

Q1. 

Q2.

## Supervised practice framework: public consultation

### Introduction

National Boards (excluding Pharmacy and Psychology) and the Australian Health Practitioner Regulation Agency (AHPRA) are seeking feedback about the proposed *Supervised practice framework* (framework).

**Please ensure you have read the [public consultation papers](#) before taking this survey, as the questions are specific to the proposed framework and supporting documents.**

Thank you for taking this short survey.

Q26.

## Privacy

Your responses will be anonymous unless you choose to provide your name and/or the name of your organisation.

### Privacy notice

This consultation is being conducted by AHPRA and is hosted on a third-party website, provided by Qualtrics. The information collected will be used by AHPRA to evaluate the proposed framework. The information will be handled in accordance with the privacy policies of AHPRA accessible [here](#) and Qualtrics [here](#).

Q45.

## Contact details

We may contact you about your response.  
Please write your name and contact details.

**(Skip if you wish to be anonymous)**

Q28.

## Publication of responses

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

websites to encourage discussion and inform the community and stakeholders.

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 These responses will not be published.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

### Q3. About your responses

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

- Yes (please write the name of organisation)
- No

Q35. Which of the following best describes your organisation?

*This question was not displayed to the respondent.*

Q4.

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)
- Other

Q5.  
Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer.

*This question was not displayed to the respondent.*

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.

I believe the proposed framework could be improved for the following reasons: As a health care consumer holding a training and assessment qualification, I find it odd that the health profession registration boards listed by the Australian Health Practitioner Regulation Agency (AHPRA) have not set a minimum formal qualification for supervisors tasked with training and assessing the competency of practitioners seeking initial registration or re-registration. In its present form, the proposed supervision framework sets no uniform benchmark on which to base the assessment of key elements to be addressed in structured performance criteria applied to differing levels of supervision. Perhaps consideration should be given to providing appendices to address criteria required to meet professional competency standards that set specific and explicit benchmarks for the health professions. The registration boards and/or AHPRA may wish to look to Australia's Vocational Education Training (VET) system for a more workable and safer way forward. The VET system mandates that trainers, assessors and auditors of nationally-recognised courses and qualifications hold, as a minimum, a Certificate IV in Training and Assessment or a Diploma of Education plus at least three years' experience in the field of training being taught. These arrangements ensure that all training conducted within the VET system complies with an auditable framework aimed at maintaining high standards demanded by the national VET regulator, the Australian Skills Quality Authority (ASQA) and by industry. If the registration boards and/or AHPRA are serious about protecting the health and safety of the public, I believe it is essential that supervisors tasked with training and assessing the competency of health care professionals should possess: 1. Endorsed qualification(s) in their health profession; 2. Extensive experience in their health profession; and 3. Formal qualification(s) in training and assessment. To ensure practitioners meet professional public health and safety standards, possession of a training and assessment qualification would ensure that supervisors are capable of applying equally a uniform standard of training and assessment across all registration and re-registration decisions instead of relying on loose standards based on each supervisor's experience and/or personal preferences for the way in which they administer health care.

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?

The word 'consult' is appropriate in this context.

Q13.

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.

See earlier comments about the need for supervisors to hold a training and assessment qualification and for practitioners to comply with appropriate assessment criteria - not just be judged on the basis of performing tasks..

Q14.

Are there any other ways that the Board can support supervisees, supervisors and employers involved in the supervised practice arrangement?

Patient's will have a right to know that the health care practitioner treating them is under supervision. How will this be done? Through informed consent processes or some other means? This issue needs to be addressed because some patients may feel uncomfortable about being treated in a supervised environment. Also the supervision arrangements could hamper professional indemnity insurance requirements.

Q15.

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?

Please refer to previous comments.

Q16. Do you have any other comments on the proposed framework and/or supporting documents?

Protection of the health and safety of health care consumers and the general public must, as always, be the primary objective.

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.

