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

Australian Health Practitioner Regulation Agency

# Public consultation

## Proposed *Supervised practice framework* and supporting documents

### General information about your submission

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|---|---|
| **Name of your organisation/body** | Paramedicine Accreditation Committee |
| **Name of a contact person** (if we need further information)<br><br>**Phone number**<br><br>**Email** | [redacted]<br><br>[redacted]<br><br>[redacted] |

### Public consultation questions

The Boards are inviting feedback on the following questions and the Paramedicine Accreditation Committee (the Committee) provides their responses below.

| 1. How helpful and clear is the content and structure of the proposed framework? Please explain your answer. |
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| The Committee noted the following content was clear in the proposed framework:<br><br>• the purpose, scope and principles outlined in the framework<br>• the framework identifies the target audience (page three)<br>• the risk stratification (page five), and<br>• the use of an individual approach to identifying risk to public safety and the tailoring of supervision based on this risk assessment is appropriate.<br><br>The Committee suggests that the responsibility for establishing the level of risk and the supervisory parameters may benefit from more specific information. |

| 2. Is the meaning of ‘consult’ clear for the purposes of the supervised practice levels? Why or why not? |
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| The Committee found the meaning of the term “consult” is clear for the purposes of the supervised practice levels.<br><br>The Committee noted the application of a model of consultation may be complicated with a geographically dispersed workforce such as paramedicine. Consultation is feasible and appropriate where there is direct supervision. Other forms of consultation such as Indirect 1 infer that the supervisor is “physically present in the workplace” during consultation. The term “workplace” is nebulous in many paramedic practice settings and may include situations where supervisor and supervisee are in very different geographical locations. |

| 3. Is there any content that needs to be changed, added or removed in the proposed framework and/or supporting documents? If so, please provide details. |
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| **Section 5 Levels** - the Committee suggests clarifying who determines the level of supervision (e.g. Board, panel/tribunal). |

| 4. Are there any other ways that the Board can support supervisees, supervisors and employers involved in the supervised practice arrangement? |
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| The Committee noted in the draft framework and fact sheets for supervisees and supervisors that the Board may appoint a supervisor, or that the supervisee may be required to identify a supervisor who meets the conditions for this role and that this nomination is then submitted to the Board for approval. The Committee also noted that in exceptional circumstances, the National Board may agree to approve a supervisor registered with another Board (e.g. practitioners in remote and rural areas). One common framework would support this type of cross-professional arrangement.<br><br>The Committee suggests:<br><br>• including some clarity around recruitment and appointment of supervisors<br>• clarification on when or if the employer is involved in the process (e.g. nominating appropriate supervisors)<br>• clarification on qualifications of supervisors – is this referring to only clinical qualifications or does it also include supervisory qualifications, and<br>• clarification on who pays for the supervisory practice. |

| 5. Is there anything else the Board should consider in its proposal to adopt the framework and supporting documents, such as impacts on workforce or access to health services? |
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| **Section 6. National Board expectations of supervisors, supervisees and employers** (page 8)<br>The Committee noted that the Board’s expectations of supervisors may cause operational challenges for ambulance services and other providers of paramedic services. For example, if an appointed supervisor is unable to commence a shift with a supervisee due to illness or other operational reasons, there is a risk to operational availability if another approved supervisor cannot be allocated at short notice. At a regional ambulance station it may mean that all other staff (i.e. 4-6 paramedics) would have to share supervision responsibilities for this to be practical. This may be an issue in remote areas of practice and may leave communities without paramedic services. |

| 6. Do you have any other comments on the proposed framework and/or supporting documents? |
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| **Section 6. National Board expectations of supervisors, supervisees and employers**<br>The Committee noted that "Supervisors should hold general registration as a paramedic or be otherwise suitably competent to supervise paramedic practice."<br><br>**Fact Sheet – Information for supervisees**<br>The Committee noted the proposal in section 6 of the framework for paramedics interim document (located on pg.7, expectations) that '"Supervisors should hold general registration as a paramedic ***or be otherwise suitably competent to supervise paramedic practice***."The Committee notes a definition of 'suitably competent' may be required – it is possible that it may currently be read that supervisor does not require national registration and may therefore not be bound by reporting obligations outlined in the National Law. Furthermore, it also seems in conflict with the requirement outlined in section 6 of the draft framework that *"Supervisors must hold general and/or specialist registration (where applicable and of the appropriate type) with a National Board."* (p. 8)<br><br>The Committee noted that given the nature of paramedic practice it appears that only direct supervision is feasible despite the level of assessed risk. Furthermore, the levels of supervision appear to be predicated on the delivery of health care in an institutional setting, as the other levels describe supervision in the "workplace", which suggests a known physical location. The "remote" category represents minimal supervision and potentially no direct supervision. The Committee notes that it may be difficult to quantify a level of risk in the paramedic practice environment where this would be appropriate, as it again infers managed caseload in a more predictable clinical environment. |