



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Supervised practice framework

Date Month Year

Public consultation version

Contents

1. Introduction	3
2. Purpose and scope.....	3
3. Who should use this supervised practice framework?	5
4. Principles.....	5
5. Levels.....	7
6. National Board expectations of supervisors, supervisees and employers	8
7. Compliance.....	9
8. Review.....	10
9. Definitions	10

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1. Introduction

The primary role of the National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) includes public protection and helping the public access safer health services.

Supervised practice reassures the community, National Boards and AHPRA that a registered health practitioner whose practice is being supervised (the supervisee) is safe to practise and not putting the public at risk.

National Boards and AHPRA have developed the *Supervised practice framework* (the framework) to allow for a responsive and risk-based approach to supervised practice across the National Registration and Accreditation Scheme (the National Scheme). The framework will support consistency in processes and decision making, and help supervisees, supervisors and employers understand what is expected of them.

The framework consists of the following core components. These components support the provision of high-quality, safe and effective supervised practice:

- **Principles** that build on the [Regulatory principles for the National Scheme](#) and the guiding principles of the National Scheme set out under the National Law, which apply to all other core components for supervised practice.
- **Levels** of supervised practice to ensure that supervised practice requirements are proportionate to the risk associated with the purpose.
- **Clearly explained expectations** of supervisees, supervisors, and employers so that they understand their roles and responsibilities
- **Compliance** processes that monitor the progress and effectiveness of supervised practice requirements.

The framework refers to a **supervised practice arrangement** which for the purposes of this framework means all the elements of supervised practice approved by the National Board, which include the approved supervisors/s, supervised practice level, workplace, and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

2. Purpose and scope

When does this framework apply?

This framework applies to most uses of supervised practice.

Supervised practice is used for three regulatory purposes across the National Scheme:

1. As a registration type requirement

- Some types of registration require supervised practice such as limited registration and provisional registration for some National Boards (such as for overseas qualified practitioners).

2. In order to meet the National Board's eligibility or suitability requirements at renewal or application

This may be the result of:

- returning to practice after an absence
- a change to a different field or scope of practice (where applicable)
- needing to meet the eligibility requirements for an application for registration or endorsement, or
- inability to meet any other requirements of a registration standard for the profession.

3. As a result of a complaint (notification)

- This will be in the form of a condition or undertaking imposed by a National Board, panel or tribunal after a notification that requires the practitioner to complete a period of supervised practice.

For all the purposes outlined above the need for supervised practice is reflected by a condition or undertaking or notation recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

The framework does not establish the requirements for supervised practice. These are established in the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), in some National Boards' registration standards or as specified in a condition or undertaking.

The framework does not override or replace any requirements specified in a condition or undertaking or registration standard or any other supervised practice requirement.

When does this framework not apply?

This framework does **not** apply to the following registrant groups because of profession specific uses of supervised practice:

National Board	Registrant group
Dental Board of Australia	Those with limited registration for postgraduate study who are not engaged in practice outside the clinical placements organised by the education provider as part of the program of study
Medical Board of Australia	International medical graduates Practitioners completing their intern year Vocational trainees
Medical Radiation Practice Board of Australia	Practitioners with provisional registration
Podiatry Board of Australia	Practitioners seeking their endorsement for scheduled medicines
Pharmacy Board of Australia	Pharmacists ¹
Psychology Board of Australia	Psychologists

This framework is also not intended to apply to:

- supervision of students on clinical placement
- supervision of unregistered health practitioners
- supervision for research purposes (unless the practitioner holds limited registration for teaching or research)
- mentoring of new graduates or less experienced practitioners, or
- performance review responsibilities of managers and employers.

Profession-specific material that relates to the framework

Some National Boards have extra specific requirements for supervised practice for a particular purpose (e.g. profession specific standards, capabilities or competencies). While the core components of this framework generally apply in some form to all uses of supervised practice, there may also be profession-specific documents that need to be considered.

¹ Due to other regulatory and/or profession specific requirements the framework is not applicable to pharmacists or psychologists.

Important

Supervisees and supervisors need to check if there are profession-specific requirements that apply to the supervised practice arrangement. A summary of these profession-specific requirements is at Appendix A – Links to relevant National Board material

3. Who should use this supervised practice framework?

The framework will be used by different people at different stages of managing supervised practice.

This includes:

- National Boards
- co-regulators
- health panels and performance and professional standards panels
- AHPRA
- supervisees
- potential and approved supervisors, and
- employers of supervisees and/or supervisors.

Tribunals and panels considering matters arising from notifications about a registered health practitioner may decide to impose a period of supervised practice. A tribunal may refer to this framework in addition to the [National Restrictions Library](#) when drafting the supervised practice requirements.

This framework does not apply to some profession-specific uses of supervised practice as set out above.

4. Principles

Several principles underpin this framework. They build on the [Regulatory principles for the National Scheme](#) and the guiding principles of the National Scheme set out under the National Law.

These principles are considered when National Boards are deciding the supervised practice arrangements and when ensuring monitoring and compliance with supervised practice. They also apply to the supervisees and supervisors, where relevant.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

The need for supervised practice is reflected by a restriction or notation recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

Risk-based approach

The risk associated with a particular purpose for supervised practice will be influenced by:

- the setting in which the practitioner is being supervised
- the proximity to peers and other practitioners
- the supervisee's ability to show insight/reflection, where applicable
- the requirements of a relevant position description, and
- whether the supervised practice is required as a result of a condition or undertaking.

If the supervised practice is required in relation to an application for registration, the supervisee's qualifications, skills, competence, years of practice and clinical experience will also be relevant considerations.

This risk associated with the purpose of supervised practice will inform the:

- level of supervised practice required for a supervisee
- need for a supervised practice plan for some registration-related matters
- frequency of reporting
- minimum number of years of experience of the supervisor

- parameters for progression from one level of supervised practice to another, and
- detail of required reports.

As a general principle, if the purpose for supervised practice is assessed as higher risk the supervision will be more direct and the reports will be more frequent and detailed.

Accountability and transparency

Supervisees and supervisors must be accountable and transparent at all times in complying with their responsibilities in relation to the supervised practice arrangement, and in communication with AHPRA and the National Boards. If the supervisee or supervisor does not act in good faith in these roles, a National Board may consider whether to take disciplinary action.

This framework and supporting documentation increase the transparency of the approach to supervised practice in the National Scheme.

Individual approach

In imposing supervised practice following a notification, the Board will ensure the supervised practice required manages the risk identified.

For all other supervised practice required, the Board will consider each proposed supervised practice arrangement on its individual merits and will only approve arrangements that it considers safe and fair. In these cases, supervised practice requirements need to be matched to the individual practitioner's experience, needs and capabilities as well as their employment situation.

Objectivity

The supervisory relationship between supervisor and supervisee must be professional. Conflicts of interest may prevent objectivity and/or interfere with the supervised practice arrangement. Conflicts must be avoided if possible and managed if not avoidable. Potential or actual conflicts of interest must be disclosed to the Board.

When supervised practice relates to a registration type or to meet suitability or eligibility for registration a National Board may refer to an independent measure such as entry-level competencies or equivalent (refer to Appendix A) for the profession to describe the level of competence expected of the supervisee.

For further information about conflict of interest refer to:

- *Fact sheet – Information for supervisees*
- *Fact sheet – Information for supervisors*

Flexibility

The Board may approve more than one supervisor for supervised practice. This allows for flexibility if a supervisor is not available to carry out the supervised practice.

Supervised practice arrangements may need to be changed over time, subject to National Board approval. This may be the result of progress towards eligibility for general registration or because of a change of circumstances, such as change in supervisor or workplace.

Preparation and support

Supervised practice is most effective when supervisees and supervisors are adequately prepared and supported. There needs to be a shared understanding of the supervised practice arrangements.

Supervisees should also be given adequate orientation to any new supervised practice setting. Supervisors will need to meet any Board-approved training requirements.

5. Levels

Levels of supervised practice

The levels of supervised practice outlined below are designed to ensure that the supervisee practises safely. There are four levels of supervised practice described in this framework. Not all levels will be used by all National Boards.

The detail of a supervisee's individual supervised practice requirements, such as the level of supervised practice, the frequency of reporting and other specific details will be set out in the supervised practice arrangement which may include a supervised practice plan or condition or undertaking.

Table 1 Levels of supervised practice

Level	Description
<p>Direct</p> <p><i>Supervisor physically present at all times to observe the supervisee</i></p>	<p>Summary</p> <p>The supervisor takes direct and principal responsibility for individual patients.</p> <p>The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times.</p>
<p>Indirect 1 (present)</p> <p><i>Supervisor physically present at the workplace</i></p>	<p>Summary</p> <p>The supervisee and the supervisor share responsibility for individual patients.</p> <p>The supervisee must consult with the supervisor who is always physically present in the workplace and available to observe and discuss at agreed intervals and as necessary:</p> <ul style="list-style-type: none"> • the management of patients, including when care is being given, and/or • the performance of the supervisee.
<p>Indirect 2 (accessible)</p> <p><i>Supervisor is accessible by phone or other means and available to physically attend at the workplace</i></p>	<p>Summary</p> <p>The supervisee takes primary responsibility for their practice and the management of individual patients under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor who is accessible by telephone or other means of telecommunication and available to attend the workplace to observe and discuss at agreed intervals and as necessary:</p> <ul style="list-style-type: none"> • the management of patients, and/or • the performance of the supervisee. <p>This may be after the care is given to the patient.</p>
<p>Remote</p> <p><i>Supervisor is not present at the workplace</i></p>	<p>Summary</p> <p>The supervisee takes primary responsibility for their practice including the management of individual patients.</p> <p>The supervisee must consult with the supervisor, who is accessible by telephone or other means of telecommunication at agreed intervals and as necessary about:</p> <ul style="list-style-type: none"> • the management of patients, and/or • the performance of the supervisee.

Progression through levels

When supervised practice is required following a notification the supervised practice remains at the level outlined in the condition or undertaking.

When supervised practice is required for a registration type or to meet suitability or eligibility for registration supervised practice may involve progression through levels.

6. National Board expectations of supervisors, supervisees and employers

The Board's expectations of supervisees

The supervisee must not start practice, or restart practice, until the Board has approved the supervisor and the supervised practice arrangement, unless otherwise agreed by the Board.

If the supervisee knows that their, or their supervisor's, circumstances are going to change and they will not be able to comply with the approved supervised practice arrangement, they need to let AHPRA know as soon as possible and within seven (7) calendar days or as stated in the condition/undertaking.

The supervised practice approved by the relevant National Board will be documented in the supervised practice arrangement, which may also refer to a detailed plan. In the case of supervised practice following a notification, the requirements for supervised practice will be set out in the condition or undertaking in the supervised practice arrangement.

The supervisee is required to:

- practise within the approved supervised practice arrangement at all times
- comply with all the relevant National Board standards, guidelines, code of conduct and other codes
- discuss cases and ask questions of the supervisor and take account of the feedback provided by the supervisor
- ensure that all reports are completed as required.

For further information about the expectations of the supervisee and the practical steps to prepare for a period of supervised practice refer to:

- *Fact sheet – Information for supervisees* (including on how to nominate a supervisor)
- *Fact sheet – Planning, assessment and monitoring and compliance* (to be developed)

The Board's expectations of supervisors

A supervisor needs to have the qualifications, skills, knowledge, experience and availability required for the role. These will vary according to the purpose for supervised practice and the risk associated with the role. Information on the nomination process for a supervisor is available in the *Fact sheet – Information for supervisees*.

The supervisor's registration must not be subject to conditions or restrictions that could affect their ability to successfully supervise another's practice.

Supervisors must hold general and/or specialist registration (where applicable and of the appropriate type) with a National Board.

The level of skills and the number of years of experience required of a supervisor may vary according to the level of risk associated with the supervisee's individual circumstances. The National Board will take into account the supervisor's experience and circumstances (including their qualifications, responsibilities, relevant scope of practice) when deciding the requirements of the supervised practice.

The relationship between the supervisee and supervisor/s must be professional. A supervisor must declare any potential or actual conflicts of interest to the National Board. The supervisee cannot have or have had, a personal relationship or shared financial or business interest with the supervisor and cannot be or have been in a relationship as a client or patient of the supervisor.

A supervisor is required to:

- sign an acknowledgement form to act as a supervisor, subject to approval by the Board
- at all times supervise within the supervised practice arrangement approved by the National Board
- ensure the supervisee is practising within the terms of the supervised practice arrangement
- give clear direction and constructive feedback and work with the supervisee to remediate identified problems
- fulfil any assessment as set out in the supervised practice arrangement
- be accountable to the relevant National Board and give honest, accurate, objective and responsible reports in the approved form at agreed intervals
- notify AHPRA immediately if they have concerns that the supervisee's health, conduct or clinical performance is placing the public at risk
- notify AHPRA if any other circumstances arise that may affect the supervised practice arrangement
- only assign tasks that are within the scope of training, competence and capability of the supervisee, and appropriate to their role, and
- maintain adequate written records relating to the supervisee's practice.

For further information about the expectations of the supervisor refer to:

- *Fact sheet – Information for supervisors*

For further information about the operation of supervised practice refer to:

- *Fact sheet – Planning, assessment and monitoring and compliance (to be developed)*

The Board's expectations of employers

An employer should think about the following factors in relation to supervised practice:

- potential or actual conflicts of interest
- how to ensure that the employment arrangements, including the facilities and scope of practice of the relevant role, support a supervisee in undertaking supervised practice
- if supervisors or supervisees are covered by an employer's overall insurance arrangements check that the professional indemnity insurance (PII) arrangements meet the Board's minimum requirements
- immediately advise AHPRA of any concerns about the supervisee if they form the opinion that there is a risk to the public or if the supervisee is in breach of the supervised practice arrangement.

For further information about the expectations of the employer refer to:

- *Fact Sheet – Information for employers (to be developed)*

For further information about the operation of supervised practice refer to:

- *Fact Sheet – Planning, assessment and monitoring and compliance (to be developed)*

7. Compliance

It is important that the supervised practice manages the risk associated with the purpose of that supervised practice. Monitoring will be responsive to that risk and depending on the supervised practice purpose may include regular reporting, review of Medicare data, review of rosters or appointment diaries and or employer reports.

AHPRA and National Boards monitor the progress and effectiveness of supervised practice.

If a supervisee does not practise in accordance with the supervised practice arrangement, this may pose a risk to the public and the National Board may consider whether to take disciplinary action under the National Law, including but not limited to immediate action and/or investigation for unprofessional conduct. A National Board may also take the necessary regulatory action required if a supervisee does not progress as expected.

If the supervisor does not, in good faith, supervise practice and carry out the role of the supervisor to the requirements contained in the framework and supporting fact sheets, the National Board may consider whether to take disciplinary action under the National Law, including but not limited to immediate action and/or investigation for unprofessional conduct.

Supervisees and supervisors are reminded to practise in accordance with the relevant National Board's registration standards, guidelines, code of conduct and other codes.

For further information refer to:

- *Fact sheet – Planning, assessment and monitoring and compliance* (to be developed)

8. Review

The framework is published on the AHPRA website.

It will be updated from time to time to support the implementation and understanding of supervised practice requirements across the National Scheme.

9. Definitions

National Scheme means the National Registration and Accreditation Scheme for registered health practitioners of 16 health professions:

- Aboriginal and Torres Strait Islander Health Practice
- Chinese medicine
- Chiropractic
- Dental
- Medical
- Medical radiation practice
- Nursing
- Midwifery
- Occupational therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in the profession. For the purposes of the registration standard on recency of practice, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/ or uses the individual's professional skills.

Supervised practice, for the purpose of this framework, is a mechanism to provide the National Board with the assurance that the supervisee is practising safely, competently and ethically for a range of regulatory purposes.

Supervised practice may be direct, indirect or remote according to the nature in which the practice is being supervised.

Supervisee is a registered health practitioner who is required to undergo a period of supervised practice. The supervisee practises under the supervision of a Board approved supervisor with a level of supervised practice outlined in the supervised practice arrangement or relevant condition/undertaking. Refer to the *Fact sheet - Information for supervisees* for further information.

Supervisor is a registered health practitioner who is approved by the relevant National Board to supervise another registered health practitioner for a specified period. The supervisor needs to have the qualifications, skills, knowledge, experience and availability required for this role. Refer to the *Fact sheet - Information for supervisors* for further information.

Supervised practice arrangement for the purposes of this framework means all the elements of supervised practice approved by the National Board, which include the approved supervisors/s, supervised practice level, workplace, and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

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Dental
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Australian Health Practitioner Regulation Agency

Appendix A – Links to relevant National Board material

National Boards have specific requirements for supervised practice for some regulatory purposes. It is important to check if there are profession-specific requirements that apply to the supervisee completing supervised practice. The National Board’s entry-level competencies may need to be referred to if a detailed supervised practice plan is required.

Links to registration standards and entry-level competencies or equivalent

National Boards	Board material	Hyperlinks
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Registration standard – recency of practice	www.atsihealthpracticeboard.gov.au/Registration-Standards
	Entry level competencies	<<to be added when finalised>>
Chinese Medicine Board of Australia	Registration standard – recency of practice	www.chinesemedicineboard.gov.au/Registration-Standards
	Registration standard – standards for limited registration	www.chinesemedicineboard.gov.au/Registration-Standards
	Entry level competencies	<<to be added when finalised>>
Chiropractic Board of Australia	Registration standard – recency of practice	www.chiropracticboard.gov.au/Registration-standards
	Registration standard – standards for limited registration	www.chiropracticboard.gov.au/Registration-standards
	Entry level competencies	www.chiropracticboard.gov.au/Accreditation

Dental Board of Australia	Registration standard – recency of practice	www.dentalboard.gov.au/Registration-Standards
	Registration standard – standards for limited registration	www.dentalboard.gov.au/Registration-Standards
	Entry level competencies	<i>Professional Competencies of the newly Qualified Dentist (February 2016)</i> <i>Professional Competencies of the newly Qualified Dental Hygienist (February 2016)</i> <i>Professional Competencies of the newly Qualified Dental Hygienist (February 2016)</i> www.adc.org.au/Publications-and-forms/Accreditation-publications
Medical Board of Australia	Registration standard – recency of practice	www.medicalboard.gov.au/Registration-Standards
Medical Radiation Practice Board of Australia	Registration standard – recency of practice	www.medicalradiationpracticeboard.gov.au/Registration-Standards
	Entry level competencies	www.medicalradiationpracticeboard.gov.au/registration/professional-capabilities
Nursing and Midwifery Board of Australia	Registration standard – recency of practice	www.nursingmidwiferyboard.gov.au/Registration-Standards/Recency-of-practice
	Entry level competencies	<i>Registered nurse standards for practice (June 2016)</i> <i>Enrolled nurse standards for practice (January 2016)</i> <i>Midwife standards for practice (October 2018)</i> <i>Nurse practitioner standards for practice (January 2014)</i> www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards
Occupational Therapy Board of Australia	Registration standard – recency of practice	www.occupationaltherapyboard.gov.au/Registration-Standards/Recency-of-practice
	Entry level competencies	www.occupationaltherapyboard.gov.au/codes-guidelines/competencies

Optometry Board of Australia	Registration standard – recency of practice	www.optometryboard.gov.au/Registration-Standards/Recency-of-practice
	Registration standard – standards for limited registration	www.optometryboard.gov.au/Registration-Standards/Limited-registration-for-postgraduate-training-or-supervised-practice www.optometryboard.gov.au/Registration-Standards/Limited-registration-for-teaching-or-research
	Entry level competencies	<i>Optometry Australia entry-level competency standards for optometry 2014</i> www.optometryboard.gov.au/policies-codes-guidelines
Osteopathy Board of Australia	Registration standard – recency of practice	www.osteopathyboard.gov.au/Registration-Standards
	Entry level competencies	www.osteopathyboard.gov.au/codes-guidelines/capabilities-for-osteopathic-practice
Paramedicine Board of Australia	Registration standard – recency of practice	www.paramedicineboard.gov.au/Professional-standards/Registration-standards/Recency-of-practice
	Entry level competencies	www.paramedicineboard.gov.au/Professional-standards/Professional-capabilities-for-registered-paramedics
Physiotherapy Board of Australia	Registration standard – recency of practice	www.physiotherapyboard.gov.au/Registration-Standards
	Registration standard – standards for limited registration	www.physiotherapyboard.gov.au/Registration-Standards
	Entry level competencies	www.physiotherapyboard.gov.au/accreditation
Podiatry Board of Australia	Registration standard – recency of practice	www.podiatryboard.gov.au/Registration-Standards
	Entry level competencies	www.podiatryboard.gov.au/Registration-Endorsement/Podiatry-competency-standards



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Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Fact sheet

Date Month Year

Information for supervisees

This fact sheet applies to all registered health practitioners who are required by the National Board to complete a period of supervised practice. It should be read together with the *Supervised practice framework* (the framework) and relevant supporting documentation.

What is a supervised practice arrangement?

A supervised practice arrangement for the purposes of the framework means all the elements of supervised practice approved by the National Board, which include the approved supervisor/s, supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

Why is the Board requiring I complete supervised practice?

Supervised practice is used for three regulatory purposes across the National Registration and Accreditation Scheme (National Scheme):

4. As a registration type requirement

Some types of registration require supervised practice such as limited registration and provisional registration for some National Boards (such as for overseas qualified practitioners).

5. In order to meet the National Board's eligibility or suitability requirements on renewal or application

This may be the result of:

- returning to practice after an absence
- a change to a different field or scope of practice (where applicable)
- needing to meet the eligibility requirements for an application for registration or endorsement, or
- inability to meet any other requirements of a registration standard for the profession.

6. As a result of a complaint (notification)

This may be in the form of a condition or undertaking imposed by a National Board, panel or tribunal that requires the practitioner to complete a period of supervised practice.

The reasons for your supervised practice will be given to you in correspondence from the Australian Health Practitioner Regulation Agency (AHPRA) on behalf of the National Board. AHPRA will continue to be your contact point with the National Board.

What do I have to do?

You must wait until the supervised practice arrangement is approved, including the approval of a supervisor by the Board, before you start or restart practice.

Any practice that occurs outside the approved supervised practice arrangement will be considered a breach and may be behaviour for which the National Board may take disciplinary action.

Preparing for supervised practice

If you are completing supervised practice because of a registration type or eligibility/suitability requirement you will usually need to nominate a supervisor and prepare a proposed supervised practice arrangement including a plan. The details of the documentation you are required to complete will be outlined in the application form, and/or in communication from AHPRA following your application.

If you are completing supervised practice because of a complaint (notification) the details of the supervised practice will be set out in the condition or undertaking. AHPRA will communicate with you about actions you need to take to prepare for supervised practice, which may include nominating a supervisor.

You must also give your employer or senior person at your workplace a copy of the supervised practice arrangement. If you are completing supervised practice because of a notification the senior person will be as stated in the condition/undertaking.

Nominating a supervisor

You may need to nominate your own supervisor depending on the purpose for the supervised practice. If nominating a supervisor, you need to consider the information in this fact sheet and the information in the *Fact sheet: Information for supervisors*.

If you are required to nominate a supervisor, it is recommended that you nominate more than one. Then if the primary supervisor is no longer available, the alternate supervisor can take on the role of the supervisor and you can continue to practise. The National Board must approve the supervisor/s. They may approve someone other than your nominee/s.

If you are an employee, you need to make sure your employer agrees with your nominated supervisor/s.

Who may act as a supervisor?

General requirements

When selecting and approaching potential supervisors, you should check if they meet the following requirements:

- holds general registration, or where relevant, specialist registration, and relevant endorsement
- have relevant experience (including their qualifications, responsibilities and relevant scope of practice)
- are not themselves subject to supervised practice, or do not hold registration subject to conditions or undertakings that would impact on their ability to effectively supervise you
- will sign an acknowledgment form to act as your supervisor, subject to being approved by the Board
- agrees to comply with the requirements of the approved supervised practice arrangement, and
- understands that supervised practice must be provided to the requirements in the framework and the supervised practice arrangement approved by the National Board, and if not, the National Board may take disciplinary action under the National Law.

While your supervisor will usually be from the same profession as you, a National Board may consider approving practitioners from another profession as your supervisor/s in exceptional circumstances.

When identifying a potential supervisor, you may wish to seek advice from:

- prospective, current and past employers
- past supervisors
- education providers
- professional associations, and/or
- colleagues and mentors.

Conflict of interest

A supervisor must be able to give an independent report of supervised practice results and be willing to report to AHPRA if your practice places the public at risk or you are not compliant with the supervised practice arrangement.

You must declare any actual or perceived conflicts of interest that may undermine the supervisor's report. The Board will decide whether any conflict declared shows a potential or actual conflict of interest. Disclosure of the actual or perceived conflicts of interest does not mean that the supervisory relationship will be prevented.

Some examples of situations that may result in a conflict of interest and that you must declare are:

- a personal relationship with the supervisor or their friend or relative
- a shared financial, business or other interest with the supervisor or your friends or relatives have such an interest
- if you have been or are engaged in a therapeutic relationship with the supervisor, or
- the supervisor is your employer and your visa sponsor recruited for workforce needs.

Payment

Supervisees are responsible for the costs of compliance with registration and notification matters including supervised practice. The National Law does not provide for remuneration of supervisors and the National Board will not intervene in financial arrangements between you and the supervisor/s.

Professional indemnity insurance

Before the supervised practice arrangement starts you need to make sure that you have the necessary professional indemnity insurance (PII) arrangements in place. You should refer to your National Board's PII registration standard and check with your insurance provider to make sure you meet the minimum requirements and to see if the supervised practice arrangement affects your coverage.

Documentation

You will need to complete some documentation before the supervised practice arrangement is approved (see *Fact sheet: Planning, assessment and monitoring and compliance* - to be developed).

What information do I need to give?

The purpose of supervised practice will determine what information you need to give and when you will need to give this information.

For example, if the supervised practice relates to an application for registration or renewal of registration then you will need to provide information with your application.

If the supervised practice is because you do not meet recency of practice requirements, you may be required to describe the learning you need to complete before you return to independent practice.

If the supervised practice is because of a notification then the information will need to be provided once the relevant conditions are imposed or undertakings are accepted.

What must I do when I am practising under supervised practice?

While you are practising

The supervised practice arrangement approved by a National Board must be in place at all times when you are practising. You must not start practice until the supervised practice arrangement is approved by the Board, unless otherwise agreed by the Board.

You are responsible for ensuring that all reports are completed by the due dates.

You also need to:

- work together with your supervisor to develop and work within the approved supervised arrangement
- take joint responsibility for establishing a schedule of regular meetings with your supervisor and make all reasonable efforts to ensure that these meetings take place
- be adequately prepared for meetings with your supervisor
- participate in assessments conducted by your supervisor to help in determining your future supervised practice needs and progress
- recognise the limits of your professional competence and seek guidance and assistance, and follow directions and instructions from your supervisor as required
- familiarise yourself and comply with legal, regulatory and professional responsibilities applicable to your practice
- advise and consult with your supervisor immediately if any issues, complaints or clinical incidents occur during the period of supervised practice
- reflect on and respond to feedback
- inform AHPRA as soon as possible and within seven (7) calendar days if you cannot comply with the approved supervised practice arrangement, or requirements of your supervised practice are not being met or if the relationship with your supervisor breaks down
- inform the supervisor and AHPRA as soon as possible and within seven (7) calendar days of any leave or breaks in practice that may effect the requirements of supervised practice, and
- practise in accordance with all the relevant National Board's standards, guidelines, code of conduct and other codes.

What if I need to change my supervisor?

In the event of a need to change a supervisor, you must:

- notify AHPRA in writing as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking of any planned or unexpected supervisor changes (e.g. due to illness)
- where applicable, submit a new proposed supervised practice arrangement to AHPRA for the National Board to consider.

The National Board will publish information on its website on how you can do this. Information will also be included in the *Fact sheet: Planning, assessment and monitoring and compliance* (to be developed).

What if I am not complying with the supervised practice arrangement or the framework?

If you cannot practise according to the approved supervised practice arrangement you must stop practising.

If you know your circumstances or your supervisor's circumstances are going to change and you will not be able to comply with the approved supervised practice arrangement, you need to let AHPRA know as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking.

If you do not practise in accordance with the framework and the Board approved supervised practice arrangement, the National Board may consider whether to take disciplinary action against you under the National Law.

What if urgent lifesaving care is needed?

Treating patients in emergencies requires supervisees to consider a range of issues, in addition to the patient's best care. Good practice involves offering assistance in an emergency that takes account of the supervisee's own safety, skills, the availability of other options and the effect on any other patients under the supervisees care; and continuing to give that assistance until services are no longer required.

The supervisee must notify AHPRA within two (2) business days if, due to a medical emergency, they did not comply with the supervised practice arrangement requiring their practice be supervised.

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Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Fact sheet

Date Month Year

Information for supervisors

This fact sheet applies to all National Board approved supervisors of registered health practitioners required by the Board to complete a period of supervised practice. It outlines the Board's expectations of an approved supervisor. The fact sheet should be read together with the *Supervised practice framework* (the framework) and relevant supporting documents before a person agrees to their nomination as a supervisor.

What is a supervised practice arrangement?

A supervised practice arrangement for the purposes of the framework means all the elements of supervised practice approved by the National Board, which include the approved supervisor/s, supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

Who can be a supervisor?

The National Board relies on you, as the supervisor, to determine if the supervisee is practising safely, competently and ethically under the National Registration and Accreditation Scheme (National Scheme).

General requirements

When considering if you can be a supervisor, you should check if you meet the following requirements:

- hold general registration, or where relevant, specialist registration, and relevant endorsement
- have relevant experience (including your qualifications, responsibilities and relevant scope of practice)
- are not yourself subject to supervised practice, or do not hold registration subject to conditions or undertakings that would impact on your ability to effectively supervise
- will sign an acknowledgment form to act as a supervisor, subject to being approved by the Board
- agree to comply with the requirements of the approved supervised practice arrangement, and
- understand that supervised practice must be provided to the requirements in the framework and the supervised practice arrangement approved by the National Board, and if not, the National Board may take disciplinary action under the National Law.

While a supervisor will usually be from the same profession as the supervisee, a National Board may consider approving practitioners from another profession as the supervisor/s in exceptional circumstances.

Conflict of interest

A supervisor must be able to give an independent report of supervised practice results and be willing to report to the Australian Health Practitioner Regulation Agency (AHPRA) if the supervisee's practice places the public at risk or is not compliant with the supervised practice arrangement.

You must declare any actual or perceived conflicts of interest that may undermine your report as a supervisor. The National Board will decide whether any conflict declared shows a potential or actual conflict of interest. Disclosure of the actual or perceived conflicts of interest does not mean that the supervisory relationship will be prevented.

Some examples of situations that may result in a conflict of interest and that you must declare are:

- a personal relationship with the supervisee or their friend or relative
- a shared financial, business or other interest with the supervisee or their friends or relatives have such an interest
- if you have been or are engaged in a therapeutic relationship with the supervisee, or
- if you are the employer and visa sponsor of the supervisee recruited for workforce needs.

What must I do before agreeing to be a supervisor?

You need to read the framework and this fact sheet so you understand:

- the National Board requirements to be a supervisor, and
- the role and responsibilities of a supervisor.

If you are an employee, you need to make sure your employer agrees with you being a supervisor.

Professional indemnity insurance

Before you start as a supervisor you need to make sure you have the necessary professional indemnity insurance (PII) arrangements in place. You should refer to your National Board's PII registration standard and check with your insurance provider to make sure you meet the minimum requirements and to see if acting as a supervisor will affect your coverage.

How many practitioners can you supervise?

This depends on the purpose, and level of supervised practice required for the supervisee/s. It is critical that you have adequate time to undertake the role of supervisor.

Do I get paid to be a supervisor?

The supervisee is responsible for the costs of compliance with registration and notification matters, including supervised practice. The National Board does not provide remuneration and the National Board will not intervene in financial arrangements between you and the supervisee.

What must I do if I am approved as a supervisor?

You may be required to carry out training developed by the National Board before you can start in your role as a supervisor.

Clinical/nonclinical supervision

As a supervisor you will have responsibilities in relation to the clinical/nonclinical aspect of supervised practice which includes to:

- supervise at all times within the approved supervised practice arrangement
- give the supervisee your contact details so when they are practising they can contact you during working hours and after hours
- give clear direction and constructive feedback to the supervisee on their legal responsibilities and the constraints within which they must operate, the expectations of ethical conduct that apply to the profession, and the expectation that the supervisee will act in accordance with the directions of the supervisor and the consequences if they do not
- use measures appropriate to the level of supervised practice to ensure that the supervisee is practising safely (e.g. individual case reviews)
- work with the supervisee to remediate identified problems
- understand the significance of supervised practice as a professional undertaking and commit to this role including regular, protected, scheduled time with the supervisee which is free from interruptions as required by the supervised practice, and
- only assign tasks that are appropriate to the role of the supervisee and that are within the scope of training, competence and capability of the supervisee.

Reporting requirements

As a supervisor you will also have responsibilities in relation to the reporting aspect of supervised practice which includes to:

- where applicable, understand that the responsibility for determining the type and amount of supervised practice approved by the National Board may be informed by your assessment of the supervisee
- be accountable to the relevant National Board and give honest, accurate, objective and responsible reports in the approved form as required by the approved supervised practice arrangement
- maintain adequate written records about the supervisee's practice to help transition if there is an unexpected need to change supervisors and/or if more than one supervisor is approved
- be open to feedback from patients, staff and other registered health practitioners in the practice setting and discuss these concerns with the supervisee, and
- discuss the supervisee's work performance or details of the supervised practice with AHPRA at any time when required.

When should I contact AHPRA?

If you are approved as a supervisor, you will receive correspondence from AHPRA on behalf of the National Board. AHPRA will continue to be your contact point.

Breach of supervised practice or risk to the public

It is the responsibility of the supervisor to notify AHPRA immediately if:

- the relationship between the supervisor and the supervisee breaks down
- there are any concerns that the supervisee's conduct, performance or health is placing the public at risk
- the supervisee is not complying with the conditions or undertakings
- the supervisee is in breach of any requirements of the supervised practice arrangement.

Any practice that occurs outside the approved supervised practice arrangement will be considered a breach of supervised practice and may constitute behaviour for which the National Board may take disciplinary action.

Mandatory reporting

As a registered health practitioner, you have a mandatory reporting responsibility under the National Law. If in the course of practising your profession, you form a reasonable belief that another registered health practitioner has behaved in a way that constitutes notifiable conduct you must notify AHPRA. Further information about mandatory reporting can be found at www.ahpra.gov.au.

Changes to supervised practice

The supervisor needs to contact AHPRA as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking if changes are necessary to the approved supervised practice arrangement. Examples of when this may occur include, there are changes to your or the supervisees employment, the supervisee is absent or has ceased practice, you intend to withdraw from the supervisor role.

Changes to your registration

Supervisors should also notify AHPRA as soon as possible and within seven (7) calendar days, if during the period of supervised practice, following a complaint (notification) their practice is subject to a condition or undertaking.

What if I don't comply with the framework?

If you do not carry out your role to the requirements contained in the framework and supporting documents and in accordance with the approved supervised practice arrangement, the National Board may consider whether to take disciplinary action against you under the National Law.

This applies to supervisees and supervisors.

Primary and alternate supervisors

The Board may approve more than one supervisor for the purpose of supervised practice.

When more than one supervisor is approved by a National Board, the alternate supervisor/s are expected to take on the role of the primary supervisor when they are not available.

The alternate supervisor/s is expected to give feedback to the primary supervisor about the supervisee's practice during the absence of the primary supervisor.

The alternate supervisor/s may be required to complete the supervision report in the absence of the primary supervisor.

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Aboriginal and Torres Strait Islander Health Practice	Occupational Therapy
Chinese Medicine	Optometry
Chiropractic	Osteopathy
Dental	Pharmacy
Medical	Physiotherapy
Medical Radiation Practice	Podiatry
Nursing and Midwifery	Psychology

Australian Health Practitioner Regulation Agency

Fact sheet

Date Month Year

Supervised practice levels

This fact sheet supports the *Supervised practice framework* (the framework) and gives further information about the levels of supervised practice.

The levels of supervised practice are designed to ensure the supervisee practices safely, competently and ethically and are common across the professions of the National Registration and Accreditation Scheme (National Scheme).

Not all levels of supervised practice will be used when supervised practice is required, and progression from one level to the next level may also not be required. For example, some supervisees will stay at the same level of supervised practice for the whole period.

How are supervised practice levels decided?

There are four levels of supervised practice. A supervisee's supervised practice level will be set out in the approved supervised practice arrangement. The decision about the starting level for a supervisee will depend on several factors that may include:

- the purpose for supervised practice (e.g. registration type, suitability or eligibility or a condition or undertaking following a notification)
- the level of risk associated with the purpose of supervised practice, or
- how closely the supervisee needs to be supervised, who is responsible for the care given, and the proximity and availability of the supervisor.

What is a supervised practice arrangement?

A supervised practice arrangement for the purposes of the framework means all the elements of supervised practice approved by the National Board, which include the approved supervisor/s, supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

If supervised practice is required because of the registration type (e.g. provisional or limited registration) or eligibility and suitability requirements, then in most cases the supervised practice level, the frequency of reporting, and any other specific requirements will be set out in the approved supervised practice arrangement. If the supervisee is required to submit a proposal for the supervised practice arrangement, the Board may approve the proposed arrangement or an alternative arrangement, including a different level than proposed by a supervisee.

If supervised practice is required by a condition or undertaking following a complaint (notification) the requirements for supervised practice, such as the level of supervised practice, the frequency of reporting, and any other specific requirements will be set out in the condition or undertaking.

How does a supervisee progress through levels?

Some types of supervised practice involve progression through levels. In most cases, the National Board will need to approve the change in levels.

The purpose and underlying risk for supervised practice will sometimes allow for a progression through levels to be planned. It may also be appropriate at times for progression to be at the discretion of the supervisor if a National Board agrees to do so through the approved supervised practice arrangement.

A National Board will take the necessary regulatory action required if a supervisee does not progress as expected.

When supervised practice is required following a notification the supervised practice remains at the level outlined in the condition or undertaking.

What does each level of supervised practice mean in practice?

Further guidance on what each level means in practice are set out in the table below. These descriptions of each level aim to accommodate the different approaches including practice in clinical or nonclinical settings for the professions in the National Scheme.

The supervised practice arrangement will specify the workplace where the supervised practice is to take place.

Level	Description
<p>Direct</p> <p><i>Supervisor physically present at all times to observe the supervisee</i></p>	<p>Summary</p> <p>The supervisor takes direct and principal responsibility for individual patients.</p> <p>The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given and must be directly observed by the supervisor who is physically present with the supervisee at all times.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • the supervisor must be physically present to observe the provision of care by the supervisee • the supervisor must be able to intervene in the giving of clinical care if required • supervised practice via teleconference or other means of telecommunication is not permitted • the supervisee must consult with the supervisor about the management of each patient before care is given.

<p>Indirect 1 (present)</p> <p><i>Supervisor always physically present at the workplace</i></p>	<p>Summary</p> <p>The supervisee and the supervisor share responsibility for individual patients.</p> <p>The supervisee must consult with the supervisor who is always physically present in the workplace and available to observe and discuss at agreed intervals and as necessary:</p> <ul style="list-style-type: none"> • the management of patients, including when care is being given, and/or • the performance of the supervisee. <p>What does this mean?</p> <ul style="list-style-type: none"> • the supervisor must be physically present at the workplace when the supervisee is providing clinical care • the supervisee must inform the supervisor when they have concerns, and at agreed intervals, about the management of each patient. This may be after the care has been given • the supervisor, or someone nominated by the supervisor, needs to be able to intervene in the giving of clinical care if required.
<p>Indirect 2 (accessible)</p> <p><i>Supervisor is accessible by phone or other means and available to physically attend at the workplace</i></p>	<p>Summary</p> <p>The supervisee takes primary responsibility for their practice and the management of individual patients within the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor who is accessible by telephone or other means of telecommunication and available to attend the workplace to observe and discuss at agreed intervals and as necessary:</p> <ul style="list-style-type: none"> • the management of patients, and/or • the performance of the supervisee <p>This may be after the care is given to the patient.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • if not physically present at the workplace, the supervisor needs to be available by phone or other means of telecommunication at all times • the supervisor must be able to attend the supervisee's workplace if required • the supervisor must be able to monitor if the supervisee is practising safely including if the supervisee is working after-hours or on call • the supervisee and supervisor must conduct regular case reviews • the supervisee is permitted to work independently, provided the supervisor is readily contactable by telephone or other means of telecommunication such as videoconference.

<p>Remote</p> <p><i>Supervisor is not present at the workplace</i></p>	<p>Summary</p> <p>The supervisee takes primary responsibility for their practice including the management of individual patients.</p> <p>The supervisee must consult with the supervisor, who is accessible by telephone or other means of telecommunication at agreed intervals and as necessary about:</p> <ul style="list-style-type: none">• the management of patients, and/or• the performance of the supervisee <p>What does this mean?</p> <ul style="list-style-type: none">• the supervisor must give broad oversight of the supervisee's practice.• the supervisor must be available by phone or other means of telecommunication for case review or consultation if the supervisee requires assistance.• The supervisor and supervisee must conduct regular case reviews.
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