

Supervised practice arrangements

for specialist international
medical graduates on the
Expedited Specialist pathway

June 2025

Information sheet

Background

The Board's *Supervised practice framework* (the framework) applies to medical practitioners who are granted specialist registration and are required to complete a period of supervised practice. It outlines the principles that underpin supervised practice, the available levels of supervised practice and the Medical Board of Australia's expectations of supervisees, supervisors and employers. It also sets out Ahpra and the National Boards' compliance processes and outlines how medical practitioners can effectively comply with supervised practice requirements.

Specialist international medical graduates (SIMGs) eligible for the Expedited Specialist pathway, who have not completed the required period of supervised practice, may be granted specialist registration with conditions that allow them to meet this requirement.

This information sheet offers guidance to SIMGs on the Expedited Specialist pathway who need to prepare a *Supervised practice plan – SPPA-00* for the Board to consider. It outlines the requirements for supervised practice and sets out the factors the Board considers when deciding whether to approve an SIMG's nominated supervised practice arrangement.

Developing a supervised practice arrangement

SIMGs who are eligible for the Expedited Specialist pathway can propose a supervised practice arrangement either when they apply for specialist registration or after they've been granted specialist registration. This can be done by using the *Supervised practice plan – SPPA-00* form.

A supervised practice arrangement refers to all the Board-approved elements of supervised practice: the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan or included in a condition or undertaking.

The Board considers each proposed supervised practice arrangement individually and approves arrangements that it considers safe and fair.

The Board considers a number of factors when deciding a proposed supervised practice arrangement, including:

Position

The six-month period of supervised practice is designed to confirm that an individual is competent and safe to practise as a specialist in their specialty field of practice in Australia. SIMGs on the Expedited Specialist pathway therefore need a specialist-level position, in the specialty, with appropriate supervision to ensure that their competence is assessed at the necessary level.

Nominated supervisor(s)

Supervisors must meet the requirements outlined in the *Supervised practice framework*. Additional requirements that apply specifically to supervisors of SIMGs on the Expedited Specialist pathway are set out in section 6 of the Board's *Policy: Supervised practice requirements for specialist registration*¹ and require that supervisors:

- must be specialists who hold specialist registration in the same specialty field as the SIMG
- must have practised in Australia for a minimum of 12 months full-time equivalent experience as a specialist in Australia with specialist registration
- can show that they have the demonstrated skills and competency to supervise specialists on this pathway, and
- must not be subject to supervised practice or hold registration that is subject to conditions or undertakings that would impact on their ability to effectively provide supervision.

Supervisors play a critical role in supporting SIMGs on the Expedited Specialist pathway by assessing their competence and ensuring they are safe to practise the specialty in Australia. Nominated supervisors must be able to comply with the responsibilities outlined in Appendix 3 of the framework and be able to complete the assessments outlined in section 5.1 of the Board's *Policy: Supervised practice requirements for specialist registration*.

¹ The Policy: Supervised practice requirements for specialist registration is available on the [Board's website](#)

A supervisor must be able to give an independent report of supervised practice results. They must also be willing to report to Ahpra if an SIMG's practice places the public at risk, or if an SIMG is not compliant with the supervised practice arrangement. Any actual or perceived conflicts of interest that may undermine the supervisor's role must be declared as part of the *Supervised practice plan – SPPA-00*. Disclosure of an actual or perceived conflict of interest does not necessarily mean that the supervisory relationship will not be accepted.

The Board will not normally allow a supervisor (primary supervisor, alternate supervisors) to have direct supervisory responsibility for more than four doctors. This total includes IMGs with limited or provisional registration, as well as SIMGs on the Expedited Specialist pathway. Prospective supervisors who are applying to supervise more than four doctors must provide a proposal for the Board to consider, which details how they will safely supervise each registrant.

Supervised practice level

To ensure that SIMGs on the Expedited Specialist pathway are appropriately supported as they start work in a new healthcare system, the Board requires them to be supervised closely (Indirect 2) for a minimum of three months full-time equivalent before progressing to remote supervision².

Not all supervision levels in the *Supervised Practice framework* apply to SIMGs on the Expedited Specialist pathway, given these SIMGs are highly qualified and are not trainees. SIMGs on the Expedited Specialist pathway may not be required to progress sequentially from one level to the next. Some supervisees may stay at the same level of supervised practice for the whole six-month supervision period. Others may nominate to progress to the next level after they have completed three months of satisfactory supervised practice. This will largely depend on the position and availability of the supervisor.

The Board will generally only approve remote supervision after a period of closer supervision has been successfully completed. Generally, SIMGs on the Expedited Specialist pathway can progress from Indirect 2 supervision after three months to remote supervision for the remaining period.

Workplace and/or employment arrangements

The Board does not regulate where SIMGs on the Expedited Specialist pathway work. However, other legislative restrictions, such as the 10-year moratorium, may affect where SIMGs work. We encourage SIMGs to familiarise themselves with these restrictions.

SIMGs can nominate to work in rural and regional settings, satellite sites and undertake after-hours work if appropriate supervision is available. The same principles of supervision apply both in and after hours. If supervised practice needs to be carried out across multiple sites, all sites need to be included in the supervised practice plan.

Individual employment arrangements, such as whether the SIMG is a permanent employee, contractor, or working on a full-time or part-time basis, are not relevant to the Board when it considers the SIMG's proposed supervised practice arrangement.

Other requirements from a condition or in a registration standard

SIMGs on the Expedited Specialist pathway must complete six months of supervised practice, a Board-approved orientation to the Australian healthcare system and Board-approved cultural safety education.

The Board also requires formal assessments during the period of supervised practice. These are usually specified in a condition on the SIMG's specialist registration and generally include a requirement for:

- supervised practice reports
- a multisource feedback assessment, and
- a minimum of one other assessment type (mini-clinical evaluation exercise (Mini-CEX), direct observation of procedural skills (DOPS) or case-based discussion (CBD)).

The supervised practice plan must describe how the proposed supervised practice arrangement will meet these requirements. SIMGs should also submit a completed attachment *Section G: Supervised practice goals and activities*, which is available on the [Board's website](#).

2 The four supervision levels as described in the framework are at Appendix A for reference.

Unsuitable supervised practice arrangements

A proposed supervised practice arrangement may be considered unsuitable for reasons including:

- the proposed position does not meet the requirements of the Expedited Specialist pathway, e.g., it will not allow for the SIMG to be assessed at the required specialist level
- the supervised practice plan is missing information or is not detailed, e.g., does not address the requirements stated in a condition or registration standard
- the frequency or details of reporting are inadequate
- the nominated supervisor(s) does not meet supervisor requirements, e.g., they do not have the relevant registration, experience, or they have conditions on their registration that impact on their ability to supervise
- there is an actual or perceived conflict of interest that the Board considers will undermine the supervisor's role
- the frequency of the discussions and meetings between the supervisee and supervisor is inadequate, or
- the Board requires further information.

If the Board does not approve a supervised practice arrangement, Ahpra staff will provide feedback to the supervisee and/or the supervisor. An SIMG cannot commence work until the Board has approved supervised practice arrangements.

More information

More information about supervised practice requirements for specialist registration is available on the [Board's website](#).

Appendix A

Detailed description of the levels of supervised practice (as per the framework)

Level of supervised practice	Description of supervised practice level
Direct <i>Supervisor physically present at all times to observe the supervisee</i>	<p>The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be physically present to observe the provision of care by the supervisee. • The supervisor must be able to intervene in the giving of clinical care if needed. • Supervised practice via teleconference or other means of telecommunication is not permitted. • The supervisee must consult with the supervisor about the management of each patient before care is given.
Indirect 1 (present) <i>Supervisor physically present at the workplace</i>	<p>The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with the supervisor who is always physically present in the workplace or practice environment and available to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, including when care is being given, and/or • performance of the supervisee. <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be physically present at the workplace when the supervisee is providing clinical care. • The supervisee must inform the supervisor when they have concerns, and at agreed intervals, about the management of each patient. This may be after the care has been given. • The supervisor, or someone nominated by the supervisor, needs to be able to intervene in the giving of clinical care if required.

Level of supervised practice	Description of supervised practice level
<p>Indirect 2 (accessible) <i>Supervisor is accessible by phone or other means and available to physically attend the workplace</i></p>	<p>The supervisee takes primary responsibility for their practice and the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor who is accessible by telephone, video conference or other means of telecommunication and available to attend the workplace or practice environment to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • If not physically present at the workplace, the supervisor needs to be available by phone or other means of telecommunication at all times. • The supervisor must be able to attend the supervisee's workplace if needed. • The supervisor must be able to monitor if the supervisee is practising safely including in instances when the supervisee is working after-hours or on call. • The supervisee and supervisor must conduct regular case reviews. • The supervisee is permitted to work independently, provided the supervisor is readily contactable by telephone or other means of telecommunication such as videoconference.
<p>Remote <i>Supervisor is not present at the workplace</i></p>	<p>The supervisee takes primary responsibility for their practice including the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor, who is accessible by telephone, video conference or other means of telecommunication at agreed intervals and as necessary about the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be available by phone or other means of telecommunication for case review or consultation if the supervisee requires assistance. • The supervisor and supervisee must conduct regular case reviews.