



Consultation on the review of the Supervised practice framework

June 2025

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The National Boards and Ahpra acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past and present.

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About this consultation

Ahpra and National Boards want to make it simpler, quicker and cheaper for internationally qualified health practitioners to work in Australia.

This work comes from the [Independent review of Australia's regulatory settings relating to overseas health practitioners](#), led by Ms Robyn Kruk AO (the Kruk review) that was handed down in December 2023. The Kruk review was endorsed by National Cabinet and made 28 recommendations.

One of the recommendations relates to supervised practice and has been referred to Ahpra and National Board's for implementation. Reviewing the framework, including this consultation is part of that work.

Background to the Supervised practice framework

The [Supervised practice framework](#) (the framework) aims to create a consistent, responsive and risk-based multi-profession approach to supervised practice. The framework supports consistency in processes and decision making and helps supervisees, supervisors and employers understand what is expected of them. The framework outlines the National Boards' expectations, gives guidance on how to comply and explains what is necessary to effectively carry out supervised practice.

Supervised practice reassures the community, National Boards and Ahpra that a registered health practitioner whose practice is being supervised (the supervisee) is safe and competent to practise and is not putting the public at risk. Fourteen National Boards¹ use the framework for supervised practice and four National Boards² use profession-specific guidelines or registration standards for supervised practice for specific types of registrants, interns, or trainees.

What are we consulting on?

We are asking how the framework is working and how it could be improved. We are seeking feedback on what's working well and if there are improvements or updates that could be made.

We want your feedback

We want to hear from you about **your experience with the framework** and any benefits or **suggested changes to improve the current framework**. We have some specific questions for you about the framework, along with an opportunity for general comment.

How to have your say

Consultation opens on 2 June 2025 and closes on 31 July 2025 at 5pm (AEST).

Online or email

You can provide your feedback using our [online form](#).

Or, you can provide feedback using the submission template (Word or PDF form) and emailing it to us at KrukSPELS@ahpra.gov.au.

The questions we are asking can be found on page 14 of this document. They are the same questions in the online form and the submission template.

Join a focus group

We are holding focus groups about supervision and are seeking expressions of interest from people to join.

The focus group will seek feedback on the framework, employing practitioners under supervision, and being a supervisor or supervisee. We would like to hear from:

- employers of health practitioners
- supervisors, or
- supervisees (both domestic and internationally qualified health practitioners).

If you would like to be considered for a focus group, please complete this [online application form](#).

Publishing submissions

We publish submissions at our discretion. We generally [publish submissions to our website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

1 Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Physiotherapy, and Podiatry.

2 Medicine, Paramedicine, Pharmacy, and Psychology.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject to the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or organisations that made the submission unless confidentiality is expressly requested.

Next steps

Your feedback will form part of the consideration of possible changes to the framework.

Consultation paper

Who we are and what we do

1. The Australian Health Practitioner Regulation Agency (Ahpra) and National Boards work together to achieve the objectives of the National Registration and Accreditation Scheme (National Scheme) to ensure the community has access to a safe health workforce. Ahpra regulates 16 health professions to protect the public as the priority of the National scheme.
2. One way we keep the public safe is by creating standards, codes, and guidelines for the regulated health professions to ensure they have the necessary skill and qualifications to practise. Every decision Ahpra makes is guided by the Health Practitioner Regulation National Law, as in force in each state and territory ([the National Law](#)).
3. The National Boards carry out regular reviews of their regulatory tools (e.g. standards, codes, and guidelines) to ensure they stay relevant and effective in a dynamic regulatory environment and align with other National Boards, where possible.

About this consultation

4. In December 2023, the final report of the [Independent review of Australia's regulatory settings relating to overseas health practitioners](#), led by Ms Robyn Kruk AO (the Kruk review), was endorsed by National Cabinet. The Kruk review made 28 recommendations to streamline regulatory settings to make it simpler, quicker and cheaper for internationally qualified health practitioners to work in Australia. Recommendation 15 from the Kruk review states:

'Supervision requirements to focus on the minimum required to build the capability of the health practitioner to deliver safe and quality health services in the Australian healthcare setting, recognising that supervisory resources are scarce. Innovative solutions, including a review of the current Ahpra supervised practice framework, expansion of remote supervision models and online cultural competency and Australian health system training to be considered.'
5. As part of Kruk recommendation 15, the National Boards and Ahpra are exploring how the framework is working and any opportunities for improvement.

Supervised practice in the National Scheme

Statutory powers

6. National Boards can require a practitioner to carry out a period of supervised practice. National Boards may do this as part of their role in making decisions about applications for registration, complaints or concerns about registered practitioners (we call these notifications) or setting requirements for registration types such as limited registration.
7. Registration standards developed by the National Boards and approved by the Ministerial Council describe other situations when supervised practice may be required. Registration standards for provisional or limited registration often require supervised practice. Other core registration standards, for instance the respective National Boards' *Recency of practice registration standard* and the Pharmacy Board's *Registration standard: supervised practice arrangement*, may indicate that supervised practice may be required when an individual applying for registration or renewal does not meet the minimum requirements for recency of practice.

What is supervised practice?

8. Supervised practice in this context refers to supervision as outlined in the National Boards and Ahpra's Supervised practice framework (the framework) which is a responsive and risk-based approach to supervised practice across the National Scheme.
9. Supervised practice is defined in the framework as:

'a mechanism to give the National Board 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'.
10. Currently, there are four levels of supervised practice within the framework, which are used based on risk:
 - Direct: supervisor physically present at all times to observe the supervisee
 - Indirect 1 (present): supervisor physically present at the workplace
 - Indirect 2 (accessible): supervisor is accessible by phone or other means and available to physically attend the workplace
 - Remote: supervisor is not present at the workplace

11. Supervised practice reassures the community, National Boards and Ahpra that a registered health practitioner whose practice is being supervised (the supervisee) is safe and competent to practise and is not putting the public at risk.

Current supervised practice guidelines and a multi-profession approach

12. Following targeted and public consultations in 2018 and 2019, the framework (Appendix 1) was released in February 2022, to create a consistent, responsive and risk based multi-profession approach to supervised practice. The framework supports consistency in processes and decision making and helps supervisees, supervisors and employers understand what is expected of them. The framework outlines the relevant National Boards' expectations, gives guidance on how to comply and explains what is necessary to effectively carry out supervised practice.
13. Fourteen National Boards currently use the framework for supervised practice, with four National Boards using profession-specific guidelines or registration standards for supervised practice for specific types of registrants, interns, or trainees. The requirements for supervised practice for the National Boards are set out in **Table 1** below.

Table 1. The requirements for supervised practice for the National Boards

National Board	Supervised practice arrangements	Date of implementation
<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health Practice • Chinese Medicine • Chiropractic • Dental • Medical Radiation Practice • Nursing and Midwifery • Occupational Therapy • Optometry • Osteopathy • Physiotherapy • Podiatry* 	Supervised practice framework	1 February 2022
Medical	Supervised practice framework for medical practitioners with 'general' or 'specialist' registration when supervised practice is required: <ul style="list-style-type: none"> • to meet registration requirements (e.g. recency of practice) • as part of a Board imposed condition or undertaking. 	1 February 2022
	<i>Supervised practice framework is not for:</i> <ul style="list-style-type: none"> • international medical graduates (IMGs) – Guidelines: Supervised practice for IMGs • interns • vocational (specialist) trainee – specialist medical colleges provide information for supervision requirements. 	<ul style="list-style-type: none"> • 4 January 2016 • December 2013

Paramedicine	Supervised practice framework for practitioners completing supervised practice with a 'non-Authorised body'.	1 February 2022
	<p><i>Supervised practice framework</i> is not for practitioners completing supervised practice with an 'Authorised body' who:</p> <ul style="list-style-type: none"> • have a Board-specific 'supervised practice' condition on their registration • do not meet recency of practice. <p>Fact sheet - supervised practice with an authorised body (for paramedics employed by an authorised body and do not meet recency of practice).</p>	4 December 2020
Pharmacy	Supervised practice framework for practitioners with general registration (with conditions) – have supervised practice imposed because of health, conduct or performance concerns.	TBC – first half of 2025
	<p>Registration standard: supervised practice arrangements for:</p> <ul style="list-style-type: none"> • individuals who hold 'provisional' or 'limited' registration and are required to complete supervised practice to be eligible for 'general' registration • individuals who are required to complete a period of supervised practice in accordance with the requirements specified in the Board's registration standard under 'recency of practice'. 	1 December 2015
Psychology	Guidelines – 4+2 internship program	1 June 2017 to 30 November 2025
	Guidelines – 4+2 internship program	1 December 2025
	Guidelines – 5+1 internship program	16 December 2013
	Guidelines – transitional programs for overseas qualified applicants	10 April 2017
	Guidelines – area of practice endorsement	1 December 2019
	Policy – recency of practice	1 December 2016
	Guidelines – for supervisors	1 August 2018

*Except practitioners seeking their endorsement for scheduled medicines

Supervised practice framework (2022) – the current framework

14. The framework applies to most uses of supervised practice across the registration and notification functions under the National Law and the relevant registration standards. This includes supervised practice used:
 - when the type of registration requires supervised practice (e.g. limited registration) (some National Boards)
 - when the minimum recency of practice requirements are not met (return to practice after an extended period of time or change of field/scope for some National Boards)
 - to meet the eligibility requirements for general registration or endorsement (some National Boards), and/or
 - as part of the notification process (immediate action, relevant action, panel decision or tribunal decision) (all National Boards except the Psychology Board).
15. The current framework describes the foundations underpinning any supervised practice (except in circumstances where National Boards have profession-specific supervised practice arrangements in place), from the decision that a period of supervised practice is required to the end of this period. This includes the decision-making process, the implementation and the monitoring of the supervised practice. The main objectives of the framework are to support:
 - practitioners required to carry out a period of supervised practice (supervisees), practitioners agreeing to supervise (supervisors) and employers,
 - decision-makers (National Boards, performance and professional standards panel, health panel and potentially tribunals), and
 - Ahpra staff assessing applications for registration/renewal or dealing with notification matters.
16. The current framework was developed considering the National Law's guiding principles and the regulatory principles for the National Scheme, including:
 - protecting the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
 - aiding access to services provided by registered health practitioners in accordance with the public interest
 - assessing and responding appropriately to the risks associated with an applicant or the practice of a registered practitioner, and
 - using the minimum regulatory force appropriate to manage the risks.

Risk-based approach

17. The National Boards use a risk-based approach to supervised practice by considering specific risk factors (e.g. previous experience or proposed practice settings) to inform on a case-by-case basis the:
 - level of supervised practice required for an applicant/registrant
 - need for a detailed supervised practice plan
 - frequency of reporting
 - number of years of experience of the supervisor
 - frequency of the discussions and meetings between the supervisee and supervisor
 - progression from one level to another (where relevant), and
 - details of the reporting.

As such, the National Boards ensure supervised practice requirements are proportional to the identified risks associated with individual circumstances.

18. As part of the risk assessment, the National Boards determine the level of experience that a supervisor needs to be approved to supervise. This allows for greater flexibility for practitioners seeking a supervisor, including in rural and remote areas.
19. Through a robust risk assessment, the National Boards continue to ensure that any action about practitioners is informed, consistent, fair and reasonable. With a strong risk-based approach, the National Boards continue to ensure the protection of the public.

Clarity and workability

20. The current framework describes the principles underpinning supervised practice, the structure of the supervised practice, and the requirements of supervisees, supervisors and employers.
21. The framework and supporting documents aim to provide clarity and readability of the content. Information has been arranged to help each practitioner carrying out supervised practice find the relevant information they need to know, as easily as possible, including the:
 - description of each level of supervised practice and the differences between the four levels

- role and responsibilities of the supervisee who is ultimately responsible to meet any requirements set out in a supervised practice arrangement
- role and responsibility of the supervisor who helps the National Board meet its objective of public protection, with more clarity about the:
 - requirements to be approved by the National Board as a supervisor, and
 - role and responsibilities of the supervisor, once approved by the National Board.
- National Board's expectations of employers in understanding supervised practice and giving supervisees an opportunity to practise under supervision and/or allowing a supervisor to supervise another health practitioner.

22. The current framework clearly states that patient care provided within supervised practice must be paramount, safe and of high quality.

23. National Boards and Ahpra are now reviewing the framework and wish to understand how the framework is working and explore opportunities for improvement.

Possible improvements to the current framework

24. Suggested areas for improvement with the current framework include:

- Developing extra supporting materials to include videos or visual aids (e.g. flow charts) of how to use the framework, complete the supporting documentation and the obligations and responsibilities of supervisors.
- When system capability allows, creating a digital supervised practice platform (e.g. an online portal that supervisors, supervisees, National Boards, and Ahpra can access documentation and input information related to a practitioner's supervised practice).
- Increasing the standardisation for multi-profession assessments that supervisors are required to use.
- Exploring the option for interprofessional supervision (where it is safe and appropriate).
- Reducing repetition within the framework, including:
 - definitions of 'What is supervised practice?'
 - when the framework does not apply (and provide a link to additional content listed on relevant National Boards' websites), and
 - information that is duplicated within the body of the framework and appendices.
- Reducing the length of the:
 - framework (including appendices) which is currently 30 pages to make it simpler for the public to understand and navigate, and
 - employer appendix.
- Improving the clarity of:
 - how information is presented for supervisees, supervisors and employers
 - the difference between the framework, information provided to support the use of the framework, and the inherent requirements of a practitioner under supervision
 - information for practitioners returning to practice who don't meet the Recency of practice registration standard, regarding the level of supervision that may be required
 - the Supervision guidelines, their purpose and how they fit within the context of the framework
 - terminology (e.g. 'consultation frequency', 'report', 'change of circumstances'), and
 - the different requirements related to the purpose of supervision.
- Improving the navigation:
 - within the framework, to make it easier to follow, particularly for the supervisee, and
 - to supporting documentation – where it can be found and which documents may need to be completed.
- Providing examples, including:
 - profession specific examples regarding the levels of supervision, number of hours to be completed at each level, where progression is needed through all levels, what documents need to be completed and by when, to provide practitioners with clarity and expectations of what supervised practice arrangements may involve, and
 - of completed documentation so supervisors and supervisees know and understand the level of detail required.

Ongoing work to support supervised practice

25. National Boards together with Ahpra are working on the following pieces of work that support supervised practice within the National Scheme:
- Supervised practice: a review of guidelines, registration standards, and factsheets for National Boards that have profession-specific supervised practice arrangements.
 - Supervised practice: develop a proposal to carry out a supervised practice innovation pilot.

Options statement

26. The National Boards are considering the following options for potential updates to the *Supervised practice framework* based on the feedback from the consultation.

Option one – maintain the status quo

27. Option one is to continue with the existing framework in its current structure and format.

Option two – update the Supervised practice framework

28. Option two would involve the National Boards considering and adopting (where feasible) public consultation feedback on improvements to the current framework.
29. Any implemented changes will aim to strengthen the support for supervisees, supervisors and employers on supervised practice within the National scheme.
30. Possible updates to the current framework could include, but are not limited to:
- Developing supporting resources such as videos or visual aids of how to use and interact with the framework.
 - When system capabilities allow, creating a digital platform for supervised practice paperwork and processes.
 - Increasing the standardisation for multi-profession assessments that supervisors are required to use.
 - Exploring the option for interprofessional supervision (where it is safe and appropriate).
 - Reducing repetition, length and improve clarity within the framework.
 - Providing profession-specific examples (where possible).

Preferred option

31. The National Boards prefer option two as indicated in the Kruk review.
32. The extent of any changes will depend on the feedback received during the consultation.

Issues for discussion

Potential benefits and costs of the proposed option

33. Although the consultation paper only identifies general areas for improvement rather than specific changes to the framework, it includes some early analysis of the costs and benefits of updating the framework for stakeholder feedback.
34. The benefits of updating the current framework include:
- Checking that the framework is operating flexibly as intended and facilitates minimum requirements for safe supervised practice.
 - Exploring greater flexibility, potentially reducing pressure on supervisors and supervisees, and enabling greater access to healthcare.
 - Considering the opinions of multiple users of the framework.
 - Standardising the assessment of competency/capability standards.
 - Improving the clarity, length and reducing repetition within the framework.
 - Improving the health workforce.
 - Supporting the Kruk review recommendations.
35. Noting that the preferred option does not include substantial changes but possible updates to the current framework, no significant costs have been identified. However, there may be some costs associated with the preferred option, such as:
- registrants, applicants, other stakeholders, Ahpra and National Boards will need to become familiar with any recommended improvements to the current framework, and
 - Ahpra and the National Boards may need to develop fact sheets and templates to support the updates to the current framework.

Estimated effects of the updated framework

36. We anticipate there will be minor direct impacts on other practitioners, business and other stakeholders. These impacts will be familiarisation with any updates to the framework which will be addressed by media releases and the development of facts sheets and templates as appropriate.
37. National Boards will monitor the implementation of the updated framework to ensure its relevance and effectiveness over time. The flexibility of the framework allows for adjustments and responsiveness.
38. Public consultation will help ensure that any unintended consequences are identified and addressed.

Relevant sections of the National Law

39. Part 5, Part 7 and Part 8 of the [National Law](#).

Questions for consideration

40. The National Boards and Ahpra are consulting to gain feedback on the current *Supervised practice framework* (the framework). In addition to general feedback, we are interested in responses to what is working well and suggested changes to improve the current framework. An [online survey](#) is available for you to provide your responses to the questions below. A response template is also available (Attachment A - Word or PDF form).
 1. Which option do you support? Option one (maintain the status quo) or option two (update the Supervised practice framework)? Please provide details.
 2. What is your experience with the framework? What parts of the framework are working well? Please provide details.
 3. Could the framework be improved or simplified? Please provide details.
 4. The intention of the framework was to allow individual flexibility regarding the levels of supervision and changes to supervisors/supervision levels or practice settings depending on the circumstances of the supervisee.
Do you believe the framework is working as it was intended? Why/why not?
 5. Currently, there are four levels of supervision – Direct, Indirect 1 (present), Indirect 2 (accessible), and Remote (please refer to page 8 of the current framework).
Are all four supervision levels working effectively to keep the public safe?
 6. Under the current framework, remote supervision (via phone or teleconferencing) is not available for Direct or Indirect 1 (present) supervision levels. Can practitioners complete supervised practice and be supported via remote supervision, including those located in rural and remote areas who are required to complete Direct and/or Indirect 1 (present) supervision, whilst also ensuring safe practice?
 7. Section 6 of the framework and appendices 2, 3 and 5, provide information and describes the National Board expectations of supervisees, supervisors, and employers.
Is the framework and its appendices clear in the information for and expectations of supervisees, supervisors and employers? Why/why not? If not, what would improve this information?
 8. How well does the framework and supporting documentation (e.g. the supervised practice plan) contribute to protecting patients and ensuring public safety? Please provide details.
 9. Have you received any feedback from patients and consumers about their experience of practitioners who are under supervised practice? If yes, please provide details.
 10. Please provide any other comments or feedback on the framework, processes, supporting documentation or experience of supervised practice.

Tell us more at a focus group

We are seeking expressions of interest for people to join a focus group about supervision under the National Scheme. The focus group will seek your feedback on the *Supervised practice framework*, employing practitioners under supervision and being a supervisor or supervisee.

We would love to hear from:

- employers of health practitioners
- supervisors, or
- supervisees (both domestic and internationally qualified health practitioners).

If you would like to be considered for a focus group, please complete this [online application form](#).

Next steps

The National Boards and Ahpra will review and consider all feedback from this consultation before making decisions about any proposed updates to the *Supervised practice framework* and supporting documents.

Appendices

Appendix 1. Supervised practice framework (2022)

Appendix 2. Supervised practice framework statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

Appendix 3. National Boards Patient and Consumer Health and Safety Impact Statement

Attachments

Attachment A. Response template

Attachment B. Quick guide to the Supervised practice framework public consultation



Supervised practice framework

1 February 2022

Appendix 2. Supervised practice framework statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

Public consultation on the review of the Supervised practice framework

The Australian Health Practitioner Regulation Agency (Ahpra) *Procedures for the development of registration standards, codes and guidelines* (2023) is available on the [Ahpra Resources webpage](#).

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory ([the National Law](#)) requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

In December 2023, the final report of the [Independent review of Australia's regulatory settings relating to overseas health practitioners](#), led by Ms Robyn Kruk AO (the Kruk review), was endorsed by National Cabinet. The Kruk review made 28 recommendations to streamline regulatory settings to make it simpler, quicker and cheaper for internationally qualified health practitioners to work in Australia. Recommendation 15 from the Kruk review states:

'Supervision requirements to focus on the minimum required to build the capability of the health practitioner to deliver safe and quality health services in the Australian healthcare setting, recognising that supervisory resources are scarce. Innovative solutions, including a review of the current Ahpra supervised practice framework, expansion of remote supervision models and online cultural competency and Australian health system training to be considered.'

This recommendation has been referred to Ahpra and National Boards for implementation.

Background to the Supervised practice framework

Following targeted and public consultations in 2018 and 2019, the [Supervised practice framework](#) (the framework) was released in February 2022, to create a consistent, responsive and risk based multi-profession approach to supervised practice. The framework supports consistency in processes and decision making and helps supervisees, supervisors and employers understand what is expected of them. The framework outlines the relevant National Boards' expectations, gives guidance on how to comply and explains what is necessary to effectively carry out supervised practice.

Supervised practice reassures the community, National Boards and Ahpra that a registered health practitioner whose practice is being supervised (the supervisee) is safe and competent to practise and is not putting the public at risk.

Fourteen National Boards currently use the framework for supervised practice, with four National Boards (Medicine, Paramedicine, Pharmacy and Psychology) using profession-specific guidelines or registration standards for supervised practice for specific types of registrants, interns, or trainees.

What are we consulting on?

As part of Kruk recommendation 15 (review of the *Supervised practice framework*), the relevant National Boards and Ahpra wish to understand how the framework is working and explore opportunities for improvement.

We now have an opportunity to consider feedback on how the framework is working and any suggested improvements or updates to the current framework.

Below is the National Boards and Ahpra assessment of the public consultation on the review of the Supervised practice framework taking account the Ahpra procedures.

1. The proposal takes into account the paramount principle, objectives and guiding principles set out in the National Law (sections 3 and 3a) and draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health system

The National Boards and Ahpra consider that the proposal to review the *Supervised practice framework* (the framework) via public consultation meets the objectives and guiding principles of the National Law.

Reviewing the framework takes into account the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners by ensuring frameworks, guidelines, and registration standards applicable to health practitioners are regularly reviewed and updated as appropriate.

Any updates to the framework will need to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and facilitate the rigorous and responsive assessment of overseas-trained health practitioners.

The public consultation on the review of the framework also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way by allowing the public to provide feedback and contribute to continued improvement of the National Scheme's processes.

The National Boards and Ahpra have drawn from the available evidence to inform the review of the framework by considering the findings highlighted in the Kruk review and conducting a literature review to identify and examine international health regulators' minimum standards for supervised practice and compare them with the supervised practice requirements currently in place by National Boards.

2. Steps have been taken to achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies), and the consultation requirements of the National Law

The consultation on the review of the framework has been informed by Kruk recommendation 15 and follows the processes defined in the Strategy and Policy Directorate Policy Development Manual

The National Law requires wide-ranging consultation on the proposed standards, codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest.

Kruk project timeframes, combined with the focus of this consultation on identifying how the framework is working and suggestions for improvement and alignment, rather than proposing a set of changes, has led to the decision to go straight to public consultation. This approach is appropriate for an explorative consultation of this nature where wide-ranging feedback is sought to identify any required changes.

To ensure that there is the opportunity for broader public comment, an eight-week public consultation will occur. This includes publishing a consultation paper on the National Boards and Ahpra websites and informing health practitioners and the community of the review via the National Boards electronic newsletter and social media. Focus groups will also be held where employers of health practitioners, supervisors and supervisees (both domestic and internally qualified health practitioners) will be invited to participate to increase the depth of feedback received.

The National Boards and Ahpra will consider all feedback received when making recommendations for updating the current framework.

3. The proposal takes into account the principles set out in the Ahpra procedures

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public.

The National Boards and Ahpra have considered recommendations from the Kruk review and feedback from internal stakeholders who regularly use and engage with the framework when reviewing the current framework. As a result, National Boards and Ahpra are consulting on the following two options:

- Option one – maintain the status quo
- Option two – update the Supervised practice framework

The National Boards and Ahpra prefer option two as it provides an opportunity to review and improve and update the current framework procedures or supporting information, with the updated framework continuing to ensure protection of the public in an effective and efficient manner.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners.

The National Boards and Ahpra consider that their proposal is unlikely to restrict competition as any updates to the framework solely relates to supervised practice used for three regulatory purposes across the National Scheme:

1. as a registration requirement
2. to meet the National Board's eligibility or suitability requirements on application or renewal, and
3. because of a complaint or concern (a notification) about a registered health practitioner.

Any proposed updates to the framework maintain cross-profession consistency (where applicable) in the implementation of supervised practice across the National Scheme and is not expected to negatively affect the levels of competition among health practitioners.

C. Whether the proposal results in an unnecessary restriction of consumer choice.

The National Boards and Ahpra consider that their proposal will not result in any unnecessary restrictions of consumer choice as any updates to the framework would only apply to practitioners that are required to undertake supervised practice as part of a registration requirement, to meet the National Board's eligibility or suitability requirements on application or renewal, or because of a complaint. The framework provides assurance that only suitable and appropriate people hold the appropriate health practitioner registration and has the potential to improve a consumer's confidence that all registered health practitioners are held to the same ethical and professional standards of conduct.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved.

The National Boards and Ahpra have considered the potential costs associated with the proposal during the development of this consultation paper. Updating the framework will not include substantial changes, therefore, no significant costs have been identified. However, there may be some minor costs associated, such as:

- registrants, applicants, other stakeholders, Ahpra and National Boards needing to become familiar with any recommended improvements to the current framework, noting that changes to the framework are likely to be minor, and
- Ahpra and the National Boards may need to develop fact sheets and templates to support the updates to the current framework.

The National Boards and Ahpra consider that the benefits of the revised standard will outweigh any minimal costs related to health practitioners and other stakeholders needing to become familiar with and comply with the updated framework.

E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants.

The National Boards and Ahpra is committed to a plain English approach that will help practitioners and the public understand and apply the requirements of the framework. We will ensure that any updates to the framework will be written in plain language.

To support implementation of the updated framework, the National Boards and Ahpra will develop explanatory material to support transparency and public understanding where appropriate.

F. Whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

The National Boards and Ahpra have procedures in place to support a review of the framework. If approved, the National Board and Ahpra will review the framework at least every five years, including an assessment against the objectives and guiding principles of the National Law and the principles for best practice regulation.

The National Boards and Ahpra may choose to review the framework earlier, in response to any issues which arise, or new evidence which emerges to ensure its continued relevance and workability.

4. Closing statement

Feedback on any regulatory impacts identified during the consultation process and/or in updating the framework will be provided to the National Boards and Ahpra and/or Ministerial Council to inform decision-making.

The National Boards and Ahpra have completed a patient health and safety impact statement for public consultation, provided at [Appendix 3](#).

Appendix 3. National Boards Patient and Consumer Health and Safety Impact Statement

Consultation on the review of the Supervised practice framework

Statement purpose

The National Boards Patient and Consumer Health and Safety Impact Statement (statement)³ explains the potential impacts of updating the *Supervised practice framework* (the framework) on the health and safety of the public, particularly those vulnerable to harm in the community which includes those subject to stigma, discrimination or racism in health care, and/or experiencing health disadvantage and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the statement are:

1. The potential impact of the proposed revisions to a framework on the health and safety of patients and consumers particularly those vulnerable to harm in the community including approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the proposed revisions to a framework on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects.
3. Engagement with patients and consumers particularly those vulnerable to harm in the community about the proposal.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards Patient and Consumer Health and Safety Impact Statement aligns with the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#), [National Scheme engagement strategy 2020-2025](#), [the National Scheme Strategy 2020-25](#) and reflects key aspects of the Ahpra [Procedures for the development of registration standards, codes, guidelines and accreditation standards](#).

Below is our initial assessment of the potential impact of a proposed update to the framework on the health and safety of patients and consumers, particularly those vulnerable to harm in the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.

1. How will this proposal impact on patient, client and consumer health and safety, particularly those vulnerable to harm in the community? Will the impact be different for people vulnerable to harm in the community compared to the general public?

The National Boards and Ahpra have carefully considered the impacts updates to the framework could have on patient and consumer health and safety, particularly those vulnerable to harm in the community in order to put forward what we think is the best option for consultation. The proposed option is informed by final recommendations from the Kruk review (recommendation 15) and preliminary engagement with stakeholders who use or interact with the framework.

The National Boards and Ahpra expect that any proposed updates to the framework will improve patient and consumer safety, particularly for vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. The National Boards and Ahpra do not expect that the updated framework will have any adverse impacts on patient and consumer safety.

Our engagement through public consultation and focus groups will help us to better understand possible updates to the framework and meet our responsibilities to protect patient safety and healthcare quality.

2. How will National Boards engage with patients, clients and consumers, particularly those vulnerable to harm in the community during consultation?

In line with our [consultation processes](#) the National Boards and Ahpra is carrying out wide-ranging consultation. We will engage with patients and consumers, practitioners, employers, peak bodies, other relevant organisations and the community to get input and views from people vulnerable to harm in the community. We will consider the use of focus groups with patients, clients and consumers to provide further feedback on receiving care from practitioners under supervision.

The public consultation builds on the findings from the Kruk review with consultation questions asking about

³ This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Ministerial Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code or guideline.

experiences and suggested improvements to the framework. Responses will help us to improve the framework and assist in building a safe and competent health workforce.

3. What might be the unintended impacts for patients, clients and consumers, particularly people vulnerable to harm in the community? How will these be addressed?

The National Boards and Ahpra have carefully considered what the unintended impacts of updating the framework might be. Consulting with relevant organisations and those vulnerable to harm in the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for patients and consumers that may be raised during consultation particularly for people vulnerable to harm in the community.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The National Boards and Ahpra have carefully considered any potential impact of updating the framework on Aboriginal and Torres Strait Islander Peoples and do not consider that Aboriginal and Torres Strait Island Peoples will be impacted any differently from non-Aboriginal and Torres Strait Islander Peoples. Our engagement through public consultation and focus groups will help us to identify any other potential impacts and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples. We will also include Aboriginal and Torres Strait Islander Peoples and stakeholders as part of our public consultation to engage and understand their experience of the framework.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The National Boards and Ahpra are committed to the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, the National Boards and Ahpra will engage with relevant Aboriginal and Torres Strait Islander stakeholders to ensure there are no unintended consequences for Aboriginal and Torres Strait Islander Peoples. We will also invite the Aboriginal and Torres Strait Islander Health Strategy Unit to comment on any proposed changes to the framework.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The National Boards and Ahpra has carefully considered what might be any unintended impacts for updating the framework and have not identified any unintended impacts for Aboriginal and Torres Strait Islander Peoples at this stage. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any potential impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7. How will the impact of this proposal be actively monitored and evaluated?

Part of the National Boards' and Ahpra's work in keeping the public safe is ensuring that all National Board's frameworks are regularly reviewed. Some boards have evolved the way the framework is utilised in practice.

In updating the framework, the National Boards' are keeping with their regular review cycle to ensure the framework is working as intended.