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Consultation – Draft proposed *Supervised practice framework*

Thank you for the opportunity to provide input into AHPRA's consultation on a draft proposed *Supervised practice framework*. We are pleased to see that our feedback from the 2018 consultation has helped influence the latest draft and consultation.

Avant is Australia's largest medical defence organisation, providing professional indemnity insurance and legal advice and assistance to more than 76,500 healthcare practitioners and students around Australia. This includes legal and risk management advice for supervisees and supervisors, after a condition or undertaking is imposed on a practitioner's registration that requires them to complete a period of supervised practice.

1. How helpful and clear is the content and structure of the proposed framework? Please explain your answer.

The content and structure of the proposed framework is helpful and clear. The content is organised in a logical order and the table is useful to help illustrate the different levels of supervised practice.

Creating factsheets, FAQs and other resources is also helpful because it ensures the core framework document is not weighed down by an enormous amount of information. They also assist the user to locate information that is specific to their situation quickly.

2. Is the meaning of 'consult' clear for the purposes of the supervised practice levels? Why or why not?

Without a specific definition of 'consult', we assume that it is AHPRA's intention to give the word its ordinary meaning. When coupled with the context of the particular level of supervised practice, it becomes clearer what is required from the supervisee and supervisor. For example, in 'direct' level, we interpret the word 'consult' to mean that the supervisor and supervisee talk with each other in each other's physical presence.

We believe that this is the right approach, as it allows the various Boards and practitioners to tailor supervision arrangements specific to the needs of the practitioner.

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.

It is pleasing to see that AHPRA has included an *'individual approach'* principle as it should assist supervisees and supervisors comply with the arrangement. However, it is not clear whether this includes more scope for practitioners in rural and remote settings, or from smaller specialties, to undertake supervision electronically by teleconference? It would be helpful to include an example that covers this situation.

Under *'The Board's expectations of supervisees'*, reference is made to the Board approving supervisors before a supervisee can begin practice. If a supervisor is not approved, then a detailed explanation of why the practitioner was not approved, with reference to the framework, should be provided to both practitioners. Recommendations about further information or steps to help facilitate approval of their application should also be included, rather than the supervisee simply having to find an alternative supervisor.

AHPRA should consider including guidance that a supervisor provides the required reports and other approvals in a timely manner. We have had some members wait for months for approval from supervisors. This has flow on effects beyond the supervisee and can affect patient access to care. This could be included in the section *'The Board's expectations of supervisors'*.

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

During last year's consultation we suggested that the framework should be accompanied by report templates for supervisors (as the content can vary greatly between supervisors regarding their supervisees) and FAQs for supervisees, supervisors and employers. We acknowledge that that current consultation paper references these as 'to be developed'.

AHPRA should develop these supporting documents before commencing with the new framework. We would be willing to provide input into these templates and FAQs to help make them as relevant and workable as possible.

Also, it is our experience that when an appropriate training course is not available, supervision is imposed as an alternative. This shifts the issue to our members who may find it difficult to find a supervisor, particularly if the supervisee practices in a rural area, is in a smaller specialty or has a limited professional network. This is problematic for a practitioner trying to fulfil the conditions.

The Board could support supervisees by creating a list of practitioners willing to conduct supervision. This will assist supervisees in rural areas or with limited professional networks and connections. These lists should be managed by the Board.

Please contact me on the details below if you require any further information or clarification of the matters raised in this submission.

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