GUIDANCE

Dental Council
Te Kaunihera Tiaki Niho

# Oversight and supervision

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## Scope and purpose

1. Oral health practitioners play an important part in helping the Council with its role. One of the most common forms of assistance requested of the professions is that of supervision or oversight of a colleague.

2. The purpose of this guidance is to assist parties in an oversight or supervision relationship to:
   - Meet their obligations in the relationship: and
   - Comply with relevant Council standards and policy.

3. This guidance should be read in conjunction with:
   - Oversight and Supervision Policy; and
   - Any individualised oversight or supervision protocol.

4. For the purposes of this guidance:
   - the phrase "*oversight or supervision*" may also be referred to as "professional support."
   - the practitioner *receiving* oversight of supervision will be shortened to "the practitioner."
   - The practitioner *providing* oversight or supervision will be "the support provider."

## Application

5. The type and level of support implemented by the Council will depend on the statutory provisions, Council policy, and the individual circumstances of the case. The table in **Appendix 1** sets out the different types of support that Council may use and their key characteristics.

6. Regardless of the type of professional support required, the Council has expectations of both parties to the relationship – that is:
   - The practitioner; and
   - The support provider.

## Support provider requirements

**Professional specifications**

7. The Council must approve the support provider for all professional support arrangements. Any prospective support provider must:
   - hold a current practising certificate
   - have been practising in New Zealand for a minimum of five years

- be in good standing with the Council (including no open complaints or competence matters and up to date with recertification requirements).[1]

8. The Council has discretion to approve or decline any prospective support provider as it sees fit.

**Conflicts of interest**

9. The oral health profession in New Zealand is small, meaning conflicts of interest cannot always be avoided. A conflict of interest will not necessarily preclude a prospective support provider from being approved by the Council.

10. When an oral health practitioner is deciding whether to be a support provider, they must consider whether any potential conflicts of interest can be managed, with public safety as the primary interest. Considerations the Council will take into account include (but are not limited to):
    - any pre-existing personal or professional relationship with the practitioner, or where friends or whānau/family have a personal or professional relationship with the practitioner;
    - a financial interest, or the support provider's friends or relatives have a financial interest relevant to the practitioner;
    - there is or has been a clinical relationship between the parties; or
    - the support provider is the employer or visa sponsor of the practitioner.

11. If the support provider believes a conflict of interest exists or might be perceived to exist, they must declare it to the Council, either before being approved, or as soon as they become aware of it after being appointed.

12. Where a conflict of interest exists, the Council will either:
    - ask the support provider to confirm that they understand their ethical obligation to prioritise public safety over any financial or other considerations relating to the support arrangement; or
    - seek an alternative support provider.

## Responsibilities of each party

13. Each support protocol is developed specifically for the circumstances of the practitioner receiving professional support.

14. In addition to the individualised requirements of each support protocol, in all cases, the parties are expected to meet the Council's expectations as set out below.

[1] A prospective support provider with a health condition being monitored by the Council may be approved to provide support if their health condition is stable, and the Council is satisfied that the added responsibility of providing support will not risk jeopardising their health, or public safety.

| Council expectations of parties to an oversight protocol | |
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| **Practitioner** | **Support provider** |
| ▪ Practise within your scope of practice, professional competence, and the requirements of your protocol. | ▪ Provide accurate and timely written reports (if reporting is required) to the Council, in line with the protocol reporting requirements. |
| ▪ Be prepared and engaged during all oversight protected time | ▪ Protect time to meet with the practitioner to provide professional support, assistance and guidance to help them meet the requirements of the oversight protocol. |
| ▪ Be prepared to accept constructive comments and be receptive to changing practice if required. | ▪ Provide constructive and useful educational information and feedback to support the practitioner's practice<br>▪ Advise the Council as soon as practicable if the practitioner is not complying with the requirements of the protocol. |
| ▪ Be proactive in seeking guidance and assistance and follow directions and instructions from the oversight provider as required. | ▪ Notify the Council **immediately** if there are concerns that the practitioner's competence, performance, conduct, or health is placing the public at risk. |
| ▪ Advise the oversight provider immediately of any personal or professional issues which could adversely impact on your safety to practise, or ability to comply with the requirements of the protocol | |
| ▪ Advise the Council as soon as practicable if there is an issue with the oversight provider that is impacting on or preventing the required support. | |
| **Both parties** | |
| ▪ Commit to engaging fully in the oversight arrangement, in line with the specific requirements of the oversight protocol and these guidelines. | |
| ▪ Communicate clearly, openly, honestly and professionally with each other. | |
| ▪ Be respectful of each other's time and energy, including being punctual and prepared for any scheduled interactions. Keep scheduled meeting times protected from interruptions. | |

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| ▪ Agree on processes for communicating with each other outside of scheduled meeting times. |
| ▪ Raise issues with each other in a timely manner. |
| ▪ Be open to feedback. |
| ▪ Hold each other to account for meeting the requirements of the oversight protocol and this Guidance |
| ▪ Ensure that the other party and the Council are aware of any substantive absences that may impact on the requirements of the oversight protocol. |
| ▪ Notify the Council **immediately** if:<br>o the relationship breaks down or becomes compromised.<br>o the oversight provider is no longer able to provide the level of support required by the protocol.<br>o there are any other matters that may impact on either party's ability to meet their obligations, and the parties have been unable to resolve these. |
| ▪ Obtain approval from Council for any changes to the oversight protocol and operate in accordance with the existing oversight protocol unless or until it is updated. |

| **Council expectations of parties to a supervision protocol** | |
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| **Practitioner** | **Support Provider** |
| ▪ Practise within your scope of practice, professional competence, and the requirements of your protocol. | ▪ Take reasonable steps to ensure the practitioner is practising safely and within their scope of practice, using measures such as:<br>o observation;<br>o case discussions;<br>o record reviews; and<br>o if relevant, remediation of identified problems. |
| ▪ Be prepared to accept constructive comments and be receptive to changing practice if required. | ▪ Identify and acknowledge strengths of the practitioner's practice and provide clear direction and constructive feedback on areas for improvement, to facilitate their safe and competent practice. |
| ▪ Be proactive in seeking guidance and assistance and follow directions and instructions from the supervisor as required. | ▪ Provide accurate and timely written reports to the Council, in line with the protocol reporting requirements. |
| ▪ Advise the supervisor immediately of any personal or professional issues which could adversely impact on your safety to practise, or ability to comply with the requirements of the protocol | ▪ Advise the Council as soon as practicable if the practitioner is not complying with the requirements of the protocol. |
| ▪ Advise the Council as soon as practicable if there is an issue with the supervisor that is impacting on or preventing the required support. | ▪ Notify the Protection team at the Council **immediately** if there are concerns that the practitioner's competence, performance, conduct, or health is placing the public at risk. |

| Both parties |
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| ▪ Commit to engaging fully in the arrangement, in line with the specific requirements of the supervision protocol and these guidelines. |
| ▪ Be aware of the power imbalance in the relationship. |
| ▪ Communicate clearly, openly, honestly and professionally with each other. |
| ▪ Be respectful of each other's time and energy, including being punctual and prepared for all scheduled interactions. Keep scheduled meeting times protected from interruptions. |
| ▪ Agree on processes for communicating with each other outside of scheduled meeting times. |
| ▪ Raise issues with each other in a timely manner. |
| ▪ Be open to challenging discussions. |
| ▪ Hold each other to account for meeting the requirements of the supervision protocol and this Guidance |
| ▪ Ensure that the other party and the Council are aware of any substantive absences that may impact on the requirements of the protocol. |
| ▪ Notify the Council **immediately** if:<br>o the relationship breaks down or becomes compromised.<br>o the supervisor is no longer able to provide the level of support required by the protocol.<br>o there are any other matters that may impact on either party's ability to meet their obligations, and the parties have been unable to resolve these. |
| ▪ Obtain approval from Council for any changes to the supervision protocol and operate in accordance with the existing protocol unless or until it is updated. |

## Reporting requirements

15. If reporting is required, the support provider must provide reports to the Council at intervals specified in the support protocol. A template report will be supplied by the Council.

16. Before submitting the report to the Council, the support provider must provide the practitioner with a copy, and an opportunity for discussion. This is particularly important if there are any concerns about their practice identified in the report as it gives the practitioner an opportunity to provide feedback and for the report to be checked for accuracy and fairness. It also allows support providers to reflect on areas where they could provide additional professional support and guidance, and for the parties to discuss a plan to assist the practitioner to make changes.

**Access to oversight or supervision reports**

17. If a support provider changes during the support period, the new support provider will be given access by the Council to previous reports.

18. The Council may also share reports with the practitioner's employer or relevant clinical lead if concerns about the practitioner's practice are identified.

## Issues in the relationship

19. From time to time, issues may arise between the parties – whether interpersonal or task-related. Root causes often include a miscommunication, differences in values or priorities, lack of clarity, or unresolved past issues.

20. The best way to limit this risk is to foster a culture of mutual respect and safety. If a problem arises, it is important to address it promptly. Successful conflict resolution often results in a stronger relationship.

21. It is important in these situations that each party:

    - Raises any concerns early, and in a transparent and professional manner.
    - Actively listens and seeks to understand the other party's point of view – reducing the risk of inaccurate assumptions.
    - Remains calm, and open to feedback.
    - Refrains from making personal attacks.
    - Acknowledges any part they may have played in the issue arising.
    - Is open to making changes to improve the situation.

22. If possible, the parties should work together to agree how they will go forward – including agreeing on another time to check in with each other.

23. If it is not possible to resolve the issue, to the extent that either party feels that the relationship cannot continue, the Council must be notified immediately. Both parties should be aware that the practitioner may need to stop practising if the support provider withdraws support

## When the practitioner is not practising safely

24. Support providers should address any problems, including performance issues, at the earliest opportunity. Many issues are best managed through remediation and feedback, and do not require Council intervention.

25. However, if the support provider believes the practitioner is unsafe, or the support provider believes a higher level of support is required, they should report this to the Council immediately – they should not wait until the next report is due.

**Costs**

26. Where responsive supervision is required2, the Council will contract with the supervisor to provide supervision services. The support provider will invoice, and be paid by, the Council, and the Council will, in turn, invoice the practitioner to reimburse these costs. Time will be charged at the Council's set hourly rate.

[2] Supervision put in place by the Council when there are questions or concerns about a practitioner's conduct, competence, or fitness.

27. For registration oversight and supervision, the support provider may choose to charge for their time, but this should be discussed with the practitioner and agreed to in advance. If it is agreed that the support provider will charge for their time, Council staff must be informed at the time the support protocol is signed so that a contract can be issued to the support provider. Time will be charged at the Council's standard hourly rate.

28. It is the responsibility of the practitioner to meet all costs, if any, associated with their support.

## Administration

**Related policies and documents**

1. Oversight and Supervision policy
2. Individual support protocol

**Appendix 1 – Types of oversight and supervision**

| | Oversight | Remote supervision | Indirect supervision | Direct (onsite) supervision | Direct (continuous) supervision |
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| **Type of relationship** | Collegial relationship/ mentorship | The supervisor is contactable to review and discuss clinical activities but is not necessarily on the premises or required to directly observe or participate in clinical management in the presence of the patient | The supervisor is contactable to review and discuss clinical activities but is not on the premises or required to directly observe or participate in clinical management in the presence of the patient | Supervisor is onsite and available to consult with, observe or assist the practitioner as needed | Continuous observation by the supervisor and intervention if necessary (may be limited to specific procedures, and/or specific patients). |
| **Onsite requirement?** | No | No | No, but must be easily contactable, and can attend the practice, on short notice, if required. | Yes, in the same practice. | Yes, in the consulting room. |
| **Access to patient records required?** | No | Yes | Yes | Yes | Yes |
| **Reporting requirements** | **At any time, if the support provider believes that the practitioner may pose a risk of serious harm to the public; AND** | | | | |
| | Reporting may be required. If so, template to be completed by support provider and signed by each party. Frequency specified in oversight protocol. | Reporting template to be completed by supervisor and signed by each party. Frequency specified in individual supervision protocol. | Reporting template to be completed by supervisor and signed by each party. Frequency specified in individual supervision protocol. | Reporting template to be completed by supervisor and signed by each party. Frequency specified in individual supervision protocol | As determined by Council. May be required promptly after initial observation(s) then reduced if performance is satisfactory. |
| **Purpose** | Provision of professional support as the practitioner adjusts to the practice environment and requirements | Council monitoring is required to assure Council of the practitioner's competence and safety to practise, but direct supervision is not warranted.<br>Appropriate for cases where immediate availability is not required, and (for example) where the practitioner is geographically isolated. | Council monitoring is required to assure Council of the practitioner's competence and safety to practise, but direct supervision is not warranted. | Used when Council is of the view that there is an issue requiring closer Council monitoring, to assure Council of the practitioner's competence and safety to practise as an independent practitioner. | Used when Council is of the view that this level of supervision is necessary to protect the public<br><br>May be combined with another form of supervision. |