degree with students exiting at HEQF level 8. It is preferred that the programme be situated in a Medical or Health Sciences Faculty to ensure that outcomes related to inter-professional health education are met.

A graduate is entitled to apply for Postgraduate Diploma, Master's and PhD degree programmes provided that he/she meets the specific institutional entry requirements.

3.3. Mode of delivery

The four-year full-time programme has theoretical, practical, clinical and workplace-based components. A variety of learning and teaching methods may be utilised, including face-to-face or classroom-based, blended and online learning methodologies. Problem-based, enquiry-based learning and similar methods are encouraged. Group work and inter-professional training are also part of the course. Incorporating technology to increase access, optimise teaching and learning and improve service delivery is also recommended.

3.4. Registration with the HPCSA

All undergraduate and postgraduate students must register as students with the HPCSA for the full duration of the programme, from year one until they exit the programme. After completion of Community Service, graduates are eligible to register with the HPCSA as independent practitioners.

4. Broad outcomes for the programme

The successful physiotherapy graduate must:

4.1. Be ethically accountable to the profession, client and community.

4.2. Be able to execute safe, effective and professional practice.

4.2.1. Demonstrate knowledge of the normal and abnormal functioning of the human body and psyche.

4.2.2. Perform a physiotherapy evaluation of the client's (s') physical, functional and psychological status, analyse his/her/their needs, formulate a hypothesis and predict prognosis.

4.2.3. Identify risk, precautions and contraindications and modify treatment plans accordingly.

4.2.4. Develop and implement an evidence-based intervention plan.

4.2.5. Evaluate the effectiveness of this intervention using appropriate outcome measures and incorporate the findings in future practice.

4.3. Be able to communicate appropriately and effectively with clients, family and other members of the healthcare team.

4.4. Exhibit sensitivity towards the cultural environment on the outcomes of healthcare.

4.5. Be able to plan, implement and evaluate appropriate, cost-effective physiotherapy services within the South African health context.

4.6. Be able to identify, apply and/or develop appropriate technology to support physiotherapy practice.

4.7. Be able to interpret and conduct supervised research in physiotherapy practice.

4.8. Be able to advocate for patient/client groups with particular health needs (including the poor and marginalised members of society).

5. Programme Fundamentals

The programme must be accredited by the Council of Higher Education (CHE) and comply with the following Higher Education Qualifications Sub-Framework (HEQSF) minimum requirements for a professional degree in Health Sciences:

NQF Exit Level: 8
Minimum total credits: 480 (includes a minimum 30 credits for research)
Minimum total credits at Level 8: 120.

The Professional Board for Physiotherapy, Podiatry and Biokinetics (PPB) strongly recommends programmes that do not exceed this by more than 5% (maximum 504 credits).

The table below defines content, exposures and/or activities. It also provides *guidance* concerning what the students' need to 'know' or 'know of' (knowledge) and what they need to be able to 'do' (practical or clinical skill(s)).
Please note that work integrated learning (WIL) should occur throughout the four years of the programme (refer to the PPB Board guideline for WIL – Addendum 1).

It remains the prerogative of institutions to develop their curriculum to ensure graduates exit with the necessary knowledge, skills, attitudes and behaviours as outlined in the broad outcomes above (Section 4).

Content/ Exposure/ Activity	Knowledge level	Practical/ clinical skill(s) component
5.1. Professional Behaviour and Practice Management		
5.1.1 Professionalism	✓	✓
5.1.2 Bioethics	✓	
5.1.3 Medical law	✓	
5.1.4 Human rights	✓	
5.1.5 Cultural and socio-economic diversity	✓	
5.1.6 Healthcare systems	✓	
5.1.7 Health promotion and prevention	✓	✓
5.1.8 Principles of rehabilitation	✓	✓
5.1.9 Communication (includes effective interviewing, education, counselling)	✓	✓
5.1.10 Documentation and report writing	✓	✓
5.1.11 Practice management	✓	✓
5.2. Research methods (including research ethics)		
5.3. Body structure, organs and systems		
5.3.1 Cellular and molecular biology	✓	
5.3.2 Histology	✓	
5.3.3 Chemistry (atomic structure and the nature of bonding in molecules, ionic substances and metals, electrochemistry, stoichiometry, gasses, chemistry of biomolecules, chemical kinetics, Krebs cycle)	✓	
5.3.4 Anatomy of the musculoskeletal, cardio-vascular, respiratory, central and peripheral nervous systems, integumentary system, metabolism, endocrine and immune systems	✓	✓
5.3.5 Physiology of the muscle-neurological, respiratory, cardio-vascular, digestive, renal, endocrine, reproductive and immune systems	✓	✓

Content/ Exposure/ Activity	Knowledge level	Practical/ clinical skill(s) component
5.3.6 Applied physiology including pain and exercise	✓	✓
5.3.7 Changes across the lifespan (from pre-birth to the older person)	✓	✓
5.3.8 Behaviour and mental health	✓	
5.4 Biomechanics and human movement		
5.4.1 Physics (e.g. splinting and mechanics, mechanical energy, work and power, momentum, temperature and thermal energy, waves and radiation, electro-stimulation)	✓	✓
5.4.2 Normal development (motor control) and changes across the lifespan	✓	
5.4.3 Biomechanics	✓	✓
5.4.4 Movement analysis	✓	✓
5.5.5 Ergonomics	✓	✓
5.5.6 Muscle testing and function	✓	✓
5.5.7 Joint testing and function	✓	✓
5.5.8 Neural testing and function	✓	✓
5.5.9 Cognitive, emotional and behavioural influence on human movement	✓	
5.5.10 Anthropological and sociological perspectives on health/ movement	✓	
5.5 Pathology (aligned with local burden of disease)		
5.5.1 Anatomical pathology (inflammation, healing and repair; disease on cellular level)	✓	
5.5.2 Non-communicable diseases (including obesity, diabetes, cardio-vascular disease, cancer)	✓	
5.5.3 Communicable diseases (including HIV/AIDS, TB)	✓	
5.5.4 Pain	✓	

Content/ Exposure/ Activity	Knowledge level	Practical/ clinical skill(s) component
5.5.5 Risk factors for illness/movement disorders	✓	
5.5.6 Cognitive, emotional and behavioural functioning in illness and pain	✓	
5.5.7 Anthropological and sociological perspectives on illness	✓	
5.6 Pharmacology		
5.7 Interpretation of special tests/ investigations		
5.7.1 Imaging (e.g. X-rays, MRI, fMRI, PET scans, LODOX, ultrasound)	✓	
5.7.2 Pathology tests	✓	
5.7.3 Blood gasses	✓	
5.7.4 EMG	✓	
5.7.5 EEG	✓	
5.7.6 Movement-function tests (e.g. 3-D motion analysis)	✓	
5.7.7 Doppler (Ultrasound)	✓	
5.7.8 Nerve conduction tests	✓	
5.8 Communication		
5.8.1 Effective interviewing, education, counselling within the bio-psychosocial model (including verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others)	✓	✓
5.8.2 Additional (local) language (optional)		
5.9 Functional assessment of the movement system (includes cardio –respiratory systems)		
5.9.1 Functional outcome measures	✓	✓
5.9.2 Field tests	✓	✓

Content/ Exposure/ Activity	Knowledge level	Practical/ clinical skill(s) component
5.10 Manual techniques for assessment		
5.10.1 Neuro-musculoskeletal assessment (including ROM and flexibility testing (e.g. goniometry, inclinometry, composite flexibility tests), strength, power, endurance (e.g. Oxford scale, dynamometry), neuro-dynamic testing (nerve conduction, sensation, proprioception] balance, and functional testing)	✓	✓
5.10.2 Cardio-respiratory assessment (e.g. auscultation, chest expansion/ breathing pattern, peak expiratory flow)	✓	✓
5.10.3 Cardio-vascular assessment (e.g. heart rate, blood pressure, peripheral pulses, perfusion, oedema)	✓	✓
5.10.4 Neurological status (e.g. level of consciousness)	✓	✓
5.10.5 Skin integrity (e.g. observation, palpation, wound/scar size measurement/ mapping)	✓	✓
5.10.6 Fitness testing	✓	✓
5.10.7 Pain	✓	✓
5.10.8 ‘Special tests’ / differential diagnostic tests of joint and soft tissue injuries	✓	✓
5.10.9 Anthropometric measurements	✓	✓
5.11 Clinical reasoning process		
5.11.1 Hypothesis generation and review/modification	✓	✓
5.11.2 Goal setting	✓	✓
5.11.3 Identification of personal and professional limitations	✓	✓
5.11.4 Referral	✓	✓
5,12 Manual techniques for treatment		
5.12.1 Neuro musculoskeletal techniques (e.g. facilitation [including proprioceptive and exteroceptive facilitation techniques], strength, power and endurance re-	✓	✓

education and training, spinal and peripheral joint mobilisation, soft-tissue mobilisation, neural mobilisation)		
Content/ Exposure/ Activity	**Knowledge level**	**Practical/ clinical skill(s) component**
5.12.2 Respiratory techniques for improving lung volume and function (e.g., postural drainage, chest manual techniques [percussion, shaking and vibration, exercise [including breathing exercises], nebulisation, suctioning	✓	✓
5.12.3 Cardio-vascular techniques (e.g., positioning for pressure care, exercise, electro-physical modalities, {thermal effects})	✓	✓
5.12.4 Skin (e.g. scar and soft tissue mobilisation, electro-physical modalities {thermal and light therapy})	✓	✓
5.13 Therapeutic exercise		
5.13.1 Exercise for restoration / recovery	✓	✓
5.13.2 Exercise for health promotion and prevention of injury and disease	✓	✓
5.13.3 Behaviour change interventions	✓	✓
5.14 Assistive and supportive devices		
5.14.1 Mobility devices (e.g. wheelchairs, walking aides)	✓	✓
5.14.2 Braces and splinting (e.g., back-slab, corsets, neck collars, knee- , ankle, foot- and elbow braces/splints)	✓	✓
5.14.3 Bandaging and strapping	✓	✓
5.14.4 Pressure garments	✓	✓
5.14.5 Slings	✓	✓
5.14.6 Other medical technologies (e.g., orthotics, tilt tables, prosthetics, robotics)	✓	
5.15 Specialised equipment/techniques/therapies		
5.15.1 Electro-physical modalities (e.g., hot packs, cryotherapy, ultrasound therapy, electrical stimulation (interferential therapy, transcutaneous electrical stimulation, electro-muscular stimulation)	✓	✓

5.15.2 Other electrotherapy modalities (e.g. LASER, shockwave therapy, light/photo therapy, ultraviolet radiation, shortwave diathermy)	✓	
Content/ Exposure/ Activity	**Knowledge level**	**Practical/ clinical skill(s) component**
5.15.3 Aqua/hydrotherapy	✓	
5.15.7 Other technologies (e.g., vibration therapy, ultrasound imaging for musculoskeletal diagnostics and rehabilitation, virtual reality, mirror imaging, nanotechnology, genomics and robotics)	✓	
4.18.7 Dry needling	✓	
5.16 Clinical training (must include 1000 hours on the clinical platform – WPBL)		
5.16.1 Setting		
a. Primary (rural, community, homes)	✓	✓
b. Secondary (hospital)	✓	✓
c. Tertiary (hospital)	✓	✓
d. Intensive care unit	✓	✓
e. In-patient	✓	✓
f. Out-patient	✓	✓
g. Clinic (specialised)	✓	✓
h. Private practice	✓	✓
i. Sports practice/event (can include recovery massage)	✓	✓
j. School (e.g., schools for children with special needs)	✓	✓
k. Retirement homes	✓	✓
5.16.2 Exposure/conditions		
Broad spectrum clinical conditions and/or patient presentations	✓	✓
5.16.3 Activities		

a. Recordkeeping	✓	✓
b. Statistics (consultation, management and outcome statistics)	✓	✓
Content/ Exposure/ Activity	**Knowledge level**	**Practical/ clinical skill(s) component**
c. Inter-professional education (e.g., ward rounds, case discussions)	✓	✓
d. Writing reports and referral letters	✓	✓
e. Group education and exercise classes	✓	✓
f. Observe medical/nursing and/or surgical procedures	✓	✓
g. Reflection	✓	✓

6. Quality assurance

6.1 Quality assurance measures should be aligned with the institutional policy, and the programme must be **evaluated** by the PPB Board of the HPCSA, a process that occurs every five (5) years in order to maintain accreditation with CHE.

6.2 Lecturers lecturing and assessing physiotherapy specific content and/or involved in clinical training must comply with all requirements for annual registration with the HPCSA and be registered as a Physiotherapist with the HPCSA.

6.2.1 It is recommended that lecturers (including external lecturers and clinical supervisors) should have a master's degree and/or at least three (3) years of clinical experience; and

6.2.2 should demonstrate CPD and ongoing development in teaching and learning

6.2.3 **Performance appraisal** for all lecturers/educators (360° recommended)

6.2.4 Lecturer/educator peer assessment (voluntary but recommended especially for new lecturers/ educators)

6.3 **Comprehensive study guides** in which exit outcomes, the learning activities, tests and/or examination processes and promotion criteria are clearly indicated, must be available to all students before the start of any module/course.

6.4 **Student feedback** must be sought

6.4.1 Per module (at least every two years for existing modules and with new modules/ courses must be conducted within the first year)

6.4.2 Lecturer feedback (every 1 - 2 years)

6.4.3 Program feedback (this occurs at the end of the fourth/final year and if possible repeated 6-12 months after graduation)

6.5 **Lecturer to student ratio**:

6.5.1 Theory only - this will depend on mode/method of delivery, the resources and space available

6.5.2 Theory and practical demonstrations - a ratio of no more than 1:25 is recommended

6.5.3 Theory and group work (e.g. problem-based learning) - a ratio of 1:15 is recommended

6.5.4 Practical/tutorials - a ratio of 1:20 is recommended

6.5.5 Clinical setting (e.g. around a patient bedside) - a ratio of 1:5 is recommended (but this can vary based on the nature of pedagogy and clinical setting e.g. ICU vs gym/rehabilitation setting)

6.6 Clinical placements Students must work under **supervision** by a registered Physiotherapist. Refer to the guidelines for placements without a qualified physiotherapist (Addendum 2)

6.7 Assessment:

6.7.1 Internal moderation

All summative assessments must be moderated (i.e. checked for alignment with module outcomes and to ensure editorial quality) in line with the institutional policy.

6.7.2 External moderation

6.7.2.1 All exit level module outcomes (i.e., all NEQF 8 exit level modules) and all final year courses/modules must be externally moderated (i.e. checked for alignment with module and programme outcomes; and that assessments validity and reliability)

6.7.2.2 All students should be seen (at least in part) by an external examiner (note that an external moderator should not be considered a ‘’second examiner” although may fulfil dual roles)

6.8 Facilities:

These must be adequately equipped and maintained to deliver the programme, i.e., meet the programme and course/module outcomes and comply with basic health and safety regulations.

Addendum 1

PPB Board guidelines for Work Integrated Learning (WIL) in Professional BACHELOR'S degree programs

BACKGROUND:

The CHE in their guideline document[1] for Work Integrated Learning (WIL), states that "university teachers should think carefully about the relationship between the workplace and the university. A university education is not about job training, and a WIL curriculum should not be dictated by economic or narrow workplace interests. Instead, the university must be (as it always has been) responsive to society and responsive to the needs of students to become productive members of society. Beyond that, part of the mission of higher education has also been to look beyond immediate problems and prepare students to change and improve existing practices, not merely to adapt to the world as they find it".

DEFINITION:

WIL is used as an umbrella term to describe curricular, pedagogic and assessment practices, across a range of academic disciplines that integrate formal learning and workplace concerns and include **classroom-based and workplace-based forms of learning** that are appropriate for the professional qualification. Academic and workplace practices are **aligned for the mutual benefit of students and workplaces[1]**.

APPROACHES:

The integration of theory and practice in student learning can occur through a range of WIL approaches. WIL is primarily intended to enhance student learning, and **should respond to concerns about graduateness, employability and civic responsibility**. Examples include action-learning, apprenticeships, cooperative education, experiential learning, inquiry learning, inter-professional learning, practicum placements, problem-based learning, project-based learning, scenario learning, service-learning, team-based learning, virtual or simulated WIL, work-based learning, work experience, workplace learning, etc. (refer to CHE's WIL Good Practice Guide for definitions of these terms pp:71-77).

Where does it fit and what are the HPCSA minimum requirements?

It is important to note that WIL should occur **throughout the four years** of the program. Typically, the earlier years will focus more on knowledge and clinical skills acquisition/training which can be practiced on healthy models or peers in laboratories or in virtual or simulated environments or in work-place settings. Transition from theory to practice can be facilitated in many ways through for e.g., problem-based, scenario-based and enquiry-based learning which may occur in the classroom and/or the clinical/workplace environments. The further development of graduate attributes, also

referred to a ‘critical skills’ and professional competencies, should occur in workplace (real world) settings.

The PPB board does not stipulate the minimum number of hours to be spent on skills acquisition/training. However, there is a common understanding that whichever learning strategy is used for this, the teaching and learning and assessment practice ensures that students are competent to apply these to patients or clients in real world or workplace settings. The minimum requirements for workplace-based learning (WPBL) however are specified by the PPB board’s minimum standards of training **(1000 hours)** and it is recommended that exposure to the real world (authentic work settings) occurs from year 1.

For a 4-year professional program the WIL hours are spread over four years as specified in the minimum standards of training.

For Physiotherapy, a year of Community Service (paid) is required before graduates can register as professionals with the HPCSA.

Currently this requirement does not exist for Biokinetics or Podiatry graduates.

Outcomes:

The outcomes for WPBL must be clear and the teaching and learning activities, exposure and assessment aligned with these outcomes.

The clinical or workplace setting should:

- ensure that students have adequate exposure to a range of clinical conditions representative of the profession
- ensure that students have equivalent exposure *(it is recognised that not all students can work in all the same settings)*
- allow for development of well-rounded healthcare professional (includes the development of graduate attributes and/or critical competencies (e.g., communicator, scholar, professional, collaborator, leader, health advocate and manager)

Assessment:

The following are recommended for assessment in WPBL:

- Regular formative and summative assessment (e.g., demonstration of practical skills (DOPS), mini clinical exam (mini-CEX), case discussions, ‘setting specific exit’ exam/ assessment)
- Portfolio[6-8] – demonstrating student’s growth across the 1000hrs
- Exit exam (which is externally moderated)

The following are **recommended for further reading**:

1. Council for Higher Education: Work Integrated Learning: a good practice guide (2011). https://www.che.ac.za/sites/default/files/publications/Higher_Education_Monitor_12.pdf

2. Dean, B., Yanamandram, V., Eady, M. J., Moroney, T., O'Donnell, N., & Glover-Chambers, T. (2020). An Institutional Framework for Scaffolding Work-Integrated Learning Across a Degree. Journal of University Teaching & Learning Practice, 17(4). https://doi.org/10.53761/1.17.4.6

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7. Buckley, S. et al. (2009). The educational effects of portfolios on undergraduate student learning: A best evidence medical education (BEME) systematic review. *BEME guide no. 11. Medical Teacher, 31*(4), 282-298. doi:10.1080/01421590902889897 DOI: 10.1080/01421590902889897

8. Jillian L. Clarke & David Boud (2018) Refocusing portfolio assessment: Curating for feedback and portrayal, Innovations in Education and Teaching International, 55:4, 479-486, DOI: 10.1080/14703297.2016.1250664

9. Uygur J, Stuart E, De Paor M, Wallace M, Duffy S, et al. (2019). A Best Evidence in Medical Education systematic review to determine the most effective teaching methods that develop reflection in medical students: BEME Guide No. 51, Medical Teacher, 41:1, 3-16 DOI: 10.1080/0142159X.2018.1505037

Guidelines for clinical supervision

Definitions:

"Clinical Supervision" means "An exchange between practicing professionals to enable the development of professional skills" (CSP (Chartered Society of Physiotherapy)).

"Students" means the undergraduates and postgraduates registered with a university and enrolled in a program registerable with the PPB.

"Clinical placements" means the physical venues where patient engagement occurs.

Examples may include hospitals, clinics, schools, and domiciliary visits and sporting venues/events etc.

Students:

- Students may only work under the supervision of registered professionals from the same profession (e.g., only registered physiotherapists can supervise student physiotherapists).
    - This supervision may be "in-person" or performed remotely if it is in the best interests of both parties.
    - Where there is no "own profession" registered clinical supervisor on-site, a nominated clinical supervisor must be made available by the University.
- Students not fulfilling their supervisory obligations may incur disciplinary action.
- Should students require a leave of absence for illness or for any other reason, especially for an extended period, then the period of supervised training may have to be extended to comply with the institutional and/or professional regulatory requirements.
- Should a student become mentally or physically incompetent to perform professionally, then the matter should be reported to the Health Committee of Council to investigate the circumstances and provide guidance on the student or deal with the matter as circumstances dictate.

Clinical supervisors / clinical educators:

- Clinical supervision should support and enhance the appropriate professional practice for the benefit of patients and students.
    - It involves an experienced physiotherapist guiding the practice of a less experienced (student) physiotherapist, and aims to bridge the gap in professional experience, ensuring that patient care is not negatively affected by a therapist's inexperience (Snowdon *et al.* 2020).
- Clinical supervisors should disclose to students from the outset what is expected of them during the supervision period, clarify roles and responsibilities, rules and regulations and how the supervision process will be managed from start to finish.
- Clinical supervisors should help ensure that students under supervision are compliant with the regulatory requirements of their profession.

- Clinical supervisors should ensure that students are compliant with the institutional requirements, especially regarding professional practice, safety and conduct.
- Clinical supervisors should engage in regular feedback with students to grow in the profession.
- Clinical supervisors should assist students in developing reflective practice skills and to critically evaluate their own practice.
- The clinical supervisor should guide the student to identify appropriate opportunities to develop professional independence.
- Clinical supervision should be distinct from formal line management supervision and appraisal which may differ between different clinical sites.
- Clinical supervision must be planned, systematic and conducted within agreed boundaries.
    - The clinical supervisor needs to be available at times convenient to the students.
- Supervisors must allow for clear and unambiguous communication, conducted in an atmosphere of mutual respect.
    - This may include either face-to-face interactions or remote interactions.
    - “Remote” interactions include being available by cell phone (voice or video call) or by other online platforms that are approved by the university).
- Supervisors should be evaluated against standards set by the university department with whom the students are training.
- Supervisors should demonstrate ongoing professional development in clinical training and assessment.
- Supervisors must be of good professional standing and conduct and uphold the integrity of the profession and institution they serve.

The Clinical Supervision process should:

- Be appropriately resourced by the University department.
    - This relates to time (Scheduling and Quantum), the explicit training of clinical staff, and the provision of appropriate and safe transport.
- Support a local system for supervisors to further develop their skills in clinical facilitation.
- Clinical supervisors must ensure that students are exposed to the full scope of their profession at authentic clinical sites and meet the minimum standards of training upon termination of the supervision period.
- The supervisor-to-student ratio for clinical supervision should be appropriate to enhance the learning of the student and not compromise the supervision process.
- Initially, the supervision provided by the supervisor should be face-to-face, preferably, and fully conducted by the supervisor. Gradually, as the student increases in knowledge, skill, competency and confidence, then more responsibility can be relinquished to the student to grow as a practitioner.
- Students should be evaluated both formally and informally on a regular basis throughout the period of their supervision in order to ensure that they progress at the expected rate and are found competent by the end of the supervision period.

- For students experiencing difficulty in keeping up with the supervision targets, then some corrective measures and remedial action should be put in place to support such students.
- In the event of unsatisfactory performance by a student during the supervision process, a written report should be produced by the supervisor documenting the due process that was followed to support the student with recommendations as to the way forward for the student.
- During the supervision process, the student should be encouraged to maintain a portfolio of evidence of clinical practice to help encourage reflective clinical practice.

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1. CSP https://www.csp.org.uk/publications/clinical-supervision-brief-overview
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3. HCPC templates https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/supervision-case-studies-and-templates/supervision-templates/