

## Supervised practice plan template

### Who needs to complete this form?

If you are undertaking supervision you need to submit a supervised practice plan (based on this template) with a professional development plan and any applicable registration application forms<sup>1</sup>. Situations where supervision is required include:

- returning to practice after an absence of greater than three years
- significant change to scope of practice
- limited registration for postgraduate training or supervised practice when supervised practice is required, and/or
- limited registration for teaching or research when supervised practice is required.

The Optometry Board of Australia (the Board) may also require a supervised practice plan be developed in conjunction with conditions or undertakings arising from a health, performance or conduct matter. In this situation, the Board or another entity will direct the timing and requirements for the supervised practice plan.

### Associated documents to be read prior to completing

- *Recency of practice registration standard*<sup>2</sup>
- *FAQ: Recency of practice*
- *Information sheet: Returning to practice or significantly changing scope of practice*
- *Supervision guidelines for optometrists*<sup>3</sup>
- The Board's other registration standards, code and guidelines, published on its website [www.optometryboard.gov.au](http://www.optometryboard.gov.au).

### What to consider when developing a supervised practice plan

In completing the supervised practice plan, the individual circumstances of the supervisee should be taken into account, including the purpose of supervision, the supervisee's qualifications, experience, capabilities and the demands of the proposed position and location.

The professional development plan will help you to undertake a learning needs analysis to identify any gaps in your knowledge and skills before you develop a program to address your learning needs.

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<sup>1</sup> Available on the Registration page on the Board's website.

<sup>2</sup> Available under the Registration Standards section of the Board's website.

<sup>3</sup> Published on the Board's website under Policies, Codes and Guidelines.

The *Supervision guidelines for optometrists* list some key factors that should be taken into consideration when developing a supervised practice plan and the levels of supervision in this plan.

The completed supervised practice plan should also list the frequency of reporting, the content and supporting evidence of progress required in each report, and the format of the report.

The supervisor can submit proposed modifications to the supervised practice plan to the Board during the period of supervision.

### **What happens to the plan after it is submitted?**

The Board will consider the proposed supervised practice plan and approve it with or without modification.

### **Who should the supervisee and supervisor contact with any queries?**

The Australian Health Practitioner Regulation Agency (Ahpra) office in the relevant state or territory will be the ongoing liaison point in the approval of the supervised practice plan and during the period of supervision. Contact details are listed on the [Contact us](#) page of the Ahpra website.

## Supervised practice plan

### Supervisee

Last name of supervisee:		
First (given) name of supervisee:		
Registration number <i>(if applicable)</i> :		
Preferred contact details:	Email:	Telephone:

### Supervisor(s)

Name of Supervisor 1:		
Registration number:		
Preferred contact details of Supervisor 1:	Email:	Telephone:
Name of Supervisor 2 <i>(if applicable)</i> :		
Registration number:		
Preferred contact details of Supervisor 2:	Email:	Telephone:

### Purpose of supervision (tick one)

- Returning to practice after an absence of greater than three years
- Significant change to scope of practice
- Limited registration for postgraduate training or supervised practice
- Limited registration for teaching or research
- Condition or undertaking requiring supervision from a health, performance or conduct matter

## Section 1 – Supervision arrangements

Proposed position:		
Proposed employer:		
Location(s) where supervised practice is proposed:		
Proposed field of practice:		
Description of employment: Include: <ul style="list-style-type: none"><li>• Number of hours of work</li></ul>		
Anticipated supervision start date:		
Anticipated supervision completion date: <sup>4</sup>		

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<sup>4</sup> This should correlate to the period of limited registration if applicable

<p><b>Level*</b> (Refer to the 'Levels of supervision' described in the Board's Supervision guidelines for optometrists)</p> <p>Describe how supervision is to be provided for each level e.g. <i>direct supervision of all assessments, discussion of treatment plan after assessment, observation of initial treatment, frequency of case reviews, teleconferences, in-service sessions etc.</i></p>	<p><b>Proposed number of patients</b></p> <p>(Refer to Information sheet for examples of number of patients required in different situations)</p>	<p><b>Proposed reporting frequency**</b></p> <p>** Reporting may vary from monthly to three monthly depending on the level and length of supervision</p>
Level 1:		
Level 2:		
Level 3:		
Level 4:		

\* depending on the proposed starting level all levels may not need to be completed

## Section 2 – Issues specific to supervisee\*

\* **Issues to be addressed during supervision e.g. identified weaknesses, areas for development** (Attach a separate document if more space is required)

When the supervisee's position involves the care of patients the issues should reflect the entry-level competency standards for optometry. The competency standards can be found on the [Codes, guidelines and policies](#) page of the Board's website.

Areas of focus	Planned activities and evidence measures to address areas of focus	Review date
1.	1.1	
	1.2	
	1.3	
	1.4	
	1.5	
2.	2.1	
	2.2	
	2.3	
	2.4	
	2.5	
3.	3.1	
	3.2	
	3.3	

Areas of focus	Planned activities and evidence measures to address areas of focus	Review date
	3.4	
	3.5	
4.	4.1	
	4.2	
	4.3	
	4.4	
	4.5	
5.	5.1	
	5.2	
	5.3	
	5.4	
	5.5	
6.	6.1	
	6.2	
	6.3	
	6.4	

Areas of focus	Planned activities and evidence measures to address areas of focus	Review date
	6.5	

## Section 4 – 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.**

Name of supervisor 1: \_\_\_\_\_

Signature of supervisor 1: \_\_\_\_\_ Date: \_\_\_\_\_

Name of supervisor 2 (if applicable): \_\_\_\_\_

Signature of supervisor 2: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read, understood and agree to all the goals and planned activities included in this supervised practice plan.**

Signature of supervisee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of supervisee: \_\_\_\_\_

Name of supervisor 1: \_\_\_\_\_

Name of supervisor 2: \_\_\_\_\_