



NEW ZEALAND
CHIROPRACTIC BOARD
TE POARI KAIKOROHITI O AOTEAROA

POLICY AND GUIDELINES:

SUPERVISED PRACTICE & SUPERVISION GUIDELINES POLICY

3 September 2026

Associated Policy Documents

- Competency-based standards for chiropractors
- Code of Ethics

Revision Schedule

Version	Date Approved	Next Review
One	August 2010	February 2022
Two	February 2022	August 2026
Three	September 2026	2029

CONTENTS

Introduction	3
Principles of Supervision	3
Definitions	3
Board Policy Statement	4
Levels of supervision:	4
Level 1 - Direct Supervision	4
Level 2 – Shared supervision	4
Level 3 - Broad Supervision	4
Level 4 - Distant Supervision	5
Selection of an appropriate position and supervisor:	5
Roles and Responsibilities	5
Of the Board:	5
Of the Supervisor:	6
Of the Supervisee:	6
Management of breaches of supervision arrangements:	6
Supervision Guidelines:	7
The role of the supervisor	7
Supervisee obligations	7
Supervision reports	7
Supervisor liability	8

INTRODUCTION

The New Zealand Chiropractic Board (the Board) is governed by the provisions of the *Health Practitioners Competence Assurance Act 2003* (the Act) and therefore is required to fulfil its obligations under this legislation. The principal purpose of the Act is to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise.

Pursuant to Section 22(3) of the Health Practitioners Competence Assurance Act 2003, the Board may impose conditions on a chiropractor's Scope of Practice of the kind the Board considers are required to ensure the competent practice of the chiropractor. These conditions may be imposed upon the granting of initial registration or at any other time the Board deems necessary.

The Board considers the use of supervised practice to be an imposed condition and therefore has adopted this Policy.

PRINCIPLES OF SUPERVISION

For all supervised registered practitioners, the type and level of supervision must consider:

- Individual needs;
- The level of risk associated with the position;
- The purpose of the supervision;
- The practitioner's capabilities.

DEFINITIONS

Throughout this document:

- **Practice:** Any role in which the individual uses their skills and knowledge as a health practitioner in a defined scope of practice.
- **Supervisee:** The registered practitioner receiving supervision from a Board approved supervisor.
- **Supervision:** The formal process of professional support and learning enabling a practitioner under supervision to develop knowledge, skills, and professional attributes, assume responsibility for their own practice, and enhance public protection and safety. Supervision can be provided by more than one supervisor.
- **Supervision Report:** Document submitted in the Board-approved format at predetermined intervals.
- **Supervisor:** A registered chiropractor who holds a current practising certificate with no limitations and has been in practice for a minimum of 5 years. The nominated supervisor must be approved by the Board. The nominated supervisor may delegate their daily oversight of a practitioner to another registered health practitioner with the appropriate expertise and relevant knowledge.

BOARD POLICY STATEMENT

LEVELS OF SUPERVISION:

Level 1 - Direct Supervision

With Level 1 supervision, the supervisor takes direct and principal responsibility for the patient. The supervisor must be present and observe at all times when chiropractic treatment is being provided. The supervisor also retains overall responsibility for patient care and ensures that patient records are maintained in an acceptable manner. This occurs mostly in the following circumstances:

- when personal boundary issues may be a concern;
- when the Board has determined that the imposition of supervised practice is necessary to ensure the protection of the public.

Level 2 – Shared supervision

With Level 2 supervision, the supervisor shares responsibility for the individual patient with the supervisee. The supervisor must be in the workplace at all times however is not required to directly observe. The supervisee is responsible for ensuring that practice is within the confines determined by the supervisor and that the supervisor is informed of the management of individual patients.

Level 2 supervision is most likely to occur in the following circumstances:

- a registrant returning to practise after a break of more than 5 years;
- a registrant whom the Board is concerned may be engaging in activities outside of the Scope of Practice of Chiropractor.

This level of supervision does not allow for:

- Solo practice;
- On-call;
- Weekend, or
- Home visits.

Unless a supervisor is present.

The work environment must be such that there is at least general oversight of the supervised registrant's practice by other registered chiropractors who can give guidance or recognise or initiate action if a threat to patient or practitioner safety is emerging.

Level 3 - Broad Supervision

With Level 3 supervision, the supervisor is responsible for ensuring the practice of the supervisee is in accordance with acceptable standards and that there are mechanisms in place to ensure that the supervisee is practising at a safe standard. The supervisee takes responsibility for individual patient care.

The supervisor maintains an indirect responsibility for the patient through ensuring that appropriate safeguards are in place for monitoring performance and referral as required.

Level 3 supervision is most likely to occur in the circumstances of a registrant returning to practise after a break of less than 3 years.

The supervised registrant is permitted to work alone. The supervised registrant can undertake weekend, on-call, home visits and after-hours work. The supervised registrant however must have telephone access to his/her supervisor.

Upon commencing a new position, the supervisor and supervised registrant must formulate an agreement in regard to the scope and limits of practice and should meet regularly to monitor practice performance including workload and any significant clinical issues. This agreement may alter over time as the supervisor is satisfied with the progress and performance of the supervised registrant. Thus, the extent of supervision will vary over time as the supervised registrant becomes more confident.

Level 4 - Distant Supervision

With Level 4 supervision, *the supervisee takes full responsibility for individual patients*. The role of the supervisor is to provide broad overview of the practice of the supervisee (mentoring). The supervisor should put in place mechanisms whereby they may be consulted on an individual patient should the supervisee require assistance. In addition, the supervisee and supervisor should put in place mechanisms whereby an overview of the supervisee's practice may be conducted periodically.

Level 4 supervision is most likely to occur as a precautionary measure or at the end of a "stepped" supervision program. This level of supervision may also apply to geographically remote supervision.

SELECTION OF AN APPROPRIATE POSITION AND SUPERVISOR:

Prior to accepting a position or changing circumstances it is important that the practitioner who is subject to supervision arrangements obtains the approval of the Board in regard to the appropriateness of the position/supervisor. They will need to advise the Board of their Principal Supervisor who will be responsible for providing supervision or for ensuring that appropriate supervisory arrangements are in place.

The Principal Supervisor and practice must be able to comply with the requirements of the level of supervision required.

The Principal Supervisor may delegate day to day supervision to another chiropractor provided that the other chiropractor is not subject to supervision conditions.

ROLES AND RESPONSIBILITIES

OF THE BOARD:

It is the responsibility of the Board to determine the level of supervision required of the registrant and to approve the supervision arrangements.

If the registrant wishes to amend the agreed supervision requirements, they must do so in writing to the Board, providing all of the detail necessary for the Board to make an informed decision regarding the proposed amendment.

The registrant should allow at least 21 days following the Board's receipt of the notification to arrange for any new position or change in work arrangements. Failure to comply with this requirement may render the registrant in breach of their condition.

OF THE SUPERVISOR:

The Principal Supervisor should be a chiropractor who has consented to act as a supervisor and should be approved by the Board. The Principal Supervisor should be able to comply with the requirements of the level of supervision required. The relationship between Principal Supervisor and supervisee should be professional. Thus, persons who are directly related to the individual will not be approved as Principal Supervisors. Principle Supervisors should not themselves be subject to supervisory arrangements.

The Principal Supervisor will be made aware of the reasons for supervision by the Board and provided with a list of undertakings/conditions.

The Principal Supervisor should take reasonable steps to ensure that the supervised registrant is practising safely by such measures as direct observation (where it is relevant to the level of supervision), individual case review, periodic performance review and remediation of identified problems.

The Principal Supervisor should notify the Board immediately if there are concerns in relation to the supervisee clinical performance, health or non-compliance with conditions or undertakings. The Principal Supervisor must ensure that the supervisee is practising in accordance with the approved work arrangements and must notify the Board of any non-compliance with or of any proposed changes to those arrangements.

The Principal Supervisor must inform the Board if he/she is no longer able to provide the level of supervision that is required.

The Principal Supervisor must provide reports as required by the Board's requirements. These reports should be timely, objective and as accurate as possible. They should identify both strengths and weaknesses including any problems (if applicable) and what has been done in terms of follow-up or remediation. Principle Supervisors have legal protection when reports are made to the Board.

A delegated Supervisor must immediately advise the supervisee Principal Supervisor of any concerns in relation to the above matters.

OF THE SUPERVISEE:

The supervisee must take reasonable steps to ensure safe practice by such measures as seeking assistance from other practitioners, cooperation in individual case review, periodic performance review with their Principal Supervisor and seeking remediation of identified problems.

The supervisee must seek assistance if there are concerns in relation to their health, clinical performance, or compliance with any conditions/undertakings. They must ensure their practise is in accordance with the approved work arrangements.

MANAGEMENT OF BREACHES OF SUPERVISION ARRANGEMENTS:

Should it be identified that the supervisory arrangements have not been complied with then the Board reserves the right to take appropriate action in regard to the registrant.

SUPERVISION GUIDELINES:

THE ROLE OF THE SUPERVISOR

The supervisor is expected to:

1. provide regular supervision (as requested by the Board);
2. ensure the supervisee has a proper understanding of the area/s of concern;
3. carry out peer review and audit (as required);
4. provide the supervisee with feedback (if necessary);
5. observe the supervisee's practical skills;
6. be satisfied of the supervisee level of competence;
7. discuss difficult or unusual cases;
8. provide monthly reports to the Board.

For the effective undertaking of supervision, the supervisor must:

1. make a commitment to take part fully in the supervision process;
2. ensure patient safety is the overriding consideration at all times;
3. ensure clear lines of communication are maintained with the supervisee at all times;
4. ensure any major concerns are brought to the Board's attention immediately;
5. ensure any performance concerns are raised with the supervisee as soon as possible;
6. be prepared to interrupt/take over a treatment consultation if it is considered that the patient may be in danger.

SUPERVISEE OBLIGATIONS

To ensure the supervisee receives the maximum benefit of supervision, they shall:

1. make a commitment to take part fully in the supervision process;
2. be proactive in respect of raising issues of concern with their supervisor;
3. identify areas where they feel they may require further mentoring/assistance from their supervisor;
4. set their own set of goals and objectives in consultation with their supervisor;
5. communicate clearly, openly, and honestly with their supervisor;
6. advise the Board if they feel there is an issue with their supervisor that is impeding their progress.

SUPERVISION REPORTS

The prime role of the supervisor is to monitor the supervisee's competence and provide feedback to the Board, via the template supervision report. This reporting must:

1. be provided on the report template provided;
2. be undertaken at the timeframes set by the Board; and

3. be accurate and unbiased;
4. be submitted to the Board at the timeframes requested.

SUPERVISOR LIABILITY

Pursuant to Section 119 of the Act, a supervising practitioner will not be liable if they do what would be expected of a reasonable supervising practitioner in all circumstances. A supervising practitioner should shape their supervision to the skills or experience of the supervisee, considering the potential risk to the patient.

A supervisor will not be vicariously liable for the actions of a supervised registrant where no employment relationship exists between them.