

Guidelines – Supervision of chiropractors

18 January 2013

Introduction

These guidelines for supervision of chiropractors have been developed by the Chiropractic Board of Australia (the National Board) under section 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

The relevant sections of the National Law are set out in Appendix 1.

Guidelines approved by the *National Board* may be used as evidence of what constitutes appropriate professional conduct or practice for the chiropractic profession in proceedings against a chiropractor under the National Law, or a law of a co-regulatory jurisdiction. The Guidelines apply to registered chiropractors being supervised and registered chiropractors who agree to provide supervision, consistent with these guidelines.

Purpose of these guidelines

Patients have the right to expect delivery of safe, competent and contemporary health care services at all times, including when care is being provided under supervisory arrangements.

Appropriate supervision provides assurance to the National Board and the community that the registrant's practice is safe and is not putting the public at risk.

These guidelines set out the principles the National Board considers central to safe and effective supervision in a range of clinical contexts.

Summary

Chiropractors in the following categories may be required to work under supervision for a period of time:

- chiropractors with limited registration
- chiropractors with conditions or undertakings related to their registration, or
- chiropractors returning to practice after a prolonged absence.

Chiropractors in these categories may be directed by the National Board to work under supervision to further develop their competence (such as to work towards general registration) or to address a conduct, performance or health issue that has been assessed as impacting their safe and/or appropriate practice.

Supervision requirements may be different for each practitioner. Requirements will be tailored to meet the purpose of supervision, the practitioner's particular circumstances, experience and learning needs.

The details of each supervision arrangement will be set out in a separate document, the *Supervised practice plan*.

Supervision may be at different levels (as described in *Table 1: Levels of supervision*). Flexibility in supervisory arrangements is essential to ensure that diverse settings, complexities of different cases, individual capabilities and expectations can be accommodated.

These guidelines set out:

1. principles of supervision
2. levels of supervision
3. requirements and responsibilities
4. the standard *Supervision agreement*, and
5. reporting requirements.

Scope

These guidelines, and the principles that underpin them, may be considered in a range of registration and notification matters resulting in supervision arrangements, including for practitioners:

- returning to practice after an absence in accordance with the National Board's *Recency of practice registration standard*
- who have a condition on their registration or who have entered into an undertaking that requires supervision
- who make a significant change to a different field or scope of practice, and
- who hold a type of limited registration where supervision is a requirement of registration.

These guidelines apply to both the practitioner providing the supervision (supervisor) and the supervised practitioner (supervisee).

These guidelines may also inform a *Supervised practice plan* arising out of a health, conduct or performance matter. Supervision requirements may be determined by another entity, such as a panel or tribunal.

The scope of these guidelines **is not intended** to cover:

- supervision of students
- mentoring or counseling of practitioners, or
- performance responsibilities of managers.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses his or her skills and knowledge as a health practitioner in the profession. For the purposes of the registration standard on recency of practice, practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or uses the individual's professional skills.

Supervision, for the purposes of these guidelines, incorporates elements of direction and guidance. It is a formal process of professional support and learning which enables a practitioner (supervisee) to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may be direct, indirect or remote according to the nature of context under which the practice is being supervised. A supervisor in the context of a re-entry to practice plan will generally be required to provide reports to the National Board at determined intervals.

Direct supervision is when the supervisor is actually present on the premises when the supervisee is practising; observes and works with the supervisee; refer to levels of supervision contained in Table 1.

Indirect supervision is when the supervisor is easily contactable and is available to observe and discuss clinical management with the supervisee in the presence of the patient/client; refer to levels of supervision contained in Table 1.

Remote supervision is when the supervisor is contactable to discuss clinical activities however is not on the premises or required to directly observe or participate in the clinical management; refer to levels of supervision contained in Table 1.

Mentoring is a relationship in which the mentor facilitates the personal and professional growth and development of another practitioner (the mentee). Mentoring may also be relevant where a practitioner is changing their scope of practice. The mentor relationship is generally considered by the National Board to be less formal than that of a supervisor role and has different responsibilities and obligations. There are elements of mentoring in supervision arrangements. These guidelines are focused on supervision, not mentoring, but this definition is included for clarification.

A **supervisor** is a suitably qualified and experienced chiropractor who must usually have a minimum of three (3) years experience working in Australia (upon application, the National Board may consider making an exception to this requirement in exceptional circumstances).

The supervisor undertakes to assess, monitor and report to the National Board about the performance of a supervisee undertaking supervised practice. A **supervisee** is a practitioner practising under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan. They may be a practitioner: who holds limited registration; registration with conditions; who has entered into an undertaking that requires supervision; who is changing or returning to practice or who is working towards an endorsement.

A **supervised practice plan** means a plan that is agreed between the National Board, the supervisor and supervisee that sets out the objectives of the supervision, the levels, type and amount of supervision required and how the supervision is to occur.

The supervised practice plan should reflect a balance between the need for the supervision, the supervisee's current level of training, competence and scope of practice and the position in which the supervisee will be practising.

A **supervision report** is a document submitted in the format approved by the National Board at the intervals agreed in the supervised practice plan and details progress against the supervised practice plan. Additional supervision reports may be submitted at any time and are mandated if there are any changes proposed to the supervised practice plan (as described in the supervised plan) or if there are concerns about the supervisee.

1. Principles of supervision

The following principles convey the expectations of the National Board in supervision arrangements, pursuant to these guidelines and in consideration of the objectives and guiding principles of the National Law.

1. It is the professional responsibility of each supervisee to:
 - work within the limits of their competence, and
 - reflect on - and collaborate in determining - their learning needs (including the supervision requirements and the specific position the supervisee is proposing to work in)
2. For all supervisees, the type and level of supervision must be matched to:
 - individual needs
 - the level of risk associated with the position
 - the purpose of the supervision, and
 - supervisee capabilities.

Supervisory arrangements need to be modified over time, in keeping with progress made, and will generally need to be able to accommodate changes in supervisors (within the parameters agreed by the National Board).

3. Before supervision begins, the supervisor, the supervisee and the National Board need to agree on the duration and content of the supervised practice plan and the reporting requirements, including the period for review if it varies from the standard periods outlined in the supervision levels below.
4. The onus rests with the supervisee to ensure the reporting requirements are met as agreed in the supervised practice plan. However, the supervisor also has a responsibility to adhere to the agreement he or she enters into with the National Board and appropriately oversee the supervisee's practice.
5. A supervisor accepts a professional responsibility to the National Board to properly supervise the supervisee. A supervisor remains responsible for the clinical care, or oversight of the clinical care, provided by the supervisee, commensurate with the level of supervision.

2. Levels of supervision

The levels of supervision are designed to ensure that the supervisee practises safely.

The level of supervision required will depend on a number of factors, as listed below, which should be considered by all parties involved in the development of a *Supervised practice plan*. The National Board will also consider these factors when initially approving and reviewing the plan.

The factors include, but are not limited to:

1. the purpose of supervision
2. the previous practice experience, qualifications, skills and attributes of the supervisee
3. where relevant, the requirements of the position, as outlined in the position description provided with the application
4. the level of risk associated with the purpose of supervision and the competence and suitability of the *supervisee*, the position description, the location and the availability of clinical and other relevant support

5. where relevant, any requirements imposed by a third party (e.g. tribunal) under the *National Law* or the organisation where the supervision will take place.

The commencement level of supervision and the progression through the levels of supervision will be determined through the approval by the National Board of the individual's *Supervised practice plan*, and as agreed by all parties. If concerns are raised in the supervision reports or by the supervisor directly, the *Supervised practice plan* will be amended by the National Board as necessary. Not all supervisees will need to commence on level one and not all supervisees will be expected to or be capable of progressing to level four supervision. The authority for determining progression between levels is set out in the *Supervised practice plan*.

Table 1: Levels of supervision summarises the four levels of supervision and the likely reporting timeframe for each level. The table also lists some possible uses for the different levels of supervision.

The table refers to the usual frequency of reports but this may be modified for an individual *Supervised practice plan*. It should be noted that the National Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

Table 1: Levels of supervision

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision ¹
1	The supervisor takes direct and principal responsibility for individual patients	<p>The supervisor must be physically present at the workplace as per the <i>Supervised practice plan</i>.</p> <p>Supervision via telephone (indirect) is not permitted.</p> <p>The supervisee must consult the supervisor about the management of each patient before care is delivered.</p>	<p>Report after the first month then at monthly intervals and at renewal.</p> <p>If the supervisee is only expected to be at level one for less than one month, the <i>Supervised practice plan</i> could specify a report (e.g. verbal) by exception.</p>	<p>As the highest level of supervision, this level may be used:</p> <ul style="list-style-type: none"> to determine the current level of competence of the <i>supervisee</i> and inform further levels of supervision under a <i>supervised practice plan</i> in a <i>Supervised practice plan</i> arising from a health, conduct or performance matter for a brief period (e.g. one week, 8 sessions etc), to confirm that the <i>supervisee</i> is able to progress to level two supervision. <p>This level of supervision may not be relevant to supervisees not involved in clinical care</p>

¹ This column lists the typical use of a supervision level. It should be noted, however, that the Board may, at any time, exercise its discretion to determine the supervision level.

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision ¹
2	The supervisor and supervisee share the responsibility for individual patients	<p>As per the <i>Supervised practice plan</i>, the supervisor must be physically present at the workplace for the majority of time when the supervisee is providing clinical care.</p> <p>When the supervisor is not physically present, they must always be accessible by telephone or other means of telecommunication such as videoconference and available to observe and discuss.</p> <p>The supervisee must inform the supervisor at agreed intervals about the management of each patient; this may be after the care has been delivered.</p> <p>If the approved supervisor is temporarily absent during any day, then the supervisor must make appropriate arrangements for alternative supervision, such as a supervisor with general or specialist registration providing temporary oversight.</p>	When commencing at Level 2 supervision: a report after the first month, then at three monthly intervals and at renewal.	<ul style="list-style-type: none"> Initially for limited registration for teaching or research when clinical practice is also being undertaken. Initially for limited registration for postgraduate training or supervised practice. In a supervised practice plan arising from a health, conduct or performance matter.
3	The supervisee takes primary responsibility for their practice, including individual patients	<p>The supervisor must ensure that there are mechanisms in place for monitoring whether the supervisee is practising safely.</p> <p>The supervisee is permitted to work independently, provided the supervisor is readily contactable by telephone or other means of telecommunication such as videoconference.</p> <p>The supervisor must conduct regular reviews of the supervisee's practice.</p>	When commencing at Level 3 supervision: a report after the first month, then at three monthly intervals and at renewal.	Second stages of a <i>Supervised practice plan</i> after the supervisee has progressed through level 1 or 2 supervision.

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision ¹
4	The supervisee takes full responsibility for their practice, including individual patients within the supervisor's general oversight.	<p>The supervisor must provide broad oversight of the supervisee's practice.</p> <p>The supervisor must be available for case review or consultation if the supervisee requires assistance in person or by other means of communication.</p> <p>The approved supervisor must conduct periodic reviews of the supervisee's practice.</p>	When commencing at Level 4 supervision: a report after the first month, then at six monthly intervals and at renewal.	Later stages of a <i>supervised practice plan</i> after the supervisee has progressed through level 1, 2 or 3 supervision.

3. Requirements and responsibilities

Requirements for supervisors

A supervisor must:

- meet the requirements specified in the definition of a supervisor.
- formally consent to act as a supervisor
- be able to comply with the requirements of the *Supervised practice plan*, and
- must be approved by the National Board.

The relationship between supervisor and supervisee must be professional. Supervisors should be mindful of the requirements of supervisors as set out in the *Code of conduct for chiropractors*². Good practice involves avoiding any potential for conflict of interest in the supervisory relationship, for example, by supervising someone who is a close relative or friend, or where there is another potential conflict of interest that could impede objectivity and/or interfere with the supervisee's achievements of learning outcomes or relevant experience.

Responsibilities of the supervisor

Responsibilities of the supervisor include:

1. taking reasonable steps to ensure that the supervisee is practising safely by such measures as direct observation, individual case review, and remediation of identified problems as required by the level of supervision
2. providing clear direction and constructive feedback and be clear about how they can be contacted by the practitioner when the practitioner is practising, during working hours and after hours
3. ensuring that the supervisee is practising in accordance with the *Supervised practice plan* and work arrangements approved by the National Board and report to the National Board if the supervisee is not doing so
4. providing clear direction to the supervisee on their legal responsibilities and the constraints within which they must operate, the ethical principles that apply to the profession, and the expectation that the supervisee will act in accordance with the directions of the supervisor and the consequences if they do not
5. understanding the significance of supervision as a professional undertaking and commit to this role including regular, one-on-one, scheduled time with the *supervisee* which is free from interruptions as required by the *Supervised practice plan*.
6. disclosing to the National Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee³
7. being accountable to the National Board and provide honest, accurate and responsible reports in the approved form at intervals determined by the *Supervised practice plan*
8. understanding that the responsibility for determining the type and amount of supervision required within the framework of the *Supervised practice plan* may be informed by the supervisor's assessment of the supervisee

² *Code of conduct for chiropractors* - www.chiropracticboard.gov.au/Codes-Guidelines.aspx

³ A personal relationship or business partnership between the supervisee and supervisor is not encouraged but will be considered in the context of the matter under consideration by the Board.

9. only delegating tasks that are appropriate to the role of those being supervised and that are within the scope of training, competence and capability of the supervisee
10. maintaining adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors
11. notifying AHPRA or the National Board immediately if:
 - the relationship with the supervisee breaks down
 - there are concerns that the supervisee's clinical performance, conduct or health is placing the public at risk
 - the supervisee is not complying with conditions imposed or undertakings accepted by the National Board or is in breach of any requirements on registration
 - the supervisee is not complying with the supervision requirements or there are any significant changes to those requirements, such as extended absences or periods of non-practice
 - the supervisor is no longer able to provide the level of supervision that is required by the *Supervised practice plan*. The plan should indicate what, if any, leave arrangements are appropriate for the supervisor and backup plans in the event of an unexpected absence.
 - Issues arise that may be subject to the prescribed mandatory reporting requirements of the National Law as set out in the *Guidelines on mandatory reporting* issued by the National Board⁴

Should a supervisor fail to properly discharge their obligations under these guidelines and the *Supervised practice plan*, the National Board may consider whether the supervisor has engaged in unprofessional conduct.

The supervisor is responsible for the professional conduct and performance of the supervisee and obligations set out in the *Supervised practice plan*.

When supervising a Limited registrant the supervisor must ensure that a practitioner, who has not practised in an Australian health care setting, is provided with a practice induction/orientation program. The program will need to include an overview of the health system in Australia, an introduction to professional standards and regulatory information, and information on cultural diversity.

Requirements of supervisees

Supervisees must:

- at the outset, and in conjunction with the supervisor, establish their learning needs, the context relevant to the need for supervision and any other issues that may affect an effective supervisory arrangement
- take joint responsibility for establishing a schedule of regular meetings with the supervisor and make all reasonable efforts within the supervisee's control to ensure that these meetings take place
- be adequately prepared for meetings with their supervisor
- participate in assessments conducted by the supervisor to assist in determining future supervision needs and progress
- recognise the limits of their professional competence, seek appropriate guidance and assistance, and follow directions and instructions from their supervisor as required
- familiarise themselves, and comply with, the legal, regulatory and professional responsibilities applicable to their practice
- advise the supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact on patient care
- reflect on and respond to feedback
- inform the National Board and supervisor if the conditions or requirements of their supervision are not being met or if the relationship with the supervisor breaks down

⁴ www.chiropracticboard.gov.au/Codes-Guidelines.aspx

- inform the supervisor and National Board of any leave or breaks in practice that may impact on the requirements of the supervised practice plan
- notify the National Board in writing within seven calendar days if the approved supervisor is no longer able to provide supervision, and immediately cease practice if there is no back up supervisor available as specified in the supervised practice plan, and
- provide remuneration to the Supervisor (if applicable), as set out in the *Supervision agreement* (Appendix 2).

Should a supervisee fail to properly discharge their obligations under these guidelines and the supervised practice plan, the National Board may consider whether the supervisee has engaged in unprofessional conduct.

4. The *Standard supervision agreement*

The *Standard supervision agreement* contains general information about the parties involved, the supervised practice plan and terms of agreement for both *the supervisor and supervisee*. A template is attached as Appendix 2.

Developing a supervised practice plan and setting reporting requirements

The *Supervised practice plan* as described in this document sets out the supervision requirements, including the expected progression through the levels of supervision and reporting to the National Board or its delegate. The required content and a template for the development of the *Supervised practice plan* is set out in Part B of Appendix 2.

A *Supervised practice plan* may be required by a registration standard, for example relating to limited registration, or by a condition imposed on the practitioner's registration, where supervision arises from action relating to the practitioner's health, performance or conduct. A supervision plan, including the reporting requirements, will align with any conditions imposed by the National Board, including review requirements.

It is critical that supervisors have adequate time for their supervision role. Accordingly, if a supervisor proposes to supervise a number of supervisees, the National Board may seek assurance that the supervisor has the capacity for this responsibility and can provide appropriate support.

The *Supervised practice plan* must be approved by the National Board prior to commencement of the supervisory period and be accompanied by the proposed supervisor's formal agreement to provide supervision as determined by the National Board.⁵ When a practitioner is applying for limited registration, they must submit their proposed supervised practice plan on the relevant template with their application for limited registration.

The supervisor must obtain approval of the National Board for any proposed changes to the *Supervised practice plan* before they are implemented.

Specific requirements for those practising under supervision as a requirement for limited registration

For practitioners who have attained their primary qualifications outside Australia, a *Supervised practice plan* may be required to include an orientation or introduction to the Australian healthcare system, and information on cultural differences. If included, this orientation may be the subject of a specific report beyond the agreed reporting requirements.

⁵ The Board retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

5. Reporting requirements

The reporting requirements for a supervisee will be listed in the supervised practice plan agreed by the Board, the supervisor and the supervisee, or those specified by another entity such as a tribunal. These requirements will be informed by the levels of supervision in *Table 1*.

However, the National Board may, at any time, exercise discretion about the frequency and structure of any report. A supervisor may at any time provide a verbal report to the National Board if there are immediate concerns.

The *Supervised practice plan* will specify:

- the frequency of reporting
- the content and supporting evidence of progress required in each report, and
- the format of the report.

Typically for level 1 supervision reporting will be required on a monthly basis.

Typically, level 2 – 3 supervision would involve an initial report after the first month at that level, reports every three months and then a summary report at renewal of registration.

Typically, level 4 supervision would involve an initial report after the first month and the reports every six months and then a summary report at renewal of registration.

Supervision report

The supervision report should provide detail against the requirements of the *Supervised practice plan* and explain whether or not its objectives are being achieved, and if not, the measures implemented to address those objectives not achieved.

It should also include changes in supervisory arrangements (including changes in levels) over time agreed in the *Supervised practice plan*, as well as achievements by the supervisee and any emerging issues.

A reporting template is provided as Appendix 3.

Changes in supervisory arrangements

A supervisee must not practise without a supervisor approved by the National Board and in accordance with any approved supervision plan.

It is recommended that when supervision is initially proposed, when it is possible to do so, alternative supervision arrangements are included. For example, it is helpful to nominate an alternate supervisor for National Board approval so that in the event the initial supervisor is no longer able to discharge his or her duties, the alternative supervisor can assume supervisory responsibilities. If the alternative supervisor is unable to assume supervisory responsibilities, or if there is an unexpected need to change both supervisors, the supervisee **must cease practice immediately**.

Only in appropriate circumstances would a health practitioner who is not a chiropractor be considered as a supervisor e.g. as an alternate supervisor for temporary situations or in very remote locations.

The supervisee must:

- notify the National Board in writing of intent to change supervisors no less than seven calendar days before the proposed date of change or within seven calendar days of any unexpected supervisor changes (such as due to illness)
- submit proposed new supervision arrangements to the National Board for consideration, including name and contact details of proposed new supervisor(s), new signed supervisor and supervisee agreements and undertakings and a new *Supervised practice plan*
- provide to the proposed new supervisor(s) copies of:
 - previous *supervisor* undertakings

- supervised practice plan(s), and
- supervision report(s).
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References

Health Workforce Australia is undertaking a range of work on clinical supervision which may include some useful references (www.hwa.gov.au/work-programs/clinical-training-reform/clinical-supervision-support-program)

6. Review

The Board will review this Guideline at least every three years.

Date of issue: 18 January 2013

Date of review: 18 January 2016

Last reviewed: 18 January 2013

Appendix 1

Health Practitioner Regulation National Law, as in force in each state and territory

General provisions

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A *National Board* may develop and approve codes and guidelines—

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

40 Consultation about registration standards, codes and guidelines

- (1) If a *National Board* develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a *National Board's* website—
 - (a) a registration standard developed by the Board and approved by the Ministerial Council;
 - (b) a code or guideline approved by the *National Board*.
- (4) An approved registration standard or a code or guideline takes effect—
 - (a) on the day it is published on the *National Board's* website; or
 - (b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a *National Board*, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

Provisions of the *National Law* that refer to supervised practice are ss. 35, 62, 66, 68, 69, 178, 191, 196 and 271.

Appendix 2

Standard supervision agreement

PART A: General information

Supervisor (supervisor 1):

Last name: _____
First name: _____
Practice address: _____
Telephone: _____
Work: _____ Mobile: _____
Fax: _____ Signature: _____
Email: _____

Secondary supervisor (supervisor 2): (if applicable)

Last name: _____
First name: _____
Practice address: _____
Telephone: _____
Work: _____ Mobile: _____
Fax: _____ Signature: _____
Email: _____

Supervisee:

Last name: _____
First name: _____
Postal address: _____
Telephone: _____
Work: _____ Mobile: _____
Fax: _____ Signature: _____
Email: _____

Role description of supervisee:

Role description of supervisor:

Standard supervision agreement

PART B: Supervised practice plan

Supervision requirements

Origin: Board decision / Tribunal decision / Panel decision / Voluntary/ Change of Practice Type

Details/Background:

Purpose:

The purpose of the proposed supervision is to:

Specific Objectives:

The specific objectives to be achieved as part of the supervision are:

Additional requirements:

Time period:

From: _____ To: _____

Reporting schedule:

1st Report - ____ days from commencement = _____

2nd Report - ____ days from commencement = _____

3rd Report - ____ days from commencement = _____

4th Report - ____ days from commencement = _____

Additional reports:

Supervision Level

Commencing level: Level ____

Authority for progression: (National Board or Supervisor?) _____

Anticipated Progression

From	To	Time	Proposed threshold criteria for progression
Level	Level		
Level	Level		
Level	Level		

Range of activities

The range of activities that a supervisor may require the supervisee to undertake to enhance the benefit of the supervision program and gauge levels of competency for the purposes of reporting and varying the level of supervision can include (but are not limited to):

<ul style="list-style-type: none"> • Fault Finding 	<ul style="list-style-type: none"> • Group Discussions
<ul style="list-style-type: none"> • Role Plays 	<ul style="list-style-type: none"> • Preparation of reports, assignments or other written material
<ul style="list-style-type: none"> • Verbal Questioning 	<ul style="list-style-type: none"> • Review of documents and readings
<ul style="list-style-type: none"> • Verbal Presentations 	<ul style="list-style-type: none"> • Self Assessment/Critical Reflection
<ul style="list-style-type: none"> • Written Presentations 	<ul style="list-style-type: none"> • Portfolio Compilation

Financial arrangements (if applicable):

The estimated total cost associated with this program is: \$_____

This comprises of the following amounts:

- \$_____ for
- \$_____ for
- \$_____ for
- \$_____ for

The supervisee is responsible for costs payable to the supervisor to the amount of: \$_____

This may be progressively payable upon the receipt of an appropriate tax invoice from the supervisor according to the following schedule:

- Payment #1 of \$_____
- Payment #2 of \$_____
- Payment #3 of \$_____

Additional matters:

Agreed by:

Supervisor 1: _____ (NAME) _____ (SIGNATURE) _____ (DATE)

Supervisor 2: _____ (NAME) _____ (SIGNATURE) _____ (DATE)

Supervisee: _____ (NAME) _____ (SIGNATURE) _____ (DATE)

Date approved by the Board: _____

Standard supervision agreement

PART C: Terms of agreement

Supervisee

1. I have read and understand the following relevant documents:
2. I understand that any full or partial formal competency assessment carried out as part of the supervision arrangement will be made against the relevant criteria specified in the 'Competency Based Standards for Entry Level Chiropractors' (www.ccea.com.au/Publications)
3. I agree to undertake the supervision by: _____ in accordance with this supervision agreement.
4. I understand the estimated amount of extra time I will need to commit to this process
5. I understand that any costs associated with the supervision program as specified in the Supervision Plan will be borne by me.
6. I have read and agree to comply with the responsibilities of supervisees as described in the Guidelines for the Supervision of Chiropractors.
7. I understand my legal and professional responsibilities and will act accordingly
8. I have appropriate professional indemnity insurance for this activity.
9. I understand that I must inform the supervisor at the outset of the supervision period of my experience, needs, incidents relevant to my need for supervision and concerns
10. I understand that I must participate in activities and assessments as prescribed in the supervision plan.
11. I understand that I must familiarise myself with my legal and professional responsibilities and comply with these
12. I understand that I must familiarise myself with safety policies and procedures and comply with these
13. I understand that I must follow directions and instruction from the supervisor and ask questions to clarify where necessary
14. I understand that I must advise the supervisor of any uncertainties and incidents during the period of supervision
15. I understand that I must reflect on and respond to feedback
16. I do not have any conflict of interest as described in the Guidelines on Conflict of Interest listed above.

Name of prospective supervisee: _____

Name of prospective supervisor: _____

Signature of prospective supervisee: _____

Supervisor

1. I have read and understand the following relevant documents:
 - a. AHPRA Guidelines on Conflict of Interest
 - b. .
 - c. .
2. I understand that any full or partial formal competency assessment carried out as part of the supervision arrangement will be made against the relevant criteria specified in the 'Competency Based Standards for Entry Level Chiropractors' (www.ccea.com.au/Publications)
3. I agree to undertake the role of supervisor of: _____ in accordance with this supervision agreement.
4. I understand the estimated amount of time that this role of supervisor will take.
5. I understand that any costs associated with the supervision program as specified in the Supervision Plan will be borne by the Supervisee.
6. I have read and agree to comply with the responsibilities of supervisors as described in the Guidelines for the Supervision of Chiropractors.
7. I understand that the prospective supervisee has read and has agreed to comply with the responsibilities of supervisees
8. I understand my legal and professional responsibilities and will act accordingly.
9. I have appropriate professional indemnity insurance for this activity.
10. I understand that I must make every effort to ensure that those being supervised:
 - understand their legal responsibilities and constraints within which they must operate,
 - follow the ethical principles that apply to Chiropractic practice, and
 - comply with the Standards, Codes and Guidelines published by the *National Board*
11. I understand that I must provide clear direction to the supervisee.
12. I understand that I must take responsibility for the interventions carried out by others working under my supervision.
13. I understand that I must provide honest and responsible reports as required by the Chiropractic Board of Australia
14. I understand that I must be an experienced registered practitioner, with a minimum of three years' practice as a registered Chiropractor and not be subject to any conditions, undertaking or reprimands that might impact me ability to be an effective supervisor.
15. I do not have any conflict of interest a described in the Guidelines on Conflict of Interest listed above.

Name of prospective supervisor: _____

Name of prospective supervisee: _____

Signature of prospective supervisor: _____

Appendix 3:

Reporting Template

Details:

Supervisor: _____

Supervisee: _____

Date of Report:

Report Number:

Role description of Supervisee:

Role description of Supervisor:

Level of supervision at start of reporting period: _____

Level of supervision at end of reporting period: _____

Progress towards specific objectives of supervision:

The progress towards specific objectives achieved as part of the supervision since the last report are:

Additional comments/recommendations:

Next Report due: _____

Authorisation:

Supervisor: _____

Signature: _____

Date: _____

Date report accepted by the Board: _____