

Supervision Guidelines for Occupational Therapy

20 February 2018

Introduction

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

These guidelines will be considered within a range of Board related registration and notification matters resulting in supervision arrangements. Guidelines approved by a National Board may be used as evidence of what constitutes appropriate professional conduct or practice for occupational therapy in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

The relevant sections of the National Law are set out in [Appendix 1](#).

Purpose

Consumers of occupational therapy services have the right to expect the delivery of safe, competent and contemporary occupational therapy services at all times, including when an occupational therapist is practising while under supervisory arrangements.

Appropriate supervision provides assurance to both the 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 Board considers central to safe and effective supervision for a range of regulatory needs.

Summary

Practitioners with limited or provisional registration, or with general registration subject to conditions or undertakings related to their registration, may be required to work under supervision. They may be directed by the Board to work under supervision to further develop their competence (for example to work towards general registration) or to address a health, conduct or performance issue that has been assessed as impacting on safe and/or appropriate practice.

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

The level of supervision required will be determined by the Board on a case by case basis. Typically it may commence at a higher level and progress to a lower level with an acceptable supervisor report (see [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 the scope and definition of supervision including:

1. the principles of supervision
2. developing a supervised practice plan and setting reporting requirements
3. the requirements, responsibilities and protection of supervisors
4. the responsibilities of supervisees
5. the reporting requirements
6. the requirements for changes in supervisory arrangements
7. a summary of procedures

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:

- practitioners returning to practice after an absence of five or more years;
- overseas qualified practitioners;
- practitioners who have a condition on their registration or who have entered into an undertaking that requires supervision; and
- practitioners who hold a type of limited registration where supervision is a requirement of registration.

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

These guidelines may also inform a supervised practice plan arising out of a health, conduct or performance matter. Such supervision requirements in these situations may be determined by another entity, such as a panel or a tribunal.

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

- the supervision of students
- the mentoring of new graduates or more junior practitioners
- the performance review responsibilities of managers, or
- the supervision for professional development purposes.

Supervision arrangements for staff already exist in many organisations. These guidelines are not intended to replace these arrangements.

Definitions

The following definitions are provided for the purpose of these guidelines:

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of these guidelines, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge 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.

Supervision 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 context under which the practice is being supervised.

Direct supervision (Level 1) is when the supervisor takes direct and principal responsibility for the provision of the occupational therapy service (e.g. assessment and/or treatment of individual patients/clients). The supervisor must be physically present at the workplace, and supervision must include observation of the supervisee when she/he is providing the occupational therapy service. It is the highest level of supervision and is also known as level 1 supervision (see [Table 1: Levels of supervision](#)).

Indirect supervision (Level 2) is when the supervisor is easily contactable and is available to observe and discuss the occupational therapy services being delivered by the supervisee. It is also known as level 2 supervision (see [Table 1: Levels of supervision](#)).

Remote supervision (Level 3) is when the supervisor is contactable to discuss the supervisee's occupational therapy practice (e.g. clinical activities), however the supervisor may not be on the premises or required to directly observe or participate in the provision of occupational therapy services by the supervisee. It is also known as level 3 supervision (see [Table 1: Levels of supervision](#)).

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 assists with career development and guides the mentee through professional networks. The mentor relationship is considered by the Board to be less formal than that of a supervisor role. 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 occupational therapist with general registration and who has undertaken to assess, monitor and report to the Board about the performance of a practitioner undertaking supervised practice. Preferably, supervisors will have more than two years experience as an occupational therapist. Supervisors should not themselves be subject to Board related supervisory arrangements and their registration should not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee.

The Board may consider other registered health practitioners as supervisors in exceptional circumstances.

A **supervisee** is an occupational therapist holding limited registration or registration with conditions, or who has entered into an undertaking that requires supervision, who is practising under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan.

A **supervision agreement** is a written agreement between the supervisor and the supervisee that is submitted to the Board (see template in [Appendix 2](#)). The supervision agreement identifies the supervisor/s and the supervisee, the place of practice and outlines the agreed responsibilities of all parties.

A **supervised practice plan** means a plan that is agreed between the Board, the supervisor and the supervisee that sets out the objectives for, levels, type and amount of supervision required and how the supervision is to occur (see template in [Appendix 3](#)).

The supervised practice plan should reflect a balance between the need for the supervision, the practitioner'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 Board (see template in [Appendix 4](#)) at intervals agreed in the supervised practice plan that 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 or if there are concerns about the supervisee.

1. Principles

The following principles convey the expectations of the Board in regard to the 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 to reflect upon and determine their own learning needs, including the requirements of the specific position in which the supervisee is proposing to work and the purpose of the supervision requirements.
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 competency. 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 Board).
3. Before supervision begins, the supervisor, the supervisee and the Board must enter into a supervision agreement that outlines the identity of the parties involved and the responsibilities of the supervisor and supervisee (see template in [Appendix 2](#)).
4. Prior to practice or soon after practice commences (i.e. within two weeks); a supervised practice plan must be completed and forwarded to the Board. The supervised practice plan outlines the anticipated duration of the supervision period, the nature of the supervision, and the reporting requirements, including the period for review if it varies from the standard periods outlined in the supervision levels at Table 1 (see the supervised practice plan template in [Appendix 3](#)).
5. 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 Board, and to appropriately oversee the supervisee's practice.
6. For the purposes of these guidelines, The [Australian occupational therapy competency standards \(AOTCS\) 2018](#) are the measure that will be used to assess practice.
7. Should a difficulty arise between a supervisee and supervisor this may be raised by either party for resolution.

Note: Progression from provisional or limited to general registration may only be achieved through meeting the Board's standards for general registration, which may include assessment by an outside authority such as the Occupational Therapy Council's assessment process.

2. Developing a supervised practice plan and setting reporting requirements

The supervised practice plan sets out the supervision requirements, including the expected progression through the levels of supervision and reporting to the Board or its delegate. A supervised practice plan, including the reporting requirements, will align with any conditions imposed by the Board, including review requirements.

The supervised practice plan must be submitted to the Board (prior to practice or within two weeks after practice commences).¹ The applicant must submit her/his proposed supervised practice plan on the relevant template (see [Appendix 3](#)).

The Board must approve 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, their supervised practice plan must include an orientation or introduction to the Australian healthcare system. An orientation report template can be found at [Appendix 5](#).

Levels of supervision

The levels of supervision outlined in Table 1 below are designed to ensure that the supervisee practises safely.

The level of supervision required will depend upon a number of factors that may include:

- the purpose of supervision
- the previous practice experience, qualifications, skills and attributes of the supervisee
- the duration of any period of absence from practising the profession, and the duration of the practice prior to the absence
- the requirements of the position, as outlined in the position description provided with the application
- the level of risk associated with the purpose of supervision, the competence and suitability of the practitioner, the position description, the location and the availability of clinical and other relevant supports, or
- 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 starting level of supervision and the progression through the levels of supervision will be determined through the approval by the Board of the individual's supervised practice plan, and as agreed by all parties. Commencement level of supervision will usually be set out in any conditions to registration imposed by the Board.

If concerns are raised in the supervision reports or by the supervisor directly, the supervised practice plan will be amended by the Board as necessary.

Not all supervisees are expected to start their supervised practice at level 1 supervision, or to progress through all levels in order to complete their supervised practice. It may for instance be more typical to start at Level 2 or 3.

Table 1: Levels of supervision summarises the four (4) levels of supervision and the likely reporting timeframe for each level. The table also lists the possible uses for the different levels of supervision.

¹ The Board retains the discretion to amend any aspect of the supervised practice plan, including the nominated supervisor(s). An early request for extension to the Board is required if the supervised practice plan cannot be completed and submitted to the Board within a two week period.

Table 1: Levels of supervision

Level	Summary	Specifications	Typical reporting frequency for level ²	Example of possible use for level of supervision ³
1	<p>Direct Supervision The supervisor takes direct and principal responsibility for the provision of the occupational therapy service (e.g. assessment and/or treatment of individual patients/clients).</p>	<p>The supervisor must be physically present at the workplace, and supervision must include observation of the supervisee when she/he is providing the occupational therapy service.</p> <p>The supervisee must consult the supervisor about the intended occupational therapy service (e.g. management of each patient/client) before the service is delivered.</p>	<p>Prior to progressing to level 2.</p> <p>As required by the supervised practice plan.</p> <p>If the supervisee is on level 1 for an extended period, report after initial one month and then at monthly intervals.</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 practitioner and inform further levels of supervision under a supervised practice plan in a supervised practice plan arising from a health, conduct or performance matter, or will usually be used for a brief period (e.g. less than one week or eight sessions), to confirm that the supervisee is able to progress to level two supervision, such as in return to practice arrangements. <p>This level of supervision may not be relevant to practitioners not involved in clinical care.</p>

² The Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

³ 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 ⁴	Example of possible use for level of supervision ⁵
2	<p>Indirect supervision The supervisor and supervisee share the responsibility for the provision of the occupational therapy service.</p>	<p>As per the supervised practice plan, the supervisor must be physically present at the workplace for the majority of time when the supervisee is providing the occupational therapy service (e.g. clinical care).</p> <p>When the supervisor is not physically present, they must always be accessible by phone 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 occupational therapy services being provided (e.g. the management of each patient/client). This may be after the service has been delivered.</p> <p>If the approved supervisor is temporarily absent during any day, the supervisor must make appropriate arrangements for alternative supervision as specified for back up supervision in the supervised practice plan, to provide temporary oversight.</p>	<p>Reports after initial three months and then at three-monthly intervals unless set out otherwise in the supervised practice plan (or conditions of registration).</p>	<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. • As a component of a return to practice supervision arrangement.

⁴ The Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

⁵ 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 ⁶	Example of possible use for level of supervision ⁷
3	<p>Remote supervision The supervisee takes primary responsibility for their practice, (including individual patients/clients).</p>	<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 phone or other means of telecommunication, such as videoconference.</p> <p>The supervisor must conduct regular reviews of the supervisee's practice.</p> <p>The practitioner may provide on-call and after-hours services.</p>	<p>Report after initial three months and then at three monthly intervals – unless set out otherwise in the supervised practice plan (or conditions of registration).</p>	<p>Stage of a supervised practice plan after the practitioner has progressed through level 1 and/or 2 supervision.</p> <p>As a component of a return to practice supervision arrangement.</p>
4	<p>The supervisee takes full responsibility for their practice, (including individual patients/clients) within the supervisor's general oversight.</p>	<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>	<p>Every three months, unless set out otherwise in the supervised practice plan (or conditions of registration).</p>	<p>Later stages of a supervised practice plan, after the practitioner has progressed through levels 1, 2 or 3 supervision.</p>

⁶ The Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

⁷ 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.

3. Requirements, responsibilities and protection of supervisors

Requirements of supervisors

- A nominated supervisor must meet the requirements specified in the definition of a supervisor.
- For the Board's purposes, within a workplace where occupational therapists of various grades are employed the approved supervisor would not normally hold a position that is at a lower classification or remuneration level to that held by the occupational therapist under supervision.
- The supervisor must formally consent to act as a supervisor and must be approved by the Board.
- A supervision agreement is to be completed and forwarded prior to commencing practice (see [Appendix 2](#)).
- The supervisor must work with the supervisee to develop a supervised practice plan for submission and approval by the Board. The supervised practice plan must be submitted prior to practice or within two weeks after commencing practice⁸ (see [Appendix 3](#)).
- The relationship between supervisor and supervisee must be professional. As recommended in the Board's Code of Conduct, good practice involves avoiding any potential for conflict of interest in the supervisory relationship. For example, supervising someone who is a close relative or friend, or where there is another potential conflict of interest, could impede objectivity and/or interfere with the supervisee's achievements of learning outcomes or relevant experience.⁹
- A supervisor will generally be required to provide reports to the Board at determined intervals.

Different supervision arrangements

- The Board appreciates that there needs to be a flexible approach to supervision arrangements. For example, a Supervised Practice Plan may involve:
 - one supervisor in a single workplace setting; or
 - one supervisor across a variety of workplace settings; or
 - more than one supervisor, with same or different employers (co-supervision arrangements).
- During co-supervision arrangements, and where more than one employer is involved, it would be usual to have more than one supervised practice plan requiring approval by the Board.
- Regardless, at the end of the supervision period, the practitioner will need to submit the supervisors' reports, against the Supervised Practice Plan.
- Where the practitioner will have more than one supervisor, the Board will need to consider each supervisor's report when submitted at the end of their supervision period.

Responsibilities of the supervisor are:

1. as required by the level of supervision, to take reasonable steps to ensure that the supervisee is practising safely by such measures as direct observation, individual case review, and remediation of identified problems
2. to provide 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. to ensure that the supervisee is practising in accordance with the supervised practice plan and work arrangements approved by the Board and to report to the Board if the supervisee is not doing so
4. to provide 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 requirements of the workplace, and the consequences if they do not
5. to understand the significance of supervision as a professional undertaking and commit to this role including regular, scheduled time with the supervised practitioner which is free from interruptions, as required by the supervised practice plan. Should a supervisor fail to properly discharge their obligations under these guidelines and the supervised practice plan, the Board may consider whether the supervisor has engaged in unprofessional conduct
6. to disclose to the Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee¹⁰
7. to be accountable to the Board and provide honest, accurate and responsible reports in the approved form at intervals determined by the supervised practice plan

⁸ An early request for extension to the Board is required if the supervised practice plan cannot be completed and submitted to the Board within a two week period.

⁹ Occupational Therapy Board of Australia, *Code of Conduct*, available at www.occupationaltherapyboard.gov.au

¹⁰ The relationship between a supervisor and supervisee must be professional. As recommended in the Board's Code of Conduct, good practice involves avoiding any potential for conflict of interest in the supervisory relationship. The relationship will also be considered in the context of the supervisory arrangement, by the Board.

8. to understand 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 supervised practitioner
9. to only delegate 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. to maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors, and
11. to notify the Board immediately if:
 - the relationship with the supervisee breaks down
 - there are concerns that the supervisee's occupational therapy practice (e.g. clinical performance), conduct or health is placing the public at risk
 - the supervisee is not complying with conditions imposed or undertakings accepted by the Board or is in breach of any requirements of 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, or
 - the supervisor is no longer able to provide the level of supervision that is required by the supervised practice plan. The supervised practice plan should indicate what, if any, leave arrangements are appropriate for the supervisor and back-up plans in the event of an unexpected absence.

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

Statutory protection for approved supervisors under the National Law

A Board-approved supervisor is protected from liability in relation to information provided in reports to AHPRA. In order to rely on this provision under section 237 of the National Law (see [Appendix 1](#)), formal supervised practice arrangements must be in place. This requires completion of the Board-approved templates for the supervision agreement ([Appendix 2](#)), the supervised practice plan ([Appendix 3](#)) and the supervision report ([Appendix 4](#)).

4. Responsibilities of supervisees

Supervisees must:

1. complete and forward a supervision agreement prior to commencing practice (see [Appendix 2](#))
2. work with their supervisor to develop a supervised practice plan for submission and approval by the Board. The supervised practice plan must be submitted prior to practice or within two weeks after commencing practice (see [Appendix 3](#))
3. take joint responsibility for establishing a schedule of regular meetings with their supervisor and make all reasonable efforts within their control to ensure that these meetings take place
4. be adequately prepared for meetings with their supervisor
5. participate in assessments conducted by their supervisor to assist in determining future supervision needs and progress
6. recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required
7. familiarise themselves and comply with legal, regulatory and professional responsibilities applicable to their practice
8. advise their supervisor immediately of any issues or clinical/practice incidents during the period of supervision which could adversely impact on patient care
9. reflect on and respond to feedback
10. inform the Board and their supervisor if the conditions or requirements of their supervision are not being met
11. inform the Board if the relationship with their supervisor breaks down
12. inform their supervisor and the Board of any leave or breaks in practice that may impact on the requirements of the supervised practice plan, and
13. notify the Board in writing within seven calendar days if their 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.

5. Reporting requirements

The reporting requirements for a supervisee will usually be determined by the Board, and should be copied into the supervised practice plan. These requirements will be informed by the levels of supervision (see

Table 1: Levels of supervision) A supervisor may at any time provide a verbal report to the 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, a report is required when the number of hours stipulated for the current supervision level has been reached, and the supervisor considers the supervisee is ready to progress to the next level of supervision. See Table 1: levels of supervision.

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

Unless otherwise agreed by the Board, the supervision report needs to be a supervisor assessment against the [*Australian occupational therapy competency standards \(AOTCS\) 2018*](#).¹¹

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

A sample template for a supervision report is in Appendix 4.

6. Changes in supervisory arrangements

A supervisee must not practise without a supervisor approved by the Board.

It is recommended that when supervision is initially proposed, a back-up supervisor (supervisor 2) be nominated for Board approval so that in the event the initial supervisor (supervisor 1) is no longer able to discharge her or his duties, supervisor 2 can assume supervisory responsibilities. If supervisor 2 is unable to assume supervisory responsibilities, or if there is an unexpected need to change both supervisors, the Board must be informed and a supervisee on level 1 **must cease practice immediately**.

For a practitioner on level 2 supervision, if the approved supervisor is temporarily absent during any day the supervisor must make appropriate arrangements for alternative supervision providing temporary oversight (as specified in the supervised practice plan).

Supervisees on levels 3 or 4 must endeavour to find an alternative supervisor within seven (7) calendar days.

The supervisee must notify the Board in writing within seven calendar days if their 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.

In exceptional circumstances the Board may consider approving a registered health practitioner who is not an occupational therapist as a supervisor, for example as a back-up for temporary situations or in very remote locations.

The supervisee must:

- notify the Board in writing of intent to change supervisors no less than seven (7) calendar days before the proposed date of change or within seven (7) calendar days of any unexpected supervisor changes (e.g. due to illness)
- submit proposed new supervision arrangements to the Board for consideration, including the name and contact details of the proposed new supervisor(s), new signed agreements and undertakings and a new supervised practice plan, and
- provide to the proposed new supervisor(s) copies of:
 - previous supervisor undertakings
 - the supervised practice plan, and
 - supervision report(s).

¹¹ Occupational Therapy Board of Australia: <http://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Competencies.aspx>

Unsatisfactory performance

The nature, reasons and means to overcome unsatisfactory performance during the supervised practice program should be discussed and agreed between the supervisee and the supervisor. The Board should be informed by the supervisor that the supervisee is not performing satisfactorily as soon as this becomes apparent. The supervised practice plan should be revised to address the performance areas that require improvement and resubmitted to the Board for approval. The Board will determine any other requirements that the supervisee will be required to undertake to assist in the satisfactory completion of the supervised practice plan.

Dispute Resolution

From time to time, and for a variety of reasons, the relationship between a supervisor and a supervisee may encounter difficulties. In the first instance, attempts should be made to resolve the matter locally at the workplace. In some workplaces, there may be organisational resources that can assist. Where issues are not able to be resolved, either the supervisor or the supervisee may contact the Board to advise them of the situation (see part 3 part 4 of these guidelines for the requirements and responsibilities of supervisors and supervisees). The Board would encourage that issues of this nature be addressed at as an early stage as possible.

7. Summary of procedures

Where supervision is a registration requirement for example for limited or provisional registration, the following procedures apply:

Before starting supervised practice

The prospective supervisor and supervisee must provide to the Board via AHPRA for its consideration:

- signed supervision agreement (see [Appendix 2](#)), and
- any other applicable documentation (e.g. registration application, position description, fees, completion of an orientation to the Australian healthcare system report).

Prior to practice or within two weeks of commencement of practice

The supervisor and supervisee must provide to the Board for its consideration:

- a supervised practice plan setting out objectives, levels, type and amount of supervision proposed, and how the supervision is to occur (see [Appendix 3](#))

The Board may exercise its discretion in requiring different levels of supervision to those proposed in the supervised practice plan and make any other amendments to the plan as it sees fit.

8. Assessment and reporting requirements

It is expected that supervisors will monitor and assess supervisees on an ongoing basis.

The standards and practice behaviours that comprise the [Australian occupational therapy competency standards \(AOTCS\) 2018](#) are to be used as the basis for the assessment of competency in practice and are to be included in supervision reports (as set out in [Section 3 of Appendix 3](#)), unless otherwise agreed by the Board.

References

Occupational Therapy Board of Australia, [Australian occupational therapy competency standards for new graduates \(AOTCS\) 2018](#).

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).

Date of issue: 1 July 2012
Date of review: This guideline will be reviewed at least every three years
Last reviewed: 23 January 2018

Appendix 1: relevant sections of the National Law

Health Practitioner Regulation National Law¹²

General provisions

Division 3 Registration standards and codes and guidelines

Section 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.

Example: A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

Section 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 sections 35, 62, 66, 178, 191, 196, 237 and 271.

¹² Health Practitioner Regulation National Law as in force in each state and territory (the National Law) is available at www.ahpra.gov.au

Appendix 2: Supervision Agreement

This supervision agreement is to be completed by the supervisor(s) and supervisee and is to be submitted to the Occupational Therapy Board of Australia prior to commencement of practice, where supervision is a requirement for registration.

Section 1 – Details and commitment of supervisor and supervisee

We agree to be engaged with each other in a supervisor/supervisee relationship:

Supervisor 1:

Last name: _____ First name: _____
Position: _____
Employing agency: _____
Number of full-time equivalent years experience as an occupational therapist: _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____
Signature: _____ Date: _____

Supervisor 2 (if applicable):

Last name: _____ First name: _____
Position: _____
Employing agency: _____
Number of full-time equivalent years experience as an occupational therapist: _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____
Signature: _____ Date: _____

Supervisee:

Last name: _____ First name: _____
Employing agency: _____
Specify hours to be worked each week: _____
Practice address: _____
Postal address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number (if applicable): _____
Signature: _____ Date: _____

Supervision level at commencement: 1 2 3 4 (circle relevant level)

Section 2 – Agreement of supervisor

Agreement of supervisor
I have read and agree to comply with the responsibilities of supervisors.
I understand: <ul style="list-style-type: none">• the significance of supervision as a professional undertaking and commit to this role• my legal and professional responsibilities generally, and in relation to supervision, and will act accordingly (see the responsibilities of supervisors as set out in the Board’s Supervision guidelines)• that I must make every effort to ensure that the supervisee has read and agrees to comply with his/her responsibilities; understands legal responsibilities and constraints within which he/she must operate; and follows the Board’s Code of Conduct• the responsibility for determining the supervised practice plan and supervision reports must be informed by my assessment of the supervisee and I agree to undertake and document assessments as required• that I must only delegate tasks that are appropriate to the role of the supervisee and are within the competence of the individual• that re-assessment of competency and review of the supervised practice plan must occur regularly and that supervision reports on progress must be provided as stipulated by the Board• that I must take responsibility for the interventions carried out by occupational therapists working under my supervision to the extent described in the ‘Levels of supervision’ section in the Supervision guidelines• that I must provide clear direction to the supervisee• that I must provide honest and responsible reports as required by the Board, and• that overseas-trained occupational therapists under my supervision must be orientated to the Australian healthcare system and I will arrange for a program which addresses this requirement as part of the supervised practice plan.
I have read and understand: <ul style="list-style-type: none">• the Occupational Therapy Board of Australia’s Supervision guidelines.

Note: Some statutory protection for supervisors exists according to the Health Practitioner Regulation National Law (section 237). See the Occupational Therapy Board of Australia’s Supervision guidelines.

Agreement of supervisor

I confirm that I am/am not (please delete as appropriate) currently supervising more than three supervisees for the Occupational Therapy Board of Australia.
(Please provide details of how adequate supervision is to be provided for all supervisees if proposing to supervise more than three)

I have/have not (please delete as appropriate) previously provided supervision for occupational therapists.
(Please list names of previous occupational therapists you have supervised)

I do/do not (please delete as appropriate) have a potential conflict of interest, such as a personal or business relationship with the supervisee.
(Please detail any potential conflict of interest)

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisor 1: _____

Signature of supervisor 2: _____

Name of supervisor 1: _____

Name of supervisor 2: _____

Name of supervisee: _____

Section 3 – Agreement of supervisee

Agreement of supervisee
I have read and agree to comply with the responsibilities of supervisees.
I understand that I must: <ul style="list-style-type: none">• familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to general registration without conditions• abide by the responsibilities of supervisees as set out in the Board's Supervision guidelines• inform my supervisor(s) at the outset of the supervision period of my experience, needs and circumstances/incidents relevant to the requirement that I practise under supervision• participate in assessments undertaken by my supervisor to assist in the determination of my capabilities, needs and progress• familiarise myself with safety policies and procedures relevant to my supervised practice and comply with these• follow directions and instruction from my supervisor and ask questions to clarify where necessary• advise my supervisor of any uncertainties and incidents in relation to my practice during the period of supervision• reflect on and respond to feedback• provide honest and responsible information as required by the Occupational Therapy Board of Australia• immediately cease practice in the event of supervision becoming unavailable and notify the Occupational Therapy Board of Australia in writing within seven days, and• if I am an overseas-trained occupational therapist, ensure I become familiar with the Australian healthcare system and that strategies which specifically address this requirement will be included in my supervised practice plan.
I do/do not (please delete as appropriate) have a potential conflict of interest, such as a personal or business relationship with my supervisor. (Please detail any potential conflict of interest)

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisee: _____ Name of supervisee: _____

Name of supervisor 1: _____

Name of supervisor 2 (if applicable): _____

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed in the Contact Us section of the AHPRA website (www.ahpra.gov.au) or below:

AHPRA GPO Box 9958 IN YOUR CAPITAL CITY	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801
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You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

For information on the Occupational Therapy Board of Australia please visit www.occupationaltherapyboard.gov.au.

Appendix 3: Supervised practice plan

Supervision principles

Supervision provides assurance to the Occupational Therapy Board of Australia (the Board) and the community that a registrant's practice is safe and is not putting the public at risk. Supervision also monitors and supports registrants throughout their period of supervised practice.

Registrants with limited or provisional registration or with conditions or undertakings related to their registration may be required to work under supervision. They may be directed by the Board to work under supervision to further develop their competence (for example to work towards general registration) or to address a health, conduct or performance issue that has been assessed as impacting on safe and/or appropriate practice.

The supervision guidelines developed by the Board set out the principles of supervision¹³. Appendices within the guidelines include the templates for the agreement, practice plan and supervisor report(s).

Objectives

A supervised practice plan is a plan that is agreed between the Board, the supervisor and the registrant being supervised (the 'supervisee') that sets out the objectives, 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 registrant's current level of training, competence and scope of practice and the position in which the supervisee will be practising.

When does a supervised practice plan need to be completed?

Supervised practice in accordance with the Board's supervision guidelines involves a:

- supervision agreement ([Appendix 2](#))
- supervised practice plan ([Appendix 3](#) – *this template*)
- supervisor report(s) ([Appendix 4](#))

A supervised practice plan follows the establishment of a supervision agreement and forms the framework by which a supervisor's report is submitted to the Board

¹³ Standards, codes and guidelines are published at the Board's website: www.occupationaltherapyboard.gov.au/Codes-Guidelines.aspx

A supervised practice plan is completed by the supervisor in consultation with the occupational therapist under supervision.

Prior to practice or soon after practice commences (i.e. within two weeks) a supervised practice plan must be completed and forwarded by the supervisee to the Board via AHPRA.

Content of a supervised practice plan

The supervised practice plan outlines the anticipated duration of the supervision period, the nature of the supervision, and the reporting requirements, including the period for review. A supervised practice plan, including the reporting requirements, will align with any conditions imposed by the Board, including review requirements.

The commencement level of supervision will usually be set out in any conditions or undertakings to registration imposed by the Board. For all registrants undertaking supervised practice, 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 registrant's competency.

Some registrants undertaking supervised practice will start at level 1 supervision, and progress to level 2 and then level 3 or 4 prior to completion of the supervised practice. Some registrants may start at Level 2 or 3. The supervisor's report will then detail, at intervals agreed in the supervised practice plan, the progress against the supervised practice plan. The final supervisor's report will include a declaration by the supervisor of the registrant's competence for independent safe practice, without condition or restriction.

The [Australian occupational therapy competency standards \(AOTCS\) 2018](#) are the measure used to assess practice in the supervisor's report.

In developing a supervised practice plan any issues requiring attention are defined as learning objectives. Each learning objective should have planned activities which will help form the basis for an assessment of competence, for regulatory practice.

Supervision requirements beyond registration

Supervised practice may also be required due to a health, conduct or performance matter. Supervision requirements relating to such matters may be determined by another entity, such as a panel or tribunal, or a co-regulatory entity.

Who is responsible for the supervised practice plan?

The supervisor is responsible for reporting against the learning goals in the supervised practice plan, and also for reporting against the set performance criteria which are based on the AOTCS standards and practice behaviours (see the supervision report template in [Appendix 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 she or he enters into with the Board, and to appropriately oversee the registrant's practice.

Changes to a supervised practice plan

Supervisory arrangements may need to be modified over time, to accommodate changes in supervisors or to reflect amended learning goals (within the parameters agreed by the Board).

The supervisor can submit to the Board via AHPRA, proposed modifications to the supervised practice plan during the period of supervision, supported by a progress supervisor report.

The Board must approve any proposed changes to the supervised practice plan before they are implemented.

If concerns are raised in the supervisor's report(s) or by the supervisor directly, the supervised practice plan will be amended by the Board as necessary.

Different supervision arrangements

The Board appreciates that there needs to be a flexible approach to supervision arrangements. For example, a supervised practice plan may involve:

- one supervisor in a single workplace setting
- one supervisor across a variety of workplace settings, or
- more than one supervisor, with same or different employers (co-supervision arrangements).

During co-supervision arrangements, and where more than one employer is involved, it would be usual to have each supervisor complete a separate supervised practice plan.

At the end of the supervision period, the supervisee will need to submit the supervisors' reports, against the supervised practice plans to the Board via AHPRA. The supervisor report template is provided in the supervision guidelines (see [Appendix 4](#)).

Where the supervisee has more than one supervisor, the Board will need to consider each supervisor's report when submitted at the end of their supervision period.

What other documents need to be completed?

This supervised practice plan needs to be submitted with the following documents:

- the relevant registration application form (if not already submitted) and all associated documents
- a CV from the practitioner undertaking supervision in the Australian Health Practitioner Regulation Agency (AHPRA) standard format, detailing any gaps in practice history of more than three months from the date you obtained your qualification (if not already attached to the registration application form). The AHPRA standard CV format guideline may be found under *Registration* on the AHPRA website at www.ahpra.gov.au, and
- a signed supervision agreement.

Overseas qualified practitioners

- Overseas qualified occupational therapists wishing to practise in Australia are currently required to undertake an initial assessment in compliance with the requirements specified by the Occupational Therapy Council (OTC). This assessment comprises:
 - Stage 1 – desktop audit of qualifications
 - State 2 – supervised practice auditSuccessful completion of both stage 1 and stage 2 requirements will result in a Certificate of Practical Completion from the OTC, which the registrant must then include with their registration application form for submission to AHPRA, for Board approval.
- For practitioners who have attained their primary qualifications outside Australia, their supervised practice plan must include an orientation or introduction to the Australian healthcare system, and to Australian culture. An orientation report template can be found at [Appendix 5](#) of the supervision guidelines.
- Please visit the OTC website <http://otccouncil.com.au/> for further details on their assessment process.

Supervised practice plan

It is recommended that you save this plan on your computer and type directly into it. Tables may be reduced and/or expanded as required. Print a copy for submission to AHPRA.

Elements of this plan can be cut / pasted directly into the supervisor report template (see [Appendix 4](#) of the Board's supervision guidelines).

Registrant (Supervisee) details:

Name:	
Registration number (if applicable):	

Supervisor details:

Name of Supervisor 1:	
Registration number:	
Name of Supervisor 2 (if applicable):	
Registration number:	

Reason for supervision:

Please mark the relevant box¹⁴:

- Recency of practice requirement (i.e. returning to practice after an absence of five or more years)
- Limited registration for postgraduate training or supervised practice
- Condition of registration applied by the Board
- Condition or undertaking requiring supervision from a health, performance or conduct matter
- Other – specify: _____

¹⁴ The checkbox can be marked 'x' if you right-click on the box and select properties, select 'checked'

SECTION 1: Supervision arrangements

Proposed position:	
Proposed employer:	
Location(s) where supervised practice is proposed:	
Anticipated supervision commencement date:	
Anticipated supervision completion date ¹⁵ :	

Supervision Levels

If the Board has stipulated the level of supervision and duration of supervision to be undertaken, please record this in the box below. Please refer to the supervision guidelines available at the Board’s website www.occupationaltherapyboard.gov.au/Codes-Guidelines.aspx for a full description of supervision levels. If no level has been stipulated, please review the Board’s supervision guidelines for Occupational Therapists and outline your suggested level and duration of supervision in the box below.

Please note the following definitions of supervision levels:

Level 1: Direct supervision

When the supervisor takes direct and principal responsibility for the provision of the occupational therapy service (e.g. assessment and/or treatment of individual patients/clients). The supervisor must be physically present at the workplace, and supervision must include observation of the supervisee when she/he is providing the occupational therapy service.

Level 2: Indirect supervision

When the supervisor is easily contactable and is available to observe and discuss the occupational therapy services being delivered by the supervisee.

Level 3,4: Remote supervision

When the supervisor is contactable to discuss the supervisee’s occupational therapy practice (e.g. clinical activities), however the supervisor may not be on the premises or required to directly observe or participate in the provision of occupational therapy services by the supervisee.

¹⁵ This should correlate to the period of limited registration if applicable

Reporting frequency

Supervisor reports are required at intervals specified by the Board. These reports should be written once the hours of supervision at the level specified has been reached. If the Board has not specified reporting requirements, typically, for supervision levels 2, 3 or 4 a report should be provided after three months and then at three-monthly intervals.

If the registrant is on level 1 for an extended period, a report after each month on Level 1 is required, unless otherwise specified. See *Table 1: levels of supervision* in the Board's supervision guidelines.

SECTION 2: Supervised Practice Plan: Capabilities and learning objectives specific to the supervisee

The aim of this section is to prompt constructive and supportive discussion between the supervisor and supervisee and to identify areas of performance that could be incorporated into the supervision plan.

Table One: Supervisee's Capabilities

Strengths of supervisee	Areas for further development

Please outline specific learning objectives and planned activities to address these objectives in the table below. Please insert as many rows as required. Each learning objective can be cut/paste into the supervisor report template (see [Appendix 4](#) of the Board's supervision guidelines).

Table Two: Practice Plan Learning Objectives.

Learning Objectives	Planned Activities

Please specify:

How is supervision to be provided, including where relevant, practice areas that will be directly observed:

(for example direct supervision of all assessments; discussion of treatment plan after assessment; observation of initial treatment; review of progress notes or reports; case review; teleconference; in-service session; etc.)

--

Frequency of supervision (e.g. daily, weekly, fortnightly, monthly etc):

--

SECTION 3: Performance against set ACSOT criteria

The [Australian occupational therapy competency standards \(AOTCS\) 2018](#) are the measure used to assess practice in the supervisor's report.

The registrant (supervisee) and supervisor should note that the supervisor report template at [Appendix 4](#) will also require a rating against each of the AOTCS standards and practice behaviours:

Standard 1 – Professionalism

Standard 2 – Knowledge and learning

Standard 3 – Occupational therapy process and practice

Standard 4 – Communication

SECTION 4: Supervisor Declaration

I have completed this supervised practice plan in consultation with the supervisee and in my professional opinion consider the goals and planned activities to be appropriate to the identified needs. I also confirm that I can provide the level of supervision specified in Section 1 above.

Signature of supervisor 1 :	
Name of supervisor:	
Date:	

Signature of supervisor 2 :	
Name of supervisor:	
Date:	

Section 4: Registrant's (Supervisee) Declaration

I have read, understand and agree to the learning objectives and related activities included in this supervised practice plan.

Signature of registrant:	
Name of registrant:	
Date:	

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed in the Contact Us section of the AHPRA website (www.ahpra.gov.au) or below:

AHPRA GPO Box 9958 IN YOUR CAPITAL CITY	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801
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You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

For information on the Occupational Therapy Board of Australia please visit www.occupationaltherapyboard.gov.au.

Questions?

Please call AHPRA if your enquiry is urgent.

Within Australia call **1300 419 495**

From outside Australia call +61 3 8708 9001

Opening hours: Monday to Friday 09:00 – 17:00 (local time)

Or complete a web enquiry form: www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry.aspx

Appendix 4: Supervisor report

Supervision principles

The supervision guidelines developed by the Occupational Therapy Board of Australia (the Board) set out the principles of supervision¹⁶. Appendices within the guidelines include the templates for the agreement, practice plan and supervisor report(s).

Objectives

The supervisor's report details at intervals specified in the supervised practice plan, the progress against the supervised practice plan. Additional supervisor reports may be submitted at any time and are mandated if there are any changes proposed to the supervised practice plan or if there are concerns about the supervisee. The final report will include an attestation from the supervisor as to the registrant's (the 'supervisee's') competence for independent safe practice without condition or restriction.

The supervisor's report is made against elements of the agreed supervised practice plan and the [Australian occupational therapy competency standards \(AOTCS\) 2018](#) and in accordance with the Board's supervision guidelines.

When does a supervisor report need to be completed?

Supervised practice in accordance with the Board's supervision guidelines involves a:

- supervision agreement ([Appendix 2](#))
- supervised practice plan ([Appendix 3](#))
- supervisor report(s) ([Appendix 4 – this template](#))

A supervisor report is generally required to be submitted at intervals specified by the Board, as recorded in the supervised practice plan. A supervisor report may be a progress report or a final report.

The report will detail progress by the supervisee against the supervised practice plan learning objectives. In addition, the supervisor report contains a section where both the supervisee and supervisor(s) rate the performance of the supervisee against a series of set criteria. These criteria relate to the [Australian occupational therapy](#)

[competency standards \(AOTCS\) 2018](#), and are in addition to the learning objectives in the performance plan

Additional supervisor reports may be submitted at any time and are mandated if there are any changes proposed to the supervised practice plan or if there are concerns about the supervisee.

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

Content of a supervised practice plan

The supervisor report (based on this template) provides details against the requirements of the supervised practice plan and explains whether or not the elements of the supervised practice plan are being achieved and, if not, the measures to be implemented to address those elements not achieved.

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

It is recommended you cut/paste the learning objectives from the supervised practice plan into the relevant tables in this report.

¹⁶ Standards, codes and guidelines are published at the Board's website: www.occupationaltherapyboard.gov.au/Codes-Guidelines.aspx

Supervisor progress report

Instructions for supervisors

SECTION 1 - Supervision arrangements

Date of report:	
-----------------	--

Registrant (Supervisee) details:

Name:	
Registration number :	

Supervisor details:

Name of Supervisor 1:	
Registration number:	
Name of Supervisor 2(if applicable):	
Registration number:	

Hours of supervision already received and at what level

Level of Supervision	Date range of supervision	Number of hours
Level 1: Direct supervision		
Level 2: Indirect supervision		
Level 3/4: Remote supervision		

Reporting frequency (if progression is applicable):

The supervisor should state whether she/he believes that a change to the level of supervision is warranted based on the supervisees performance, and in addition outline any other changes recommended to the previously agreed supervised practice plan, and reasons for recommended changes: *Please attach separate sheets if necessary or a revised Supervised Practice Plan (where required):*

--

Anticipated supervision completion date:	
--	--

Please select the reason for this supervisor's report¹⁷:

- as stipulated in accordance with the supervised practice plan
- to propose or justify changes in supervision, including level of supervision
- to identify that there are concerns about a supervisee¹⁸
- to accompany an application for renewal of registration by a supervisee
- as otherwise required by Board, panel, tribunal or co-regulatory authority.

¹⁷The checkbox can be marked 'x' if you right-click on the box and select properties, select 'checked'

¹⁸Note: a supervisor may at any time provide a verbal report to the Board via AHPRA if there are immediate concerns

SECTION 2: Performance against capabilities and learning objectives specific to the supervisee

Please copy and paste the Learning Objectives documented in Table 2, Section Two of your supervision plan into the first column of the table below. Both the supervisor and supervisee should rate each learning goal, and the supervisor should also include a comment for each goal.

The rating scale to be used is:

- 1 = Performs consistently much poorer than the level expected**
- 2 = Performs consistently poorer than the level expected**
- 3 = Performs consistently at the level expected**
- 4 = Performs consistently better than the level expected**

Both the supervisor and the supervisee should rate each criteria in the table below:

Individual Learning Objectives (Initial/mark the box under each category that best describes the supervisee's performance.)		1. Performs consistently much poorer than the level expected	2. Performs consistently poorer than the level expected	3. Performs consistently at the level expected	4. Performs consistently better than the level expected	Supervisor Comment
1. Insert learning objective from the supervised practice plan here. Add additional rows as required	Supervisee					
	Supervisor					
2.	Supervisee					
	Supervisor					
3.	Supervisee					
	Supervisor					

SECTION 3: Performance against set AOTCS criteria

The [Australian occupational therapy competency standards \(AOTCS\) 2018](#) are the measure used to assess practice in the supervisor's report.

Both the supervisor and the supervisee should rate each criteria in the table below.

Standard 1: Professionalism

An occupational therapist practises in an ethical, safe, lawful and accountable manner, supporting client health and wellbeing through occupation and consideration to the person and their environment.

Criteria: Initial/mark the box under each category that best describes the supervisee's performance.		1. Performs consistently much poorer than the level expected	2. Performs consistently poorer than the level expected	3. Performs consistently at the level expected	4. Performs consistently better than the level expected
1. Complies with the Occupational Therapy Board of Australia standards, guidelines and <i>Code of Conduct</i> .	Supervisee				
	Supervisor				
2. Adheres to legislation relevant to practice.	Supervisee				
	Supervisor				
3. Maintains professional boundaries in all client and professional relationships.	Supervisee				
	Supervisor				
4. Recognises and manages conflict of interest in all client and professional relationships.	Supervisee				
	Supervisor				
5. Practises in a culturally responsive and culturally safe manner with particular respect to culturally diverse client groups.	Supervisee				
	Supervisor				
6. Incorporates and responds to historical, political, cultural and societal, environmental and economic factors influencing health, wellbeing and occupations of Aboriginal and Torres Strait Islander communities.	Supervisee				
	Supervisor				
7. Collaborates and consults ethically and responsibly for effective client centred and interprofessional practice.	Supervisee				
	Supervisor				

Criteria: Initial/mark the box under each category that best describes the supervisee's performance.		1. Performs consistently much poorer than the level expected	2. Performs consistently poorer than the level expected	3. Performs consistently at the level expected	4. Performs consistently better than the level expected
8. Adheres to all work health and safety and quality requirements for practice.	Supervisee				
	Supervisor				
9. Identifies and manages the influence of her/his values and culture on practice.	Supervisee				
	Supervisor				
10. Practises within limits of her/his level of competence and expertise	Supervisee				
	Supervisor				
11. Maintains professional competence and adapts to change in practice context.	Supervisee				
	Supervisor				
12. Identifies and utilises relevant professional and operational support and supervision.	Supervisee				
	Supervisor				
13. Manages resources, time and workload accountably and effectively.	Supervisee				
	Supervisor				
14. Recognises and manages her/his physical and mental health for safe, professional practice.	Supervisee				
	Supervisor				
15. Addresses issues of occupational justice in practice.	Supervisee				
	Supervisor				
16. Contributes to education and professional practice development of peers and students.	Supervisee				
	Supervisor				
17. Recognises and manages any inherent power imbalance in the relationship with clients.	Supervisee				
	Supervisor				

Standard 2 – Knowledge and Learning

An occupational therapist's knowledge, skills and behaviours in practice are informed by relevant and contemporary theory, practice knowledge and evidence and maintained and developed by ongoing professional development and learning.

Criteria: Initial/mark the box under each category that best describes the supervisee's performance.		1. Performs consistently much poorer than the level expected	2. Performs consistently poorer than the level expected	3. Performs consistently at the level expected	4. Performs consistently better than the level expected
1. Applies current and evidence informed knowledge of occupational therapy and other appropriate relevant theory in practice.	Supervisee				
	Supervisor				
2. Applies theory and frameworks of occupation to professional practice and decision making.	Supervisee				
	Supervisor				
3. Identifies and applies best available evidence into professional practice and decision making.	Supervisee				
	Supervisor				
4. Understands and responds to Aboriginal and Torres Strait Islander health philosophies, leadership, research and practices.	Supervisee				
	Supervisor				
5. Maintains current knowledge for cultural responsiveness for groups in the practice setting.	Supervisee				
	Supervisor				
6. Maintains and improves currency of knowledge, skills and new evidence for practice by adhering to the requirements for continuing professional development.	Supervisee				
	Supervisor				
7. Implements a specific learning and development plan when moving to a new area of practice or returning to practice.	Supervisee				
	Supervisor				
8. Reflects on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice.	Supervisee				
	Supervisor				
9. Maintains knowledge of relevant resources and technologies.	Supervisee				
	Supervisor				
10. Maintains digital literacy for practice.	Supervisee				
	Supervisor				

Standard 3 – Occupational Therapy Process and Practice

An occupational therapist’s practice acknowledges the relationship between health, wellbeing and human occupation, and their practice is client-centred for individuals, groups, communities and populations.

Criteria: Initial/mark the box under each category that best describes the supervisee's performance.		1. Performs consistently much poorer than the level expected	2. Performs consistently poorer than the level expected	3. Performs consistently at the level expected	4. Performs consistently better than the level expected
1. Addresses occupational performance and participation of clients identifying the enablers and barriers to engagement.	Supervisee				
	Supervisor				
2. Performs appropriate information gathering and assessment when identifying a client’s status and functioning strengths, occupational performance and goals.	Supervisee				
	Supervisor				
3. Collaborates with the client and relevant others determining the priorities and occupational therapy goals.	Supervisee				
	Supervisor				
4. Develop a plan with the client and relevant others to meet identified occupational therapy goals.	Supervisee				
	Supervisor				
5. Selects and implements culturally responsive and safe practice strategies to suit the occupational therapy goals and environment of the client.	Supervisee				
	Supervisor				
6. Seeks to understand and incorporate Aboriginal and Torres Strait Islander Peoples’ experiences of health, wellbeing and occupations encompassing cultural connections.	Supervisee				
	Supervisor				
7. Reflects on practice to inform and communicate professional reasoning and decision-making.	Supervisee				
	Supervisor				
8. Identifies and uses practice guidelines and protocols suitable to the practice setting or work environment.	Supervisee				
	Supervisor				
9. Implements an effective and accountable process for delegation, referral and handover.	Supervisee				
	Supervisor				
10. Reviews, evaluates and modifies plans, goals and interventions with the client and relevant others to enhance or achieve client outcomes.	Supervisee				
	Supervisor				

Criteria: Initial/mark the box under each category that best describes the supervisee's performance.		1. Performs consistently much poorer than the level expected	2. Performs consistently poorer than the level expected	3. Performs consistently at the level expected	4. Performs consistently better than the level expected
11. Evaluates clients and service outcomes to inform future practice.	Supervisee				
	Supervisor				
12. Uses effective collaborative, multidisciplinary and interprofessional approaches for decision-making and planning.	Supervisee				
	Supervisor				
13. Uses appropriate assistive technology and/or environmental modifications for achieve client occupational performance outcomes.	Supervisee				
	Supervisor				
14. Contributes to quality improvement and service development	Supervisee				
	Supervisor				

Standard 4 – Communication

Occupational therapists practise with open, responsive and appropriate communication to maximise the occupational performance and engagement of clients and relevant others.

Criteria: Initial/mark the box under each category that best describes the supervisee's performance.		1. Performs consistently much poorer than the level expected	2. Performs consistently poorer than the level expected	3. Performs consistently at the level expected	4. Performs consistently better than the level expected
1. Communicates openly, respectfully and effectively.	Supervisee				
	Supervisor				
2. Adapts written, verbal and non-verbal communication appropriate to the client and practice context.	Supervisee				
	Supervisor				
3. Works ethically with Aboriginal and Torres Strait Islander communities and organisations to understand and incorporate relevant cultural protocols and communication strategies, with the aim of working to support self-governance in communities.	Supervisee				
	Supervisor				
4. Utilises culturally responsive, safe and relevant communication tools and strategies.	Supervisee				
	Supervisor				
5. Complies with legal and procedural requirements for the responsible and accurate documentation, sharing and storage of professional information records of practice.	Supervisee				
	Supervisor				
6. Maintains contemporaneous, accurate and complete records of practice.	Supervisee				
	Supervisor				
7. Obtains informed consent for practice and information sharing from the client or legal guardian.	Supervisee				
	Supervisor				
8. Maintains collaborative professional relationships with clients, health professionals and relevant others.	Supervisee				
	Supervisor				
9. Uses effective communication skills to initiate and end relationships with clients and relevant others.	Supervisee				
	Supervisor				
10. Seeks and responds to feedback modifying communication and/or practice accordingly.	Supervisee				
	Supervisor				
11. Identifies and articulates the rationale for practice to clients and relevant others.	Supervisee				
	Supervisor				

***Supervisors should contact the Board as soon as practical if the learning objectives are not achievable and/or where there are immediate concerns**

Emerging issues or problems (if applicable)	Measures to address emerging issues or problems (e.g. ongoing close supervision or further development required for regulatory purposes)

(Include additional rows or attach further information, as required)

Summary statement on performance during this period of supervision and ongoing recommendations for further supervision:

Is the registrant (supervisee) suitable for ongoing registration in terms of her/his competency for independent safe practice? ¹⁹

Yes

No. Specify any emerging problems or areas requiring ongoing / close supervision or further development required for regulatory purposes:

Supervisor's Signature

Signature of supervisor:	
Name of supervisor:	
Date:	

Supervisee's Signature

Signature of supervisee:	
Name of supervisee:	
Date:	

¹⁹ The checkbox can be marked 'x' if you right-click on the box and select properties, select 'checked'

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed in the Contact Us section of the AHPRA website (www.ahpra.gov.au) or below:

AHPRA GPO Box 9958 IN YOUR CAPITAL CITY	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801
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You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

For information on the Occupational Therapy Board of Australia please visit www.occupationaltherapyboard.gov.au.

Questions?

Please call AHPRA if your enquiry is urgent.

Within Australia call **1300 419 495**

From outside Australia call + 61 3 8708 9001

Opening hours: Monday to Friday 09:00am – 05.00pm (local time)

Or complete a web enquiry form: www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry.aspx

Appendix 5: Orientation to the Australian healthcare system

For practitioners who have attained their primary qualifications outside Australia, their supervised practice plan must include an orientation or introduction to the Australian healthcare system.

Orientation to the Australian healthcare system

For practitioners who have attained their primary qualifications outside of Australia, their supervised practice plan must include an orientation or introduction to the Australian healthcare system, and information on Australian culture.

Practitioners who have attained their primary qualifications outside of Australia are required to:

- complete this orientation report (self-directed, with support from the supervisor)
- submit it to the Board, with the supervised practice plan, for approval early in the supervisory period (prior to practice or within two weeks after commencing practice)

Name of registrant:	
Registration number:	
Date commenced in approved position:	

Mark off (with a cross) each section when covered²⁰

General

Occupational therapists should be familiar with the structure of the Australian healthcare system and the roles of the various bodies with which contact will occur or which have particular areas of responsibility.

Orientation to the Australian healthcare system

- Structure and funding of the Australian healthcare system, interface between private and public health services
- Federal and /or State or Territory Department of Health, Department of Veterans Affairs, Medicare, WorkCover or similar authority (where applicable)
- Occupational therapy Board of Australia — registration, professional performance, conduct and health assessment and monitoring relevant under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law)
- Provider and prescriber numbers (if applicable)
- Prescribing (if applicable) — Pharmaceutical Benefits Scheme, National Prescribing Service, therapeutic guidelines
- Referral system – (e.g. pathology, radiology, other specialists, allied health services, hospital emergency departments, Ambulance Service, community services, local support groups) the employer should provide a list of service providers and their contact details
- Other contact phone numbers — supervisors, interpreter service, drugs and poisons information service and so forth

²⁰ The checkbox can be marked 'x' if you right-click on the box and select properties, select 'checked'

Orientation to the practice

- Policy and procedures manual — including infection control, patient confidentiality, clinical records, complaint processes
- Information technology (IT) systems
- Profession specific bodies (e.g. Occupational therapy Association of Australia, Occupational Therapy Council)
- Occupational health and safety

Orientation to legislation and professional practice

- Mandatory requirements under the National Law
- Legislative framework governing practice in state or territory, including drugs and poisons legislation if applicable
- Litigation and indemnity
- Patient privacy, rights and responsibilities, patient complaints
- Patient consent
- Access to health/medical records

Professional development

- Occupational therapy education and training and access to clinical publications
- Therapeutic guidelines, Australian Medicines Handbook, Occupational therapists guidelines and practice standards (where applicable)

Cultural diversity and social context of care

- Cultural awareness and respect
- Australian society, including multiculturalism, the status of women, children and older persons
- Aboriginal and Torres Strait Islander cultures
- Reporting responsibilities for suspected child abuse and domestic violence
- Health practitioner / patient relationship

Other topics included in initial orientation:

Signatures:

Applicant's / registrant's signature: _____ Date: _____

Applicant's / registrant's name: _____
(please print)

Principal supervisor's signature: _____ Date: _____

Principal supervisor's name: _____
(please print)

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed in the Contact Us section of the AHPRA website (www.ahpra.gov.au) or below:

AHPRA GPO Box 9958 IN YOUR CAPITAL CITY	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801
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For information on the Occupational Therapy Board of Australia please visit www.occupationaltherapyboard.gov.au.