

Q28.

Publication of responses

National Boards and AHPRA publish responses at their discretion. We generally publish responses on our

We will not publish responses that contain offensive or defamatory comments or which are outside the scope of the consultation. Before publication, we may remove personally-identifying information, including contact details.

We can accept responses made in confidence. These responses will not be published. Responses may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential response will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions to protect personal information and information given in confidence.

You must let us know if you do not want us to publish your responses.

Published responses will include the names (if provided) of the individuals and/or the organisations that made the response unless confidentiality is requested.

Q23. Publication of responses

Please select the box below if you do not want your responses to be published.

Please do not publish my responses

Q5.

Other

Q4.

No

Q33. Are you responding on behalf of an organisation? (optional)

Q35. Which of the following best describes your organisation?

Yes (please write the name of organisation)

This question was not displayed to the respondent.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

You may select more than one answer.		
	Aboriginal and Torres Strait Islander Health Practice	
	Chinese Medicine	
	Chiropractic	
	Dental	
•	Medical	
	Medical Radiation Practice	
	Midwifery	
	Nursing	
	Occupational Therapy	
	Optometry	
	Osteopathy	
	Paramedicine	
	Pharmacy	
	Physiotherapy	
	Podiatry	
	Psychology	
Q9. About supervised practice. The following questions will help us to gather information about supervised practice and the proposed framework and supporting documents. Please ensure you have read the public consultation papers before responding, as the questions are specific to the proposed framework.		
Q44. National Boards and AHPRA have developed the Supervised practice framework (the framework) and supporting documents to enable a responsive and risk-based approach to supervised practice across the National Registration and Accreditation Scheme (the National Scheme). The National Boards' preferred option is to adopt the proposed framework and supporting documents. How helpful and clear is the content and structure of the proposed framework? Please explain your answer.		
Cle	ear in regards to the changes made	

Q11.

The word "consult" is used to describe the interaction between a supervisee and supervisor in the levels of supervised practice (see Section 5 Levels in the framework and the *Fact sheet: Supervised practice levels*). The word "consultation" is often used to describe the interaction between a patient/client and a health practitioner.

Is the meaning of "consult" clear for the purpose of the supervised practice levels? Why or why not?

	It is at risk of misunderstanding as the word has a common use that does not encompass the meaning used in the framework
ls	13. there any content that needs to be changed, added or removed in the proposed framework and/or pporting documents? If so, please provide details.
	Yes, how the medicolegal risk will be mitigated for supervisors of a different board to their supervisee (e.g. a nurse supervising a doctor).
Ar	14. e there any other ways that the Board can support supervisees, supervisors and employers involved in the pervised practice arrangement?
	By utilising technology such as video-conferencing to allow flexibility for those in rural and remote areas. A health professional under the same board should be the primary supervisor for the person requiring supervision, perhaps under extenuating circumstances a secondary supervisor (of a different board) may be physically present.
	15. there anything else the Board should consider in its proposal to adopt the framework and supporting cuments, such as impacts on workforce or access to health services?
Q [,]	16. Do you have any other comments on the proposed framework and/or supporting documents?
	As it stands, this proposed framework could be dangerous and expose health professionals to risks that should be avoidable by utilising appropriate supervision structure by a health profession of the same training (i.e. under the same board)
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Q24.

Thanks!

Thank you for participating in the consultation.

Your answers will be used by the National Boards and AHPRA to improve the proposed framework and supporting documents.