

Public consultation

30 May 2014

Public consultation: Draft Supervision Guidelines

Please provide feedback in a word document (or equivalent)¹ to atsihpboardconsultation@ahpra.gov.au by close of business on 16 June 2014.

Public consultation

The Aboriginal and Torres Strait Islander Health Practice Board of Australia is releasing the attached consultation paper on its proposed Supervision Guidelines. You are invited to provide your comments on the consultation paper, including the questions in the paper, by 16 June 2014.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the Board retains the right not to publish submissions at its discretion, and will not place on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board may remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cwlth), which has provisions designed to protect personal information and information given in confidence.

Please let the Board know, in your email to atsihpboardconsultation@ahpra.gov.au, if you do not want your submission published, or want all or part of it treated as confidential.

¹ You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

30 May 2014

Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners

Summary of issue

Purpose of the proposal

These proposed Supervision Guidelines may be considered in a range of registration and notification matters resulting in supervision arrangements, including Aboriginal and Torres Strait Islander health practitioners who:

1. are returning to practice after an absence of greater than three years, and/or
2. have had a significant change to scope of practice, and/or
3. have a condition or undertaking requiring supervision from a health, performance or conduct matter, and/or
4. have a condition related to inadequacy of qualifications.

The Aboriginal and Torres Strait Islander Health Practice Board of Australia has the authority to regulate practitioners who are registered by the Board.

Under the National Law, the two key public protection mechanisms are title protection (i.e. restricting the use of certain titles for the exclusive use of registered health practitioners) and 'holding out' provisions (i.e. if you are not a registered health practitioner, you need to be careful to not deliberately give the impression that you are a registered practitioner when you provide health services to a consumer). If a practitioner wants to use the three restricted titles reserved for the Aboriginal and Torres Strait Islander health practice profession (which are identified in the National Law), then the practitioner must hold current registration when using the title and delivering these health services. If a practitioner practices without registration, then they need to be sure they are not breaching the title protection and/or holding out provisions. There have been successful prosecutions under the National Law (and the prior state and territory registration legislation) for these offences.

Supervision guidelines (if approved) will only be relevant to registered Aboriginal and Torres Strait Islander health practitioners who are required to undertake a period of supervised practice. They are not intended to cover:

- supervision of students²
- mentoring of new graduates or less experienced practitioners
- performance review responsibilities of managers, or
- supervision for professional development or workplace-based revalidation.

Options statement

The Board has considered two options in developing this proposal:

Option 1 – Status quo

The Board does not currently have supervision guidelines for Aboriginal and Torres Strait Islander health practitioners. However, some Aboriginal and Torres Strait Islander health practitioners present to the Board with situations which need supervision, such as returning to practice, having a condition

² A student's education and training provider and clinical placement site are jointly responsible for supervising students undertaking clinical placements as part of their programs of study.

or undertaking from a health, performance or conduct matter, or having a condition related to inadequacy of qualifications.

This option means that the Board would need to continue to use administrative only means to manage supervision arrangements, for example the various supervisory arrangements of either the practitioner's employer or other relevant arrangements.

If the practitioner's employer has relevant supervisory arrangements (i.e. arrangements which assess relevant competencies for this profession), an advantage of this option would be the alignment between the Board's supervisory processes and the practitioner's employer's supervisory arrangements. However, a disadvantage would be the inconsistent standards in supervisory arrangements among the various employers of Aboriginal and Torres Strait Islander health practitioners, and in some cases, an employer may not have satisfactory or any supervisory arrangements. These varying standards in supervisory arrangements may compromise the Board's ability to ensure public was not placed at risk of harm.

Option 2 – Develop a guideline (preferred option)

Since national regulation of this profession from July 2012, the Board has had an administrative process for managing supervised practice arrangements, consistent with this proposal.

Now, however, the Board has the benefit of:

- this experience to date with a small number of practitioners who are, or have been, subject to supervised practice arrangements in all states and territories, and
- drawing on the experience of many other National Boards with supervision guidelines already approved and published³.

The Board considers that it is time to take a more formal and structured approach and provide guidance to both supervising practitioners, and those practitioners requiring supervision.

This is the preferred option as it enables the Board to develop and consult on supervision guidelines that are clear, national, consistent with other regulated health professions but relevant to registered Aboriginal and Torres Strait Islander health practitioners.

Developing a guideline provides an opportunity for the Board to be very clear about its expectations of both supervisors and supervisees, of the minimal requirements for tailored supervision plans, and to ensure there is a nationally consistent approach to supervision and assessment of supervision plans, which is also streamlined per the use of template supporting documents.

The draft guideline sets out the principles the Board considers central to safe and effective supervision for a range of regulatory needs. Detailed information is provided on the principles, reporting requirements, the different levels of supervision, responsibilities, proposed templates and a summary of procedures.

Through consultation, the Board will be able to assess any likely compliance or other regulatory impacts should the new guidelines be approved.

A disadvantage may be the indirect costs on Aboriginal and Torres Strait Islander health practitioners and their employers, proposed supervisor(s), and colleagues. These costs are likely to relate to the time required to discuss the need for supervision, the recruitment of, and agreement with supervisor(s), supervised practice planning, and the supervised practice implementation and reporting. However, these costs are expected to be minor, and streamlined through the Board's use of per the use of template supporting documents.

³ Dental Board of Australia, Chiropractic Board, Occupational Therapy Board, Optometry Board, Osteopathy Board, Physiotherapy Board and Podiatry Board

Issues for discussion

Potential benefits and costs of the proposal

These proposed guidelines will directly benefit the public by assisting the Aboriginal and Torres Strait Islander Health Practice Board of Australia to ensure that only Aboriginal and Torres Strait Islander health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Specifically, two of the Board's registration standards will be supported by these proposed guidelines because a registration applicant may need to provide additional evidence – through supervised practice – that they are suitably trained and qualified to practice.

Practitioners, their employers and appointed supervisors may incur indirect, but minor costs through these proposed guidelines. These costs are likely to relate to the time required to discuss the need for supervision, the recruitment and agreement of supervisor(s), the supervised practice planning, and the supervised practice implementation and reporting.

The Board expects that supervision arrangements will only apply to a very small number of practitioners, as is currently the case, and considers that the guidelines will have a low impact on the profession. This impact is significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

Information for the public and practitioners

Throughout the six-week public consultation period (up until 16 June 2014), the public and practitioners will be able to access information on these proposed guidelines on the Board's [website](#). At the end of the consultation period, the Board will publish submissions on its website.

Questions for consideration

The Board is inviting feedback on the following questions.

1. Would these proposed supervision guidelines assist the Board in assessing which Aboriginal and Torres Strait Islander health practitioners are suitably trained and qualified to practise in a competent and ethical manner?
2. From your perspective, how is the current supervisory arrangement for Aboriginal and Torres Strait Islander health practitioners working?
3. Are there any state, territory or rural/remote-specific issues or impacts arising from applying the proposed supervision guidelines that you would like to raise with the Board?
4. Is the content of the proposed supervision guidelines helpful, clear and relevant?
5. Is there any content that needs to be changed or deleted in the proposed supervision guidelines?
6. Is there anything missing that needs to be added to the proposed supervision guidelines?
7. Do you have any other comments on the proposed supervision guidelines?
8. The Board knows that there will be some costs associated with completing and submitting supervision reports and have provided templates for use to help minimise these types of costs. Do you agree that the supervision report template is clear and useful?

Attachments

The proposed *Draft Supervision Guidelines* is at [Attachment A](#).

The Board's draft *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment B](#).

Background

The Aboriginal and Torres Strait Islander Health Practice Board of Australia is developing supervision guidelines in accordance with the following sections of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law):

- | | |
|------------------------|---|
| Subsection 35(1) | Functions of the Board include: <ul style="list-style-type: none">(b) deciding the requirements for registration, including the arrangements for supervised practice(c) developing and approving guidelines to provide guidance |
| Subsection 40(1) | If developing guidelines, the Board must ensure there is wide-ranging consultation about its content |
| Subsection 41 | Guidelines approved by the Board are admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession |
| Subsection 52(1)(b)(i) | If qualified, an individual is eligible for general registration if he/she has successfully completed any period of supervised practice, as required by the Board's Recency of practice registration standard |
| Subsection 303(1)(b) | An individual who applies for registration before 1 July 2015 is qualified for general registration if he/she holds a qualification or has completed training in the profession, and has completed any further study, training or supervised practice required by the Board, as outlined in its Grandparenting provisions registration standard . |

The Australian Health Practitioner Regulation Agency (AHPRA) works in partnership with the Board to implement the requirements of the National Scheme, which has public safety at its heart. Further information is available at www.ahpra.gov.au.

Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners

Authority

These supervision guidelines for Aboriginal and Torres Strait Islander Health Practitioners have been developed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) under section 39 of the Health Practitioner Regulation National Law Act as in force in each state and territory (the National Law).

The relevant sections of the National Law are set out in **Appendix 1**.

Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for Aboriginal and Torres Strait Islander Health Practitioners in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

Introduction

Aboriginal and Torres Strait Islander peoples have the right to expect delivery of safe and competent primary health care services at all times, including when care is being provided under supervisory arrangements.

Appropriate supervision provides assurance to the Board and Aboriginal and Torres Strait Islander communities that the registrant's practice is safe and is not putting the public at risk.

These guidelines set out what the Board considers central to safe and effective supervision for a range of regulatory needs, including:

- principles of supervision,
- levels of supervision,
- the requirements and responsibilities of a supervisor,
- the responsibilities of practitioners being supervised,
- the requirements of a *supervised practice plan*, and
- reporting requirements including the requirements of a *supervision report*.

Supervision requirements may be different for each practitioner. They will be tailored to the purpose of supervision, the practitioner's particular circumstances, experience and learning needs.

Supervision may be at different levels (as described in Table 1: Levels of supervision). Flexibility in supervisory arrangements is essential to ensure that diverse settings, complexities of different cases, individual capabilities and expectations can be accommodated.

Who needs to use these guidelines?

These guidelines have been developed for a range of users. These include Aboriginal and Torres Strait Islander health practitioners, acting as supervisors or supervisees, registered medical practitioners or registered nurses acting or other eligible health professionals as supervisors, the Board and its delegates when making decisions about supervision requirements, and Australian Health Practitioner Regulation Agency (AHPRA) staff in their work managing registration and notification matters on behalf of the Board.

Key terms are defined in **Appendix 2**.

An overview of the process of approving a *supervised practice plan* is listed in **Appendix 3**.

Templates to support these guidelines are published on the Board's website under the Codes and Guidelines section.

Scope

These guidelines, and the principles that underpin them, may be considered in a range of registration and notification matters resulting in supervision arrangements, including Aboriginal and Torres Strait Islander health practitioners who:

- are returning to practice after an absence of greater than three years, and/or
- have had a significant change to scope of practice, and/or
- have a condition or undertaking requiring supervision from a health, performance or conduct matter, and/or
- have a condition related to adequacy of qualifications.

The guidelines apply to both the practitioner providing the supervision and the supervised Aboriginal and Torres Strait Islander Health Practitioner.

If these guidelines inform a *supervised practice plan* arising out of a registration, health, conduct or performance matter, as determined by the Board, the supervision requirements may be determined by another entity, such as a panel or tribunal

The scope of these guidelines is not intended to cover:

- supervision of students,
- mentoring of new graduates or less experienced practitioners,
- performance review responsibilities of managers, or
- supervision for professional development or workplace-based revalidation.

If supervision is occurring in a health care organisation, the organisation may have additional requirements which these guidelines mention briefly but do not address in detail.

Note: A student's education and training provider and clinical placement site are jointly responsible for supervising students undertaking clinical placements as part of their programs of study.

Principles

The following principles convey the expectations of the Board in the supervision arrangements, pursuant to these guidelines and in consideration of the objectives and guiding principles of the National Law:

1. It is the professional responsibility of each supervisee to work within the limits of their competence and to reflect upon and determine their own learning needs, including the requirements of the specific position in which the supervisee is proposing to work and the purpose of the supervision.
2. The type and level of supervision must be matched to individual needs, the level of risk associated with the position, the purpose of the supervision and supervisee capabilities. Supervisory arrangements need to be modified over time, in keeping with progress made, and will generally need to be able to accommodate changes in supervisors (within the parameters agreed by the Board).
3. Before supervision begins, the supervisor, the supervisee and the Board need to agree on the duration and content of the *supervised practice plan*, and the reporting requirements, including the period for review if it varies from the standard periods outlined in the supervision levels below.
4. The onus rests with both the supervisor and supervisee to ensure the reporting requirements are met as agreed in the *supervised practice plan*.
5. The supervisor also has a responsibility to adhere to the agreement he or she enters into with the Board and appropriately oversee the supervisee's practice.

Levels of supervision

The levels of supervision outlined below are designed to ensure that the supervisee practises safely.

The level of supervision required will depend upon a number of factors as listed below. These factors should be considered by all parties involved in the development of a *supervised practice plan*. The Board will also consider these factors when initially approving and reviewing a *supervised practice plan*. The factors include, but are not limited to:

1. the purpose of supervision and the associated level of risk,
2. the previous practice experience, qualifications, skills and attributes of the supervisee,
3. where relevant, the requirements of the position, as outlined in the position description provided with the application,
4. the level of risk associated with the purpose of supervision and the competence and suitability of the Aboriginal and Torres Strait Islander Health Practitioner, the position description, the location and the availability of clinical and other relevant supports, and
5. where relevant, any requirements imposed by a third party (e.g. tribunal) under the National Law or the organisation where the supervision will take place.

The Board may consider innovative supervisory arrangements on a case by case basis through individual *supervised practice plans* in recognition of supervisor shortages in some organisations. However, the Board will need to be satisfied that these arrangements are likely to mitigate any likelihood of significant harm to the public.

The starting level of supervision and the progression through the levels of supervision will be determined by the Board and reflected in the individual's *supervised practice plan*. If concerns are raised in the *supervision reports* or by the supervisor directly, the *supervised practice plan* will be amended by the Board as necessary. Not all supervisees will need to commence on Level 1 and not all supervisees will be expected to or be capable of progressing to Level 4 supervision.

The Board welcomes less onerous supervisory arrangements for Levels 2-4 to reflect the experience of both supervisee and the supervisor, as well as the supportive team and workplace systems and structures. However, the Board will need to be satisfied that these arrangements are likely to mitigate any likelihood of significant harm to the public.

Table 1: Levels of supervision summarises the four (4) levels of supervision and the likely reporting timeframe for each level. The table also lists the possible uses for the different levels of supervision. The table refers to the usual frequency of reports but may be modified for an individual *supervised practice plan*. It should be noted that the Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

Table 1: Levels of supervision

| Level | Summary | Specifications | Typical reporting frequency for level | Example of possible use for level of supervision ¹ |
|-------|--|---|--|--|
| 1 | The supervisor takes direct and principal responsibility for individual patients | The supervisor must be physically present at the workplace, observing at all times when the supervisee is providing clinical care, as per the | Report to the Board after initial one month and then at three-monthly intervals, while the supervisee is on Level 1 supervision. | As the highest level of supervision, this level may be used: <ul style="list-style-type: none">• to determine the current level of |

¹ This column lists the typical use of a supervision level. It should be noted, however, that the Board may, at any time, exercise its discretion to determine the supervision level.

| Level | Summary | Specifications | Typical reporting frequency for level | Example of possible use for level of supervision ¹ |
|-------|--|---|--|---|
| | | <p><i>Supervised practice plan.</i></p> <p>Supervision via telephone or other form of telecommunication is not permitted.</p> <p>The supervisee must consult the supervisor about the management of each patient before clinical care is delivered.</p> | <p>If the supervisee is only expected to be at Level 1 for less than one month, the <i>Supervised practice plan</i> could specify a report (e.g. verbal) by exception and the first written report be according to the requirements for subsequent levels.</p> | <p>competence[see footnote]² of the supervisee and inform further levels of supervision under a <i>Supervised practice plan</i>, or</p> <ul style="list-style-type: none"> • in a <i>Supervised practice plan</i> arising from a health, conduct or performance matter, or • or a brief period (e.g. one week, 8 sessions etc), to confirm that the supervisee is able to progress to Level 2 supervision. |
| 2 | The supervisor and supervisee share the responsibility for individual patients | <p>As per the <i>Supervised practice plan</i>, the supervisor must be physically present at the workplace for the majority of time when the supervisee is providing clinical care.</p> <p>When the supervisor is not physically present, they must always be accessible by telephone or other means of telecommunication such as videoconference and available to observe and discuss.</p> <p>The supervisee must inform the supervisor at agreed intervals about the management of each patient; this may be after the care has been delivered.</p> <p>If the approved supervisor is temporarily absent during any day, then the supervisor must make appropriate arrangements for alternative supervision, such as another registered medical/health practitioner to provide temporary oversight.</p> | <p>Report at renewal if moving from Level 1 and previous satisfactory report(s) provided.</p> <p>If commencing at Level 2 supervision a report after initial 3 months and then at renewal.</p> | <ul style="list-style-type: none"> • In a <i>Supervised practice plan</i> arising from a health, conduct or performance matter • In a <i>Supervised practice plan</i> arising from the Board's <i>Recency of practice registration standard</i> |

² HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

| Level | Summary | Specifications | Typical reporting frequency for level | Example of possible use for level of supervision ¹ |
|-------|---|--|--|---|
| 3 | The supervisee takes primary responsibility for their practice, including individual patients | <p>The supervisor must ensure that there are mechanisms in place for monitoring whether the supervisee is practising safely.</p> <p>The supervisee is permitted to work independently, provided the supervisor is readily contactable by telephone or other means of telecommunication such as videoconference.</p> <p>The supervisor must conduct regular reviews of the supervisee's practice.</p> | Report at renewal if moving from a higher level of supervision and previous satisfactory reports provided. If commencing at level 3 supervision, a report after initial three months and then on renewal. | Generally second stages of a <i>Supervised practice plan</i> after the practitioner has progressed through Level 1 or 2 supervision |
| 4 | The supervisee takes full responsibility for their practice, including individual patients with only general oversight by the supervisor. | <p>The supervisor must be available for case review or consultation if the supervisee requires assistance in person or by other means of communication.</p> <p>Case reviews will generally occur after the clinical care has been provided.</p> <p>The approved supervisor must conduct periodic reviews of the supervisee's practice.</p> | <p>Report at renewal if moving from a higher level of supervision and previous satisfactory reports provided.</p> <p>If commencing at Level 4 supervision, a report after initial three months and then on renewal</p> | Generally later stages of a <i>Supervised practice plan</i> after the practitioner has progressed through Levels 1, 2 or 3 supervision. |

Requirements and responsibilities of supervisors

A supervisor is a registered Aboriginal and Torres Strait Islander health practitioner, registered nurse, or registered medical practitioner with unconditional registration under the National Scheme, or other eligible health professional.

The supervisor has undertaken to assess, monitor and report to the Board about the performance of an Aboriginal and Torres Strait Islander Health Practitioner undertaking supervised practice. Supervisors should not themselves be subject to supervisory arrangements and their registration should not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee.

While the supervisor does not teach the whole unit, the supervisor's role is to verify the supervisee's practise and may be required to demonstrate correct practice in accordance with relevant workplace regulations, policies and protocols.

A supervisor will usually be nominated by the supervisee for approval by the Board. The Board may provide advice on the nomination of a supervisor arising from a health, performance or conduct matter.

The Board will review the suitability of a supervisor in line with the purpose of the supervision and the individual circumstances under consideration. The Board-approved supervisor(s) will be listed in the *Supervised practice plan*.

It is critical that supervisors have adequate time for their supervision role. Accordingly, if a supervisor proposes to supervise more than two supervisees, the Board may seek assurance that the supervisor has the capacity for this responsibility and can provide appropriate support.

The relationship between supervisor and supervisee must be professional. As recommended in the Board's *Code of Conduct*, good practice involves avoiding any potential for conflict of interest in the supervisory relationship. For example, by supervising someone who is a close relative or friend, or where there is another potential conflict of interest that could impede objectivity and/or interfere with the supervisee's achievements of learning outcomes or relevant experience³.

A Board-approved supervisor is protected from liability in relation to providing a report to the Board. In order to rely on this provision under section 237 of the National Law (see *Appendix 1*) formal supervised practice arrangements must be in place. This requires completion of the Board-approved templates for the supervision agreement, the *supervised practice plan*, and the *supervision report*.

Should a supervisor, who is a registered Aboriginal and Torres Strait Islander health practitioner, fail to properly discharge their obligations under these guidelines and the *supervised practice plan*, the Board may consider whether the supervisor has engaged in unprofessional conduct⁴.

Requirements for supervisors

A nominated supervisor must:

- meet the requirements specified in the definition of a supervisor,
- not hold a position which is at a lower classification or remuneration level to that held by the Aboriginal and Torres Strait Islander Health Practitioner under supervision,
- formally consent to act as a supervisor and must be approved by the Board,
- take joint responsibility with the supervisee for submitting reports in accordance with the *supervised practice plan*, and
- be able to comply with the requirements of the *supervised practice plan*.

The supervisor's responsibilities are to:

1. take reasonable steps to ensure that the supervisee is practising safely, by using measures appropriate to the level of supervision, individual case reviews and remediation of identified problems,
2. demonstrate their ability to carry out culturally safe and sensitive work practices as listed in Domain 2.1.4 of Health Workforce Australia's *National Clinical Supervision Competency Resource* (Validation Edition- May 2013),
3. provide clear direction and constructive feedback and be clear about how they can be contacted by the Aboriginal and Torres Strait Islander Health Practitioner when the practitioner is practising, during working hours and after hours,
4. ensure that the supervisee is practising in accordance with the *supervised practice plan* and work arrangements approved by the Board and report to the Board if the supervisee is not doing so,
5. provide clear direction to the supervisee on their legal responsibilities and the constraints within which they must operate, the ethical principles 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,
6. understand the significance of supervision as a professional undertaking and commit to this role including regular, protected, scheduled time with the supervised Aboriginal and Torres Strait Islander Health Practitioner which is free from interruptions as required by the *supervised practice plan*,

³ Aboriginal and Torres Strait Islander Health Practice Board of Australia, Code of Conduct, available at <http://www.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx>.

⁴ For supervisors who are registered health practitioners of other professions, the Aboriginal and Torres Strait Islander Health Practice Board may consider making a notification to the relevant Board under the National Law.

7. disclose to the Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee⁵, either when the *supervised practice plan* is being developed or if circumstances change during the period of supervision,
8. be accountable to the Aboriginal and Torres Strait Islander Health Practice Board of Australia, or other regulatory authorities, and provide honest, accurate and responsible reports in the approved form at intervals determined by the *supervised practice plan*,
9. understand that the responsibility for determining the type and amount of supervision required within the framework of the *supervised practice plan* may be informed by the supervisor's assessment of the supervised practitioner,
10. only delegate tasks that are appropriate to the role of those being supervised and that are within the scope of training, competence and capability of the supervisee
11. maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors and/or if more than one supervisor is permitted under the *supervised practice plan*,
12. notify the Board immediately if:
 - the relationship with the supervisee breaks down,
 - there are concerns that the supervisees' health, conduct or clinical performance is placing the public at risk,
 - the supervisee is not complying with conditions imposed or undertakings accepted by the Board, or is in breach of any requirements on registration,
 - the supervisee is not complying with the supervision requirements or there are any significant changes to those requirements such as extended absences or periods of non-practice, or
 - they are no longer able to provide the level of supervision that is required by the *supervised practice plan*.

Responsibilities of supervisees

A supervisee is an Aboriginal and Torres Strait Islander Health Practitioner holding registration with conditions or undertakings, or who has entered into an undertaking that requires supervision or is practising under the oversight and direction of a supervisor to meet the objectives of a *supervised practice plan*.

Should a supervisee fail to properly discharge their obligations under these guidelines and the *supervised practice plan*, the Board may consider what action it should take and whether the supervisee has engaged in unprofessional conduct.

Supervisees must:

- in conjunction with the supervisor, at the outset establish their learning needs, the context relevant to the need for supervision and any other issues that may affect an effective supervisory arrangement, and record these in a draft *supervised practice plan* for approval by the Board,
- take joint responsibility for establishing a schedule of regular meetings with the supervisor and make all reasonable efforts within the supervisee's control to ensure that these meetings take place,
- take joint responsibility with the supervisor for submitting reports in accordance with the *supervised practice plan*,
- be adequately prepared for meetings with their supervisor,
- participate in assessments conducted by the supervisor to assist in determining future supervision needs and progress,
- recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required,

⁵ A personal relationship or business partnership between the supervisee and supervisor is not encouraged but will be considered in the context of the matter under consideration by the Board.

- familiarise themselves and comply with legal, regulatory and professional responsibilities applicable to their practice,
- advise the supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact on patient care,
- reflect on and respond to feedback,
- inform the Board and supervisor as soon as practicable if the conditions or requirements of their supervision are not being met or if the relationship with the supervisor breaks down, and
- inform the supervisor and the Board of any leave or breaks in practice that may impact on the requirements of the *supervised practice plan*.

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

- notify the Board in writing within seven (7) calendar days of any planned or unexpected supervisor changes,
- submit proposed new supervision arrangements to the Board for consideration including a new signed agreement and new *supervised practice plan*⁶, and
- provide to the proposed new supervisor(s) copies of:
 - previous supervisor agreement(s)
 - *supervised practice plan*(s), and
 - *supervision report*(s).

Selecting a supervisor

Unless instructed by the Board or another entity through a health, performance or conduct matter, the supervisee is responsible for nominating a supervisor for approval by the Board.

The supervisee needs to consider the responsibilities and requirements of supervisors in selecting and approaching potential supervisors.

The supervisee may seek advice from the following groups when making this selection:

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

It is recommended that when supervision is initially proposed, a second supervisor (Supervisor 2) be nominated for Board approval so that if the primary supervisor (Supervisor 1) is no longer able to discharge his or her duties, Supervisor 2 can assume supervisory responsibilities.

There is no provision under the National Law for payment for supervisors by the Board or AHPRA and neither the Board nor AHPRA would enter into a contract with a supervisor. Supervisees are generally responsible for the costs of compliance with registration and notification matters. The arrangements between the supervisee and supervisor are between them and the Board cannot and will not intervene.

Supervised practice plan

A *supervised practice plan* (see Attachment A2) is a plan that is agreed between the Board, the supervisor and supervisee that sets out the objectives for, levels, type and amount of supervision required and how the supervision is to occur. The plan will include the supervision requirements, including the expected progression through the levels of supervision and report to the Board.

The *supervised practice plan*, including the reporting requirements, will align with any conditions imposed by the Board, including review requirements.

The *supervised practice plan* should indicate what, if any, leave arrangements are appropriate for the supervisor and backup plans in the event of an unexpected absence.

The *supervised practice plan* **must** be approved by the Board prior to commencement of the supervisory period and be accompanied by the proposed supervisor's formal agreement to provide supervision as determined by the Board.⁷

The supervisor must obtain approval of the Board for any proposed changes to the *supervised practice plan* before they are implemented.

⁶ This should be consistent with that already approved by the Board and may only require a change to the supervisor details.

⁷ The Board retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

A sample template for a *supervised practice plan* and supervisor agreement is available on the Board's website alongside this document.

Reporting requirements

The reporting requirements for a supervisee will be listed in the *supervised practice plan* agreed by the Board, the supervisor and the supervisee, or those specified by another entity such as a tribunal. These requirements will be informed by the levels of supervision in *Table 1*. However, the Board may, at any time, exercise discretion about the frequency and structure of a report. A supervisor may at any time provide a verbal report to the Board if there are immediate concerns.

The *supervised practice plan* will specify:

- the frequency of reporting,
- the content and supporting evidence of progress required in each report, and
- the format of the report.

Typically, Level 2 to 4 supervision would involve a report after three months and then at renewal of registration.

If Level 1 supervision is going to be used for an extended period (that is, beyond a brief initial check that the Aboriginal and Torres Strait Islander health practitioner is able to progress to subsequent levels of supervision) a higher frequency of reporting may be required.

Supervision report

The *Supervision report* (see Attachment B) should provide detail against the requirements of the *supervised practice plan* and explain whether or not the elements of the *supervised practice plan* are being achieved and if not, the measures implemented to address those elements not achieved.

It should also include changes in supervisory arrangements (including changes in levels) over time agreed in the *supervised practice plan*, as well as achievements by the supervisee and any emerging issues.

A sample template for a *Supervision report* is available on the Board's website alongside this document.

References

Health Workforce Australia is undertaking a range of work on clinical supervision which may include some useful references (<http://www.hwa.gov.au/work-programs/clinical-training-reform/clinical-supervision-support-program>)

| |
|---|
| Date of issue: |
| Date of review: This guideline will be reviewed at least every three years |
| Last reviewed: |

Appendix 1: relevant sections of the National Law

General provisions

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example: A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website —
 - (a) a registration standard developed by the Board and approved by the Ministerial Council;
 - (b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect —
 - (a) on the day it is published on the National Board's website; or
 - (b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

Provisions of the National Law that refer to supervised practice are sections 35, 62, 66, 178, 191, 196, 237 and 271.

Appendix 2 – Definitions

Practice means any role, whether remunerated or not, in which the individual uses his or her skills and knowledge as an Aboriginal and Torres Strait Islander 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 non-clinical 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.

Supervision, for the purposes of these guidelines, incorporates elements of direction and guidance. It is a formal process of professional support and learning which enables a practitioner (supervisee) to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may be *direct*, *indirect* or *remote* according to the nature of context under which the practice is being supervised. A supervisor in the context of a re-entry to practice plan will generally be required to provide reports to the Board at determined intervals.

Direct supervision is when the supervisor is actually present on the premises when the supervisee is practising; observes and works with the supervisee; refer to levels of supervision contained in *Table 1*.

Indirect supervision is when the supervisor is easily contactable and is available to observe and discuss clinical management with the supervisee in the presence of the patient/client; refer to levels of supervision contained in *Table 1*.

Remote supervision is when the supervisor is contactable to discuss clinical activities however is not on the premises or required to directly observe or participate in the clinical management; refer to levels of supervision contained in *Table 1*.

Mentoring is a relationship in which the mentor facilitates the personal and professional growth and development of another practitioner (the *mentee*). Mentoring may also be relevant where a practitioner is changing their scope of practice. The mentor assists with career development and guides the mentee through professional networks. The mentor relationship is considered by the Board to be less formal than that of a supervisor role. There are elements of mentoring in supervision arrangements. These guidelines are focused on supervision, not mentoring, but this definition is included for clarification.

A **Supervisor** is an experienced Aboriginal and Torres Strait Islander health practitioner (usually with more than two years experience), or registered nurse, or registered medical practitioner with unconditional registration under the National Scheme, or other eligible health professional, who has undertaken to assess, monitor and report to the Aboriginal and Torres Strait Islander Health Practice Board of Australia about the performance of an Aboriginal and Torres Strait Islander health practitioner undertaking supervised practice. Supervisors should not themselves be subject to supervisory arrangements and their registration should not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee. The Board may consider other practitioners in exceptional circumstances where appropriate.

Other eligible health professional is either a:

- registered health practitioner under the National Scheme, other than a registered medical practitioner or registered nurse, with unconditional registration, or
- member of an appropriate professional association of a self-regulated health profession, with unconditional membership. The Board will determine the appropriate professional association on a case by case basis.

A **Supervisee** is an Aboriginal and Torres Strait Islander health practitioner with conditions or undertakings, or who has entered into an undertaking that requires supervision or is practising under the oversight and direction of a supervisor to meet the objectives of a *supervised practice plan*.

A *supervised practice plan* means a plan that is agreed between the Aboriginal and Torres Strait Islander Health Practice Board of Australia, the supervisor and supervisee that sets out the objectives for, levels, type and amount of supervision required and how the supervision is to occur.

The *supervised practice plan* should reflect a balance between the need for the supervision, the practitioner's current level of training, competence and scope of practice and the position in which the supervisee will be practising.

A **Supervision Report** is a document submitted in the format approved by the Board (see Attachment B) at the intervals agreed in the *supervised practice plan* and details progress against the *supervised practice plan*. Additional *Supervision reports* may be submitted at any time and are mandated if there are any changes proposed to the *supervised practice plan* (as described in the supervised plan) or if there are concerns about the supervisee.

Revalidation is a process by which registered health practitioners have to regularly show that they are up to date, and fit and competent to practise.

DRAFT

Appendix 3: Summary of processes

The following table outlines who is responsible and what documents to be submitted in the process of developing and approving a *supervised practice plan*.

AHPRA will process all documentation and liaise with the supervisee/supervisor as required. The Board will consider the documentation and approve or recommend amendments. AHPRA will be the ongoing liaison point for the supervisee and supervisor during the period of supervision.

Supervisees and supervisors should review the table below prior to submitting any documentation. All templates referred to in this document are published on the Board's website <http://www.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx> alongside the guidelines.

| Supervisee | Supervisor |
|---|---|
| Application stage | |
| <ul style="list-style-type: none"> Review <i>Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i> and other relevant Board registration standards and guidelines, identify an appropriate supervisor(s)⁸, If applicable, complete relevant application form⁹ including the required evidentiary documents, Complete <i>supervision agreement</i> as per template (see Attachment A1), Complete <i>supervised practice plan</i> as per template (see Attachment A2), Sign <i>supervised practice plan</i>, Submit the <i>supervised practice plan</i> to the Board for approval. | <ul style="list-style-type: none"> Review <i>Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i> Complete <i>supervision agreement</i> as per template (see Attachment A1), Assist in drafting the <i>supervised practice plan</i> (see Attachment A2), Sign <i>supervised practice plan</i>. |
| Post-approval of the supervised practice plan by the Board | |
| <ul style="list-style-type: none"> Practice within the approved <i>supervised practice plan</i>. | <ul style="list-style-type: none"> Provide <i>supervision reports</i>, as per template (see Attachment B), at the required frequency in accordance with the <i>supervised practice plan</i>. |
| In the event of a need to change a supervisor | |
| <ul style="list-style-type: none"> Notify the Board in writing within seven (7) calendar days of any planned or unexpected supervisor changes, Submit proposed new supervision arrangements to the Board for consideration, including a new supervision agreement and new <i>supervised practice plan</i>, Provide to the proposed new supervisor(s) copies of: <ul style="list-style-type: none"> previous supervisor undertakings, <i>supervised practice plan(s)</i>, and <i>supervision report(s)</i>. | |

⁸ In some situations, the Board or another entity may nominate a supervisor.

⁹ The means an application for general registration if returning to the register, or at the time of registration renewal if returning to practice after a break of greater than 3 years or significantly changing scope of practice.

Supervision agreement

A supervision agreement, completed by the supervisor(s) and supervisee, is to be submitted to the Australian Health Practitioner Regulation Agency with an application for registration or where supervision is a requirement for registration. All parties should read the Board's *Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners* before completing this agreement.

Expected timeframe for approval of this *Supervision Agreement* will be driven by decisions of the Board or its delegate. However, decisions will be expedited depending on the level of risk to public health or safety.

Section 1 – Details of supervisor(s) and supervisee

Supervisor 1:

Last name: _____ First name: _____
Practice address: _____
Phone (work): _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____ Profession: _____
Signature: _____ Date: _____

Supervisor 2 (if applicable):

Last name: _____ First name: _____

Practice address: _____

Phone (work): _____ Mobile: _____

Fax: _____ Email: _____

Registration number: _____ Profession: _____

Signature: _____ Date: _____

Supervisee:

Purpose of supervision (please tick appropriate):

- ☐ Returning to practice after an absence of greater than three years, and/or
- ☐ Significant change to scope of practice, and/or
- ☐ Condition or undertaking requiring supervision from a health, performance or conduct matter, and/or
- ☐ Conditions related to adequacy of qualifications

Last name: _____

First name: _____

Postal address: _____

Telephone work: _____

Mobile: _____

Fax: _____

Email: _____

Registration number (if applicable): _____

Signature: _____

Date: _____

Section 2 – Agreement of supervisor(s)

| |
|---|
| Agreement of supervisor(s) to be completed by each supervisor and included as separate pages |
| I have read the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) <i>Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i> and agree to comply with the responsibilities of supervisors. |
| <p>I understand:</p> <ul style="list-style-type: none">• the significance of supervision as a professional undertaking and commit to this role,• my legal and professional responsibilities generally, and in relation to supervision, and will act accordingly,• that I must make every effort to ensure that the supervisee has read and agrees to comply with his/her responsibilities; understands legal responsibilities and constraints within which he/she must operate; and follows the principles listed in the Board's <i>Code of Conduct for Aboriginal and Torres Strait Islander Health Practitioners</i>,• the responsibility for determining the <i>supervised practice plan</i> and <i>supervision reports</i> must be informed by my assessment of the supervisee and I agree to undertake and document assessments as required,• that I must only delegate tasks that are appropriate to the role of the supervisee and are within the competence of the individual,• that reassessment of competency and review of the <i>supervised practice plan</i> must occur regularly and that <i>supervision reports</i> on progress must be provided as listed in the <i>supervised practice plan</i> approved by the Board,• that I will use the core units of the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice for the assessment of the supervisee for the purpose of reports to the Board,• that I must take responsibility for the interventions carried out by the supervisee under my supervision to the extent described in the 'Levels of supervision' section in the <i>Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i>,• that I must provide clear direction to the supervisee,• that I must provide honest and responsible reports as required by the Board. |
| I have attached to this agreement a current CV that confirms I have the expertise required to provide the necessary supervision. |

Agreement of supervisor(s) to be completed by each supervisor and included as separate pages

I confirm that I am currently supervising the following number of supervisees for the Board under these supervision guidelines _____, and I believe I have the capacity to do so.

I have/have not (*please delete as appropriate*) previously provided satisfactory supervision for Aboriginal and Torres Strait Islander Health Practitioners where supervision is a requirement for registration. Please list names of previous practitioners you have supervised on behalf of the Board:

My relationship with the supervisee is as follows (e.g. workplace supervisor, close friend, work colleague, family member, etc.)

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisor 1: _____

Signature of supervisor 2: _____

Name of supervisor 1: _____

Name of supervisor 2: _____

Name of supervisee: _____

Section 3 – Agreement of supervisee

| Agreement of supervisee |
|---|
| I have read the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) <i>Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i> and agree to comply with the responsibilities of supervisees. |
| <p>I understand that:</p> <ul style="list-style-type: none">• I must familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to general registration without conditions,• I must inform my supervisor(s) at the outset of the supervision period of my experience, needs and circumstances/incidents relevant to the requirement that I practise under supervision,• I must participate in assessments undertaken by my supervisor to assist determination of my capabilities, needs and progress,• I must familiarise myself with safety policies and procedures relevant to my supervised practice and comply with these,• I must follow directions and instruction from my supervisor and ask questions to clarify where necessary,• I must advise my supervisor of any uncertainties and incidents in relation to clinical practice during the period of supervision,• I must reflect on and respond to feedback,• I must provide honest and responsible information as required by the Board,• I must notify the Board in writing within seven days in the event supervision becomes unavailable (e.g. due to the supervisor's departure). |
| <p>My relationship with the supervisor(s) is as follows (e.g. workplace supervisor, close friend, work colleague, family member, etc.):</p> <p>_____</p> <p>_____</p> |

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisee: _____ Name of supervisee: _____

Name of supervisor(s): _____

Supervised practice plan

Who needs to complete this form?

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) will determine which competencies need to be validated through this *supervised practice plan*. The supervisee needs to submit a *supervised practice plan* (based on this template) with any applicable registration application forms¹ for situations where supervision is required. That is, for a range of registration and notification matters resulting in supervision arrangements, including Aboriginal and Torres Strait Islander health practitioners who:

- are returning to practice after an absence of greater than three years,
- have had a significant change to scope of practice,
- have a condition or undertaking requiring supervision from a health, performance or conduct matter,
- have a condition related to adequacy of qualifications.

The Board may also require a *supervised practice plan* be developed in conjunction with conditions or undertakings arising from a health, performance or conduct matter. In this situation, the Board or another entity will direct the timing of the development of a *supervised practice plan*.

When do they complete it?

When applying for general registration OR at renewal of general registration.

Associated documents to be read prior to completing

- *Recency of practice registration standard*²
- *Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners*³
- The Board's other registration standards, code and guidelines, published on its website, www.atsihealthpracticeboard.gov.au/.

What to consider in developing a supervised practice plan

In completing the *supervised practice plan*, the individual circumstances of the supervisee should be taken into account, including the purpose of supervision, the supervisee's qualifications, experience, and capabilities and the demands of the proposed position/location. The *Supervision Practice Plan* is designed to accommodate variations based on an assessment of competence and experience.

The *Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners* list some key factors that should be taken into consideration when developing a supervised practice plan and the levels of *supervision in this plan*.

¹ Available under the Registration section of the Board's website.

² Available under the Registration Standards section of the Board's website.

³ Published on the Board's website under Policies, Codes and Guidelines.

The *supervised practice plan* will list the frequency of reporting, the content and supporting evidence of progress required in each report, and the format of the report.

The supervisor can submit to the Board proposed modifications to the *supervised practice plan* during the period of supervision.

What happens to the plan after it is submitted?

The Board will consider the proposed *supervised practice plan* and approve with or without modification.

Who should the supervisee and supervisor contact with any queries?

The Australian Health Practitioner Regulation Agency (AHPRA) office in the relevant state or territory will be the ongoing liaison point in the approval of the *supervised practice plan* and during the period of supervision. Contact details are listed on the AHPRA website at www.ahpra.gov.au.

Supervised practice plan

Supervisee

| | |
|--|--|
| Last name of supervisee: | |
| First (given) name of supervisee: | |
| Registration number <i>(if applicable)</i> : | |
| Reason for supervision <i>(e.g. recency of practice)</i> | |

Supervisor(s)

| | |
|---|--|
| Name of Supervisor 1: | |
| Registration number (or equivalent for 'Other eligible health professionals'): | |
| Health profession (if not the Aboriginal and Torres Strait Islander Health Practice profession) | |
| Name of Supervisor 2 <i>(if applicable)</i> : | |
| Registration/other number (or equivalent for 'Other eligible health professionals'): | |
| Health profession (if not the Aboriginal and Torres Strait Islander Health Practice profession) | |

Purpose of supervision (tick one)

- ☐ Returning to practice after an absence of greater than three years,
- ☐ Significant change to scope of practice,
- ☐ Condition or undertaking requiring supervision from a health, performance or conduct matter,
- ☐ Condition related to adequacy of qualifications.

Section 1 – Supervision arrangements

| | |
|--|-------------------------------------|
| Proposed position: | |
| Proposed employer: | |
| Location(s) where supervised practice is proposed: | |
| Anticipated supervision commencement date: | |
| Anticipated supervision completion date: | |
| Nominate proposed commencement level of supervision and expected progressions: (Refer to the 'Levels of supervision' described in the Board's <i>Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i>) | |
| Levels | Proposed reporting frequency |
| Level 1: | |
| Level 2: | |
| Level 3: | |
| Level 4: | |
| Describe how supervision is to be provided: <i>e.g. Direct supervision of all assessments, discussion of treatment plan after assessment, observation of initial treatment, frequency of case reviews, teleconferences, in-service sessions etc.</i> | |

Section 2 – Capabilities and issues specific to supervisee

| Strengths of supervisee | Areas of development of supervisee <i>Please provide as much detail as possible</i> |
|-------------------------|--|
| | |
| | |
| | |
| | |
| | |

Issues to be addressed during supervision (e.g. related to supervision requirements, identified weaknesses, areas for development)

| Core Unit Name and Number – <i>Please identify the specific Core Unit from the list in Section 3, below.</i> | | |
|---|---------------------------|-------------|
| Issue – <i>Please link to the specific Key Element in Section 3, below.</i> | Measures to address issue | Review date |
| | | |
| | | |
| | | |
| | | |

Please insert a new table for issues to be addressed per Core Unit from the list in Section 3, below

Section 3 – Supervision goals and plan

The Board will determine which competencies need to be validated by the core units in the **HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice**.

The Board's delegate at AHPRA will tick one or more of the core units, below.

☐ **CHCCS400** **Work within a relevant legal and ethical framework**

| Key elements for observation include | Planned activities to demonstrate competency |
|---|--|
| <ul style="list-style-type: none">• Demonstrate an understanding of legislation and common law relevant to work role | |
| <ul style="list-style-type: none">• Follow identified policies and practices | |
| <ul style="list-style-type: none">• Work ethically | |
| <ul style="list-style-type: none">• Recognise and respond when client <i>rights</i> and interests are not being protected | |

☐ **HLTAHW005** **Work in an Aboriginal and/or Torres Strait Islander primary health care context**

| Key elements for observation include: | Planned activities to demonstrate competency |
|--|--|
| <ul style="list-style-type: none">• Identify factors impacting on Aboriginal and/or Torres Strait Islander health and the delivery of primary health care services | |
| <ul style="list-style-type: none">• Apply primary health care principles | |
| <ul style="list-style-type: none">• Work in a culturally appropriate and safe manner | |
| <ul style="list-style-type: none">• Apply Aboriginal and/or Torres Strait Islander health policies and resources | |

☐ **HLTAHW006** **Facilitate and advocate for the rights and needs of clients and community members**

| Key elements for observation include: | Planned activities to demonstrate competency |
|---|--|
| <ul style="list-style-type: none">Identify the rights, needs and options available to the client | |
| <ul style="list-style-type: none">Assist the client to present their own needs | |
| <ul style="list-style-type: none">Advocate for the client when self-advocacy is not possible | |
| <ul style="list-style-type: none">Liaise with health service providers to meet client and community needs | |
| <ul style="list-style-type: none">Promote the rights, needs and interests of the client | |

☐ **HLTAHW016** **Assess client's physical wellbeing**

| Key elements for observation include: | Planned activities to demonstrate competency |
|--|--|
| <ul style="list-style-type: none">Initiate health assessment | |
| <ul style="list-style-type: none">Assess client's physical health | |
| <ul style="list-style-type: none">Interpret and confirm health assessment findings | |
| <ul style="list-style-type: none">Summarise and presents findings | |

☐ **HLTAHW017** **Assess and support client's social and emotional wellbeing**

| Key elements for observation include: | Planned activities to demonstrate competency |
|--|--|
| <ul style="list-style-type: none">Obtain client history and information for social and emotional | |

| | |
|---|--|
| wellbeing assessment | |
| <ul style="list-style-type: none"> Assess and determine client wellbeing | |
| <ul style="list-style-type: none"> Provide support to client | |

☐ **HLTAHW018** Plan, implement and monitor health care in a primary health care context

| Key elements for observation include: | Planned activities to demonstrate competency |
|---|--|
| <ul style="list-style-type: none"> Propose care plan | |
| <ul style="list-style-type: none"> Communicate proposed health care plan to client | |
| <ul style="list-style-type: none"> Implement care plan | |
| <ul style="list-style-type: none"> Provide information on healthy nutrition and lifestyle choices as part of the care plan | |
| <ul style="list-style-type: none"> Provide care and support for clients with chronic condition as part of the care plan | |
| <ul style="list-style-type: none"> Monitor health care | |
| <ul style="list-style-type: none"> Review effectiveness of health care | |

☐ **HLTAHW019** Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities

| Key elements for observation include: | Planned activities to demonstrate competency |
|---|--|
| <ul style="list-style-type: none"> Undertake health checks to inform health programs | |
| <ul style="list-style-type: none"> Provide health care programs to address identified common | |

| | |
|--|--|
| problems | |
| <ul style="list-style-type: none"> • Manage the delivery of health programs | |
| <ul style="list-style-type: none"> • Evaluate health programs | |

☐ **HLTAHW020** **Administer medications**

| Key elements for observation include: | Planned activities to demonstrate competency |
|--|--|
| <ul style="list-style-type: none"> • Interpret and clarify orders and instructions for medication | |
| <ul style="list-style-type: none"> • Prepare medication | |
| <ul style="list-style-type: none"> • Administer medications safely | |
| <ul style="list-style-type: none"> • Instruct and monitor clients to self administer medication | |
| <ul style="list-style-type: none"> • Document administration procedures | |

☐ **HLTAHW021** **Provide nutrition guidance for specific health care**

| Key elements for observation include: | Planned activities to demonstrate competency |
|--|--|
| <ul style="list-style-type: none"> • Provide information on nutritional needs at different stages of life | |
| <ul style="list-style-type: none"> • Inform clients of dietary requirements of specific conditions | |
| <ul style="list-style-type: none"> • Work with community agencies to promote nutrition | |

☐ **HLTAHW022** **Address social determinants of Aboriginal and/or Torres Strait Islander health**

| Key elements for observation include: | Planned activities to demonstrate competency |
|---|--|
| <ul style="list-style-type: none">Identify social determinants of health | |
| <ul style="list-style-type: none">Promote awareness of social determinants of health | |
| <ul style="list-style-type: none">Implement strategies to address social determinants of health | |

☐ **HLTAHW037** **Support the safe use of medications**

| Key elements for observation include: | Planned activities to demonstrate competency |
|---|--|
| <ul style="list-style-type: none">Determine client medication requirements | |
| <ul style="list-style-type: none">Interpret and clarify orders and instructions for medication | |
| <ul style="list-style-type: none">Support clients in their use of traditional and western medicines | |
| <ul style="list-style-type: none">Deliver information to support clients in the use of medications | |
| <ul style="list-style-type: none">Provide advice about storage and transport of medication | |
| <ul style="list-style-type: none">Provide information and support to community | |

☐ **HLTAID003** **Provide first aid**

| Key elements for observation include: | Planned activities to demonstrate competency |
|---|--|
| <ul style="list-style-type: none">Respond in an emergency situation | |

| | |
|--|--|
| • Apply appropriate first aid procedures | |
| • Communicate details of the incident | |
| • Evaluate own performance | |

☐ **HLTIN301C** **Comply with infection control policies and procedures**

| Key elements for observation include: | Planned activities to demonstrate competency |
|--|--|
| • Follow infection control guidelines | |
| • Identify and respond to infection risks | |
| • Maintain personal hygiene | |
| • Use personal protective equipment | |
| • Limit contamination | |
| • Handle, package, label, store, transport and dispose of clinical and other waste | |
| • Clean environmental surfaces | |

☐ **HLTWHS001** **Participate in workplace health and safety**

| Key elements for observation include: | Planned activities to demonstrate competency |
|---------------------------------------|--|
| • Follow safe work practices | |
| • Implement safe work practices | |

| | |
|--|--|
| <ul style="list-style-type: none"> Contribute to safe work practices in the workplace | |
| <ul style="list-style-type: none"> Reflect on own safe work practices | |

☐ **Overall comments on performance and work**

| Key elements for observation include: | Planned activities to demonstrate competency |
|--|--|
| <ul style="list-style-type: none"> Follow workplace guidelines and procedures | |
| <ul style="list-style-type: none"> Document client assessments, care and care plans | |
| <ul style="list-style-type: none"> Interact effectively with work colleagues and other health professionals | |
| <ul style="list-style-type: none"> Refer clients to other health professionals as appropriate and when required | |

Additional requirements/documents⁴

⁴ For example, .a de-identified log book of care provided.

Section 4 – Declaration

I have completed this *supervised practice plan* in consultation with the supervisee and in my professional opinion consider the goals and planned activities to be appropriate to the identified needs.

Signature of supervisor 1: _____ Date: _____

Name of supervisor 1: _____

Signature of supervisor 2: _____ Date: _____

Name of supervisor 2: _____

I have read, understand and agree to all the goals and planned activities included in this supervised practice plan.

Signature of supervisee: _____ Date: _____

Name of supervisee: _____

I endorse this supervised practice plan.

Signature of clinical service manager: _____ Date: _____

Name of clinical service manager: _____

Supervision report template

Supervision reports, completed by the supervisor in consultation with the supervisee, are to be submitted to the Australian Health Practitioner Regulation Agency for consideration by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board):

- as stipulated by the Board on approval of a supervised practice plan and otherwise as required by the Board,
- to propose or justify changes in supervision, including level of supervision,
- with applications for renewal of registration by a supervisee, and
- on conclusion of supervised practice.

The supervisee and his/her supervisor(s) take joint responsibility for submitting this report in accordance with the *supervised practice plan*.

For information on reports and reporting requirements, please refer to the Board's *Supervision Guidelines for Aboriginal and Torres Strait Islander Health Practitioners*.

Supervision report details

- Date of report:** _____
- | | |
|------------------------------------|---|
| Name of supervisor 1: _____ | Signature of supervisor 1: _____ |
| Name of supervisor 2: _____ | Signature of supervisor 2: _____ |
- | | |
|----------------------------------|---------------------------------------|
| Name of supervisee: _____ | Signature of supervisee: _____ |
|----------------------------------|---------------------------------------|
- | | |
|--|---|
| Name of clinical service manager: _____ | Signature of clinical service manager: _____ |
|--|---|
- Reason for supervision (tick one):**
 - ☐ Returning to practice after an absence of greater than three years, and/or
 - ☐ Significant change to scope of practice, and/or
 - ☐ Condition or undertaking requiring supervision from a health, performance or conduct matter, and/or

☐ Conditions related to adequacy of qualifications

6. Anticipated supervision completion date: _____

7. Changes recommended to the previously agreed *supervised practice plan*, if any, and reasons for changes: (attach separate sheets if needed)

Please **complete relevant sections** as informed by the *supervised practice plan* and the core units in the **HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice**.

☐ **CHCCS400** Work within a relevant legal and ethical framework

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc) |
|--|---|---|--|
| <ul style="list-style-type: none">Demonstrate an understanding of legislation and common law relevant to work roleFollow identified policies and practicesWork ethicallyRecognise and respond when client <i>rights</i> and interests are not being protected | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW005** Work in an Aboriginal and/or Torres Strait Islander primary health care context

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | Levels of supervision – Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc) |
|---------------------------------------|---|--|
| | | |

| | | | |
|--|---------------------------------------|---|--|
| <ul style="list-style-type: none"> Identify factors impacting on Aboriginal and/or Torres Strait Islander health and the delivery of primary health care services | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Apply primary health care principles | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Work in a culturally appropriate and safe manner | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Apply Aboriginal and/or Torres Strait Islander health policies and resources | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW006** **Facilitate and advocate for the rights and needs of clients and community members**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|---|---|---|--|
| <ul style="list-style-type: none"> Identify the rights, needs and options available to the client | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Assist the client to present their own needs | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Advocate for the client when self-advocacy is not possible | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Liaise with health service providers to meet client and community needs | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Promote the rights, needs and interests of the client | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW016** **Assess client's physical wellbeing**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|---|---|---|--|
| <ul style="list-style-type: none">Initiate health assessmentAssess client's physical healthInterpret and confirm health assessment findingsSummarise and presents findings | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW017** **Assess and support client's social and emotional wellbeing**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|---|---|---|--|
| <ul style="list-style-type: none">Obtain client history and information for social and emotional wellbeing assessmentAssess and determine client wellbeing | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

| | | | |
|---|---------------------------------------|---|--|
| <ul style="list-style-type: none"> Provide support to client | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
|---|---------------------------------------|---|--|

Supervisor's Comments: _____

☐ **HLTAHW018** **Plan, implement and monitor health care in a primary health care context**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|--|---|---|--|
| <ul style="list-style-type: none"> Propose care plan Communicate proposed health care plan to client Implement care plan Provide information on healthy nutrition and lifestyle choices as part of the care plan Provide care and support for clients with chronic condition as part of the care plan Monitor health care Review effectiveness of health care | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW019** **Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc) |
|---|--|--|---|
| <ul style="list-style-type: none"> Undertake health checks to inform health programs Provide health care programs to address identified common problems Manage the delivery of health programs Evaluate health programs | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW020** **Administer medications**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc) |
|---|---|---|---|
| <ul style="list-style-type: none"> Interpret and clarify orders and instructions for medication Prepare medication Administer medications safely Instruct and monitor clients to self administer medication Document administration procedures | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW021** **Provide nutrition guidance for specific health care**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|--|---|---|--|
| <ul style="list-style-type: none">• Provide information on nutritional needs at different stages of life• Inform clients of dietary requirements of specific conditions• Work with community agencies to promote nutrition | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW022** **Address social determinants of Aboriginal and/or Torres Strait Islander health**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|---|---|---|--|
| <ul style="list-style-type: none">• Identify social determinants of health• Promote awareness of social determinants of health• Implement strategies to address social determinants of health | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAHW037** **Support the safe use of medications**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|---|--|--|--|
| <ul style="list-style-type: none"> Determine client medication requirements Interpret and clarify orders and instructions for medication Support clients in their use of traditional and western medicines Deliver information to support clients in the use of medications Provide advice about storage and transport of medication Provide information and support to community | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTAID003** **Provide first aid**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g.</i> |
|---------------------------------------|---|---|
| | | <i>Supervision Guidelines (e.g.</i> |

| | | | Level 1, 2, etc) |
|--|---------------------------------------|---|------------------|
| <ul style="list-style-type: none"> Respond in an emergency situation | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Apply appropriate first aid procedures | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Communicate details of the incident | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Evaluate own performance | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTIN301C** **Comply with infection control policies and procedures**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc) |
|--|---|---|---|
| <ul style="list-style-type: none"> Follow infection control guidelines | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Identify and respond to infection risks | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Maintain personal hygiene | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Use personal protective equipment | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Limit contamination | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Handle, package, label, store, transport and dispose of clinical and other waste | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| <ul style="list-style-type: none"> Clean environmental surfaces | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **HLTWHS001** **Participate in workplace health and safety**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|--|---|---|--|
| <ul style="list-style-type: none">Follow safe work practicesImplement safe work practicesContribute to safe work practices in the workplaceReflect on own safe work practices | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Supervisor's Comments: _____

☐ **Overall comments on performance and work**

| Key elements for observation include: | Supervisor's rating of supervisee's performance for the key elements: | | Levels of supervision – <i>Please refer to Table 1 in the Supervision Guidelines (e.g. Level 1, 2, etc)</i> |
|--|---|---|--|
| <ul style="list-style-type: none">Follow workplace guidelines and proceduresDocument client assessments, care and care plansInteract effectively with work colleagues and other health professionals | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | |

Additional requirements/documents¹

¹ For example, a de-identified log book of care provided.

Statement of assessment

Board's statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards* and procedures for consultation which are available at: www.ahpra.gov.au/Legislation-and-Publications/AHPRA-Publications.

This process is also considered appropriate for development of practice guidelines in the interest of best practice.

Below is the National Boards' assessment of its proposed draft guideline against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the draft guidelines meet the objectives and guiding principles of the National Law.

The *Supervision guidelines for Aboriginal and Torres Strait Islander health practitioners* will protect the public while ensuring that Aboriginal and Torres Strait Islander health practitioners are able to continue, recommence or commence practice with an appropriate level of supervision whilst meeting their obligation to provide competent and ethical service to their patients.

The publication of these guidelines (if approved) will support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest. This was initially addressed in the preliminary consultation in July 2013.

During the preliminary consultation the Board also consulted key stakeholders. This was an important opportunity to 'road test' the proposed content with targeted stakeholders ahead of this public consultation. Through this we identified the operational impact and any issues or concerns with the proposed content. The preliminary consultation stage also considered any transitional issues that needed to be addressed in the implementation.

The Board will circulate its proposed guidelines widely and seek public comment in an eight-week public consultation process. This process includes the publication of the consultation paper (and attachments) on its website and distribution to stakeholders.

The Board will take into account all the feedback it receives when finalising its proposal.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft *Supervision Guidelines for Aboriginal and Torres Strait Islander health practitioners*, the Board has taken into account the Council of Australian Governments (COAG) Principles for Best Practice Regulation.

As an overall statement:

- the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community, and
- is conducting wide-ranging consultation to inform this goal.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG Principles

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The Board considers that its proposal is the best option for achieving the stated purposes. The guidelines are largely based on similar guidelines already approved and published by several other national boards, following public consultation.

Based on the April 2014 registration statistics published on the Board's website, there are a very small number of Aboriginal and Torres Strait Islander health practitioners who have a condition placed on their registration that requires a period of supervision. The Board expects that supervision arrangements will only apply to a very small number of practitioners and considers that the guidelines will have a low impact on the profession. This impact is significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

In particular, this guideline supports the concept of enabling practitioners to commence, recommence or continue practice safely, while ensuring the public remains protected.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The Board considers that the draft *Supervision Guidelines* will support competition among health practitioners by enabling practitioners to commence, recommence or continue practice with clear guidance provided about supervised practice arrangements, to ensure competent and safe clinical practice.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The Board considers that the draft *Supervision Guidelines* will support consumer choice, by enabling practitioners to commence, recommence or continue practice with clear guidance provided about supervised practice arrangements, to ensure competent and safe clinical practice.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

At this stage, the Board considers the overall costs of the guidelines to members of the public, registrants and governments will be minimal. Aboriginal and Torres Strait Islander health practitioners are eligible for registration if they complete registration qualification in Aboriginal and/or Torres Strait Islander primary health care or, until 30 June 2015, if they meet the transitional arrangements contained in section 303 of the National Law.

In some circumstances a registrant may have a condition on their registration (or have entered into an undertaking) that requires supervision. Such arrangements occur because it is necessary or desirable in the circumstances to protect public health and safety. These guidelines apply to supervision arrangements for Aboriginal and Torres Strait Islander health practitioners who:

- are returning to practice after an absence of greater than three years
- have had a significant change to scope of practice
- are granted registration that is subject to conditions that specify a supervision requirement, and
- as a result of health, conduct or performance action by the Board under Part 8 of the National Law, are subject to conditions (or undertakings) that specify a supervision requirement.

The main costs associated with the guidelines are largely administrative – both for the Board in assessing reports from a supervisor about whether or not the supervision requirements are being satisfactorily met; and for the supervisor and supervisee completing the reports. However, supervision means that the supervisee can continue to practice under supervision and earn an income, while ensuring the public is protected while receiving health services from the practitioner. The net benefit for the practitioner being able to work (in a supported way) and earn an income outweighs any detriment posed by the associated costs.

The current administrative arrangements mean that there is a lack of formality, consistency and homogeneity across the supervision agreements, plans and reports submitted to the Board for consideration. It is often necessary for the Board to request that documents be amended and resubmitted for consideration. The provision of template forms and agreements to practitioners will facilitate quicker completion of any required plans and reports, and expedite the consideration process on the Board's part.

Supervisors and supervisees have expectations clearly defined in the guidelines, and are able to measure progress against the outlined objective criteria. The relevant reports can be provided to the Board by email or post, and the consideration/approval process is significantly streamlined. The costs associated with the completion and provision of the required plans and reports are expected to be minimal and lower than they are currently, subsequent to the implementation of the guidelines to provide clarity and certainty to all parties.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers that the guideline is written in plain English that will help practitioners to understand the Board's expectations of practitioners who provide supervision, as well as those who are being supervised.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the guideline every three years initially to ensure that the guideline remains relevant, including an assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

The Board may also choose to review the guideline earlier, in response to any issues which arise or new evidence which emerges to ensure the guideline's continued relevance and workability.