



Supervised practice framework for paramedics - Interim

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1. Introduction

The National Boards and AHPRA are committed to protecting the public and facilitating access to safer healthcare for all Australians.

Appropriate supervised practice arrangements provide assurance to the community, National Boards and AHPRA that a registered health practitioner whose practice is being supervised (the supervisee) is safe to practise and not endangering the public.

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

This framework does not establish the requirements for supervised practice. These are established in the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory and in relevant registration standards.

A glossary of common terms and definitions can be found in *Appendix A* on page 9.

2. Purpose

Supervised practice is used for a range of regulatory purposes.

Supervised practice may be used when an applicant for registration or a registered health practitioner:

- has been the subject of a notification (complaint) and is not considered safe to practise without a period of supervised practice
- holds a type of registration that requires supervised practice (e.g. limited registration and provisional registration for some National Boards)
- cannot meet the National Board's recency of practice requirements, because of:
 - returning to practice after an absence
 - a change to a different field or scope practice (where applicable), and/or
- needs to meet the eligibility requirements for an application for registration or endorsement.

In most cases supervised practice requirements are described in:

- a condition imposed by a National Board
- an undertaking accepted by a National Board, or
- the restrictions involved in a specific type of registration which are recorded as a notation on the practitioner's registration.

This information is available on the [Register of practitioners](#).

The framework applies to most uses of supervised practice.

While the core components of this framework generally apply in some form to all uses of supervised practice, there may be specific components that also need to be considered for specific purposes.

Relevant information and resource materials are provided in *Appendix B*.

The framework is comprised of the following core components:

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

These components support the provision of high-quality, safe and effective supervised practice.

3. Who should use this supervised practice framework?

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

This includes:

- the Board and its delegates (e.g. local Boards; Committees)
- health, and performance and professional standards panels
- AHPRA
- supervisees
- potential and approved supervisors, and
- employers of supervisees.

Tribunals considering matters arising from notifications about a registered health practitioner may decide to require a period of supervised practice. A tribunal may refer to this framework when drafting the requirements.

Other supporting material is listed in *Appendix B*.

4. Principles

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

They are considered when National Boards are deciding the requirements for supervised practice and when these arrangements are in place. They also apply to the supervisees and supervisors, where relevant.

Patient safety

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

Risk-based approach

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

- supervisee's qualifications, skills, competence, years of practice and clinical experience, and history of complaints and compliance, where relevant
- settings in which the practitioner is supervised
- proximity to peers and other practitioners
- supervisee's ability to comply with requirements
- supervisee's ability to demonstrate insight/reflection, where applicable, and
- requirements of a relevant position description.

This risk associated will inform the:

- level of supervision required for an applicant/registrant
- need for a supervised practice plan
- frequency of reporting
- minimum number of years of experience of the supervisor,
- parameters for progression from one level of supervision to another, and
- detail(s) of required reports.

As a general principle, if a matter is assessed as higher-risk the more direct the level of supervised practice and the more frequent and detailed the reporting requirements.

Accountability and transparency

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

Supervisors and supervisees need to always be transparent and accountable in complying with supervised practice arrangements, and in communications with AHPRA and the Board.

Individual approach

The Board will consider each proposal on its individual merits and will only approve arrangements it considers to be safe and fair.

Supervised practice requirements must be matched to the individual practitioner's experience, needs and capabilities.

Objectivity

When required to meet the purpose for supervised practice and where available, the Board will refer to an independent measure such as entry-level capabilities for paramedics (refer to *Appendix B*) for the profession to describe the level of competence expected of the supervisee.

The relationship between supervisor and supervisee must be professional. Conflicts of interest may impede objectivity and/or interfere with the supervised practice arrangements. Conflicts must be avoided if possible and managed if unavoidable.

Clarity

The roles and responsibilities of all participants involved in the supervised practice process and the purpose, expectation and anticipated outcomes from supervised practice should be clearly stated, communicated, and documented.

Flexibility

Supervised practice arrangements may need to be modified over time, in keeping with the progress made and accommodating any unavoidable change of circumstances, subject to National Board's approval.

Preparation and support

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

Supervisees should also be provided with adequate orientation to the supervised practice setting.

Supervisors will need to meet any Board requirements.

5. Levels

Levels of supervised practice

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

Table 1 Levels of supervised practice

Level ¹	Specifications
Direct <i>Supervisor physically present at all times to</i>	Summary The supervisor takes direct and principal responsibility for individual patients.

¹ These levels were previously described as levels 1-4 where level 1 usually equated to 'direct' and level 4 'remote'. Practitioners who have been part of supervised practice arrangements in the past may refer to these descriptions. Supervised practice framework for paramedics

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

Progression through levels

A supervisee's progression through levels will depend on the purpose and underlying risk for supervised practice. How this works will be described in the approved supervised practice agreement/plan. The Board will take the necessary regulatory action if a supervisee does not progress as expected.

6. Expectations

Expectations of supervisees

The supervised practice arrangements approved by the relevant National Board will be documented in the supervision agreement/supervised practice plan.

The supervisee must not commence practice until the supervision agreement/supervised practice plan and supervision arrangements are approved by the Board, unless otherwise agreed by the Board.

The supervisee is required to:

- always practise within the supervised practice arrangements set out in their supervision agreement/plan
- not practise if the approved supervised practice arrangements cannot be met
- comply with all the relevant Board standards, codes and guidelines, and
- inform the National Board within seven calendar days or as stated in the conditions/undertakings if:
 - the agreed supervised practice requirements are not being met, or
 - the relationship between supervisee and supervisor breaks down.

The Board expects supervisees to recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required.

The supervisee is responsible for ensuring that all reports are completed as required.

Expectations of supervisors

A supervisor must have the qualifications, skills, knowledge, experience and availability required for the role. These will vary according to the purpose for supervised practice and the risk associated with the role. Information on how to choose a supervisor is available on the *Fact sheet – key information for supervisee*.

The supervisor's registration should not be subject to conditions or restrictions that could impact on their ability to effectively provide supervision.

Supervisors should hold general registration as a paramedic or be otherwise suitably competent to supervise paramedic practice.

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

The Board relies on approved supervisors to determine if the supervisee is practising safely, competently and ethically for a range of purposes.

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

A supervisor is required to:

- supervise at all times within the supervised practice arrangements set out in the supervised practice agreement/supervised practice plan approved by the Board
- provide clear direction and constructive feedback and work with the supervisee to remediate identified problems
- be accountable to the Board and provide honest, accurate, objective and responsible reports in the approved form at agreed intervals
- notify the Board within seven calendar days or as stated in the relevant conditions/undertakings if they have concerns that the supervisee's health, conduct or clinical performance is placing the public at risk
- notify the Board if any other circumstances arise that may impact on the supervised practice arrangements
- only delegate tasks that are within the scope of training, competence and capability of the supervisee, and appropriate to their role, and
- maintain adequate written records relating to the supervisee's practice.

7. Compliance

It is important that the supervised practice requirements manage the risk associated with the purpose for supervised practice.

AHPRA and the Board monitor the progress and responsiveness of supervised practice requirements using supervised practice reports.

If a supervisee doesn't practise in accordance with the approved supervised practice agreement/supervised practice plan, this may pose a risk to the public and the Board may consider whether to take disciplinary action under the National Law, including investigation for unprofessional conduct and/or to refuse to renew registration. The Board may also take the necessary regulatory action required if a supervisee does not progress as expected.

Supervisees and supervisors are reminded to practise in accordance with the Board's registration standards, codes and guidelines.

8. Review

The framework is published on the Board's website.

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

9. Appendices

Appendix A - Glossary

Practice

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

Supervised practice

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

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

Supervisee

A registered health practitioner who is required to undertake a period of supervised practice. The supervisee practises under the supervision of an approved supervisor with a level of supervision outlined in the supervised practice agreement/plan. Refer to the fact sheet for supervisee for further information.

Supervisor

A registered health practitioner who is approved by the relevant National Board to supervise another registered health practitioner for a period of time. The supervisor needs to have the qualifications, skills, knowledge, experience and availability required for this role. Refer to the *Fact sheet - important information for supervisors* on the Board's website for more information.

Appendix B – Links to relevant Boards material

Hyperlinks to registration standards and relevant resource information

Registration standard	Hyperlinks
Recency of practice	https://www.paramedicineboard.gov.au/professional-standards/registration-standards/recency-of-practice.aspx
Grandparenting	https://www.paramedicineboard.gov.au/professional-standards/registration-standards/recency-of-practice.aspx

Hyperlinks to entry-level competency or equivalent

Professional standard	Hyperlinks
Professional capabilities for registered paramedics	http://www.paramedicineboard.gov.au/Professional-standards/Professional-capabilities-for-registered-paramedics.aspx

Hyperlinks to other resource material

Document	Hyperlink
Supervised practice framework	https://www.paramedicineboard.gov.au/Professional-standards/Supervised-practice-framework.aspx
Fact sheet - supervised practice for the purposes of grandparenting	https://www.paramedicineboard.gov.au/documents/default.aspx?record=WD18%2f26210&dbid=AP&chksu m=6SBJ1o1Jrdd0X8o6NJawLw%3d%3d
Template - supervised practice plan	https://www.paramedicineboard.gov.au/documents/default.aspx?record=WD18%2f26231&dbid=AP&chksu m=TxjW3sZZHRuiKpOqaS0UiA%3d%3d
Template - supervised practice plan for grandparenting	https://www.paramedicineboard.gov.au/documents/default.aspx?record=WD18%2f26230&dbid=AP&chksu m=pinf0XYjPRTgtM3xqvLoqQ%3d%3d
Template - supervised practice report	https://www.paramedicineboard.gov.au/documents/default.aspx?record=WD18%2f26232&dbid=AP&chksu m=YKenM47KLN0Fjsa0r%2fLjpw%3d%3d
Fact Sheet – supervised practice levels	https://www.paramedicineboard.gov.au/documents/default.aspx?record=WD18%2f26214&dbid=AP&chksu m=7xotL2tfRCZypGLGWbZDgw%3d%3d

Fact sheet - important information for supervisors	https://www.paramedicineboard.gov.au/documents/default.aspx?record=WD18%2f26213&dbid=AP&chksu m=Xvta8ZnyFa%2bbv%2bQX6%2fHKEQ%3d%3d
Fact sheet - important information for supervisees	https://www.paramedicineboard.gov.au/documents/default.aspx?record=WD18%2f26212&dbid=AP&chksu m=oF3mYiLx%2f5mvAxUMIyRbiw%3d%3d
<i>Code of conduct for paramedics (interim)</i>	https://www.paramedicineboard.gov.au/Professional-standards/Codes-guidelines-and-policies/Code-of-conduct.aspx
<i>Regulatory principles for the National Scheme</i>	https://www.ahpra.gov.au/About-AHPRA/Regulatory-principles.aspx