



Position Paper

Supervision and Mentoring of Newly Qualified Practitioners (NQPs)

Updated January 2009

1. Introduction

1.1 Structured supervision and development of clinical and administrative skills is integral to programmes with internationally recognised clinical standards (e.g. Australia, United Kingdom, United States of America).

1.2 It is recognised that entry qualification in Speech and Language Therapy (SLT) provides NQPs with basic clinical management skills for, primarily, non-complex cases. "NQPs" is defined as SLTs who have qualified for 1 year or less.

For complex cases NQPs are expected to refer to senior therapists for guidance. In addition, clinical and administrative demands of caseloads vary and NQPs may not have had direct clinical experience in student attachments with the types of clients they are now serving.¹

1.3 The Competency Based Occupational Standards (CBOS) for Speech Pathologists, Entry Level, Speech Pathology Australia 2001 state:

"It is appropriate and expected that an entry-level speech pathologist will have professional supervision or mentoring as well as in-line managerial supervision. Beyond this, some areas in particular will require more direct access to senior speech pathology input.

It is unrealistic to expect that an entry-level speech pathologist will be competent in all areas of speech pathology without access to supervision, guidance and support from a senior. This is important particularly for entry-level speech pathologists employed in isolated or remote contexts.

It is recommended that employers study the expected competency of entry-level speech pathologists carefully and consider how they provide the professional support necessary to enable newly-recognised speech pathologists to perform competently."p2.

1.4 In this paper, "clinical supervision" is defined as provision of instruction, discussion and advice on the management of individual cases with regards to assessment, diagnosis and intervention. Advice on relevant resources and literature is included. "Mentoring" will cover areas beyond clinical aspects such as caseload prioritisation, management of client expectations, therapist-client relationship boundaries, setting suitable professional development targets and more.

1.5 This position paper is initiated as the number of SLT graduates is set to increase at an unprecedented rate with the completion of the first National University of Singapore (NUS) Masters of Science (Speech and Language Pathology) course in December 2008. This will see the entry of 18 SLT NQPs into the profession.

With an intake of about 20 students into the NUS programme, once every two years, an estimated 60 locally trained NQPs will be entering the workforce in the next 5 years. Based on recent figures of NQPs returning from overseas studies, approximately 110 SLTs will have joined the workforce by 2013, doubling the current number of SLTs working in Singapore.

1.6 While the number of registered SLTs has increased from 79 to 121 in the last 4 years,² the shortage of SLTs in Singapore remains acute for the foreseeable future. It is critical that new graduates receive the necessary and appropriate support to provide a solid foundation to their working experience. As Singapore gears up to be the biomedical hub of Asia, together with the increasing "greying population" locally, high quality supervision and mentoring will motivate SLTs to stay in a field that is increasingly recognised for its contribution to improving quality of life across the lifespan, building fundamental literacy and communication skills in our young and advocacy for persons with different communication needs. With mentoring and nurturing, our new graduates will be in the position to become the next generation of mentors and contribute to increasing clinical excellence.

2. Eligibility for Independent Practice

In the UK, for example, NQPs are required to work under supervision for at least 1 year and up to 2 years before becoming eligible for full membership of the UK professional association of SLTs (Royal College of Speech and Language Therapists); prior to that, NQPs have provisional membership only.³ In the USA, NQPs complete 9 months of supervised practicum before taking an exam and being qualified to work independently.⁴

In Australia, the professional association has recommended a minimum of 2 hours a week of supervision for NQPs, for 6 months, and for all SLTs to receive a minimum of 2-4 hours a month (depending on nature of practice) of supervision throughout their careers.⁵

3. Regulation of the SLT Profession in Singapore

Although plans for regulation of the SLT profession in Singapore are underway, it is not confirmed when these will come into force. In the interim, SHAS proposes to establish a structured supervision framework for the long-term benefit of NQPs as well as their employers, in establishing efficient and effective work practices from the beginning of their careers.

4. Current Supervision and Mentoring Practices

4.1 In many SLT centres, notably the restructured hospitals, there is an established programme of induction in place, involving clinical supervision and personal mentoring over the first 6 months.⁶

Within a moderately well staffed department, where NQPs work alongside one or more full-time SLTs, daily mentoring is possible and desirable. This continues for at least 1-2 months before NQPs are permitted to work independently, continuing to consult with mentors over the general caseload and especially more complex cases twice to thrice weekly, in the first 6 months.

4.2 Avenues for learning to take place:

- A "buddy" to teach the new graduate about everyday workplace practices and procedures
- Regular line-management meetings once weekly in the first 3 months and once a month thereafter to assess progress and identify further development needs
- Access to specialist advice
- Attendance at clinical meetings to develop understanding of current clinical issues/debates
- A clinical supervisor to support development of critical reflective practice

4.3 However, there are centres where there are currently no SLTs in post, that will be receiving NQPs without a discipline-specific induction programme in place. In the case of a

sole NQP, it is proposed that the employer is required to assign an external mentor from an affiliated organisation, or alternatively to request SHAS for a suitable external mentor. This partnership will be for a minimum of 1 year depending on the NQP's performance.

5. Proposed Framework of Supervision and Mentoring – Duration and Format

For centres with established induction and mentoring programmes, little change is anticipated.

For centres without senior SLTs, the following outlines the minimum requirement for adequate supervision and mentoring.

For the first year of NQPs' working experience, direct supervision on-site will be available from a senior SLT with discussion in person, by phone or by email communication at other times of the week.

This will start as 2 sessions (i.e. 8 hours) weekly on-site for the first 2 months, for direct clinical supervision/discussion of the caseload, and may reduce to weekly sessions (i.e. 4 hours/week) over the next 4 months, if judged appropriate, and finally fortnightly sessions from the 5th month onwards.

Time Qualified	Amount of Supervision
1 st - 2 nd month	2 sessions a week, total 8 hours/week
3 rd - 4 th month	1 session a week, total 4 hours/week
5 th - 9 th month	1 session fortnightly, total 4 hours/fortnight
10 th - 12 th month	1 session monthly, total 4 hours/month

Telephone and email contact will occur at other times, a minimum of twice weekly, for an hour for the first 2 months, then at least weekly contact thereafter.

Total contact time between NQPs and mentors is estimated to be 148 hours in the entire year. This works out to 3 hours a week; which is minimal compared to that received by NQPs in organisations with senior SLTs on-site full-time.

Platforms can be made available to NQPs and mentors to meet in groups to discuss generic professional and management issues.

6. Scope of Supervision and Mentoring

6.1 The aim of supervision and mentoring is to ensure that NQPs develop the necessary competency to work independently i.e. 'the ability to effectively apply knowledge, understanding, skills and values within their designated scope of practice. It is witnessed by the effective performance of the specific role and its related responsibilities (and) an individual's critical reflection on his/her own practice'.⁷

6.2 In addition, with their line manager within the employing organization, NQPs will undergo documented orientation according to the employing organization's guidelines. This orientation is to include knowledge of:

- Mission statement and philosophy of organisation
- Organisation chart, identification of department head/manager
- Familiarisation with policies and procedures
- Job description, job scope
- Preparation for roles and responsibilities
- Mentoring/supervision/support systems
- Health and Safety Regulations, emergency procedures
- Identification of personal development needs
- Observation of other disciplines and introduction to each discipline's service delivery model

- Performance/appraisal criteria and career pathway, including steps involved in performance improvement
- Documentation guidelines including use of electronic medical records, ethical use of electronic medium and maintenance of confidentiality ⁸
- Guidelines for dress code, leave application, probationary period etc ⁹

7. Mentors

Mentors recommended by SHAS must have at least 5 years of recent working experience in the same clinical area. This is particularly critical for SLTs working with dysphagia. They will be paid at a standard hourly rate, which is monitored by SHAS and compares to the fees of clinical services in the restructured hospitals. They will be covered by professional indemnity insurance, and be members of SHAS. They will have attended training in CBOS, ¹⁰and COMPASS™ ¹¹ (COMpetency ASSESSment™ in Speech Pathology) (Modules 1-3) provided by the MSc (Speech and Language Pathology) at NUS. Formal post-graduate training in their sub-specialty is desirable.

8. Recognition by SHAS for Ordinary Membership

8.1 The mentor will submit an initial evaluation to the employer after the first 6 months and a second evaluation to SHAS and the employer after 12 months, on the NQP's competency to work independently in the areas required in that post. These evaluations should be carried out with the NQP to ensure understanding of individual areas of strengths and weaknesses. The NQP's competence will be confirmed at the end of the first working year. In this process, NQPs may apply for NQP Membership with SHAS on commencing work, which will be maintained until at least the end of their first working year when, if professional competency is demonstrated, they may be admitted to Ordinary Membership.

8.2 While not recommended, NQPs who elect to work in the private sector in sole practice or in a private therapy centre *immediately upon graduation* would similarly be required to follow the above guidelines, before becoming eligible for Ordinary Membership. NQPS are not recommended to work as locums during this transitional period until they have completed the 1-year supervised practice or are eligible for Ordinary Membership.

9. Conclusion

9.1 Acknowledgment of the value of supervision and mentoring has been echoed at the national and international levels with the introduction of standards and guidelines like People Developer and ISO (International Organisation for Standardisation) certification. Therefore, the value of adequate supervision and mentoring cannot be underestimated.

9.2 SLTs continue to benefit from support and discussion with senior SLTs and peers regardless of the number of years of experience they have had. The above framework is suggested for use in the interim, while work on the licensing of SLTs progresses. Further effort on a framework for experienced therapists transferring to a new setting is required. It will be necessary to review this supervision framework once in 3 years to ensure relevance and efficacy.

Bibliography

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