

### Template – Supervised practice plan for Authorised Bodies

#### Registered paramedic

#### **Objectives**

This supervised practice plan template sets out:

- the amount of supervised practice a paramedic is required to undertake, and
- that the authorised body and paramedic agree that supervised practice is to take place in accordance with the approach set out by the Board for authorised bodies to manage the supervised practice of paramedics in certain circumstances

#### Who does this template and approach apply to?

This template and approach applies to:

- paramedics who do not meet the requirements of the recency of practice registration standard and are seeking to return to practice or make a significant change in their scope of practice; and
- it is decided by the Paramedicine Board of Australia (Board) that the paramedic is required to undertake period of supervised practice to address their lack of recency of practice, regain their knowledge and skills and demonstrate their competence and ability to practise safely; and
- an authorised body has agreed to oversee/manage their period of supervised practice or part thereof

This template and approach does not apply to:

- paramedics required to undertake a period of supervised practice to compete a qualification requirement under s311(1)(b) of the National Law1; or
- paramedics who hold Limited Registration; or
- paramedics required to undertake supervised practice due to a requirement imposed on their registration under Part 8 of the National Law; or
- paramedics seeking to undertake a period of supervised practice not with an authorised body.

#### Supervised practice plan

When a paramedic is required to undertake a period of supervised practice to regain their knowledge and skills and demonstrate their competence and ability to practise safely, they are required to identify and work with a supervisor(s) to develop a supervised practice plan that meets the Boards requirements and complies with the published supervised practice framework. That plan is then submitted to the Board for approval before any supervised practice can commence.

Where the Board is satisfied that the clinical governance arrangements and supervised practice protocols of an organisation are likely to meet their requirements for this purpose, the Board may effectively preapprove that organisation as an 'authorised body' for this purpose. This means that if a paramedic intends undertaking a period of supervised practice covered by this approach with an organisation that is an 'authorised body', they will not be required to submit a detailed supervised practice plan or list of supervisors for approval by the Board. Instead, they and the authorised body simply need to complete the *Supervised Practice Plan for Authorised Bodies* (TSPA) which is simply an agreement to supervise a

<sup>&</sup>lt;sup>1</sup> Health Practitioner Regulation National Law as enacted in each state and territory

specific practitioner for a specified period of time under this approach. (see *Fact Sheet on Supervised Practice with authorised bodies* for a list of authorised bodies and more information on this approach)

Supervised practice must not commence until Ahpra has confirmed in writing that the TSPA form has been received and verified as complete and correct.

#### Supervision

The authorised body is required to adequately supervise the practice of the paramedic for the number of hours specified by the Board and provide report/s, on the reporting template published by the Board:

- each time there is a change in the level of supervised practice; and
- every six months throughout the period of supervised practice; and
- at the end of the period of supervised practice; and
- any other time the supervisor determines it necessary to bring something to the Board's attention.

The authorised body must advise the Board and Ahpra as a matter of urgency, if it believes that the practice of the practitioner is at any time, placing the health and safety of the public at risk, or if their professional performance, health or conduct meets any of the requirements for mandatory notification as set out in the National Law.

The wording of the condition requiring supervised practice will remain unchanged from that imposed on the paramedic's registration.



## Supervised practice plan for an Authorised Body

Profession: Paramedicine

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Last name:

Enter your last name.

First (given) name:

Enter your first given name.

#### **SECTION B: Supervision arrangements**

#### 2. What are the details of your supervision arrangements?

Proposed Authorised Body:

Enter the name of the Authorised Body.

The principal supervisor for an authorised body is the key contact person responsible for liaising between Ahpra and the authorised body in relation to this supervised practice arrangement and ensuring the reporting requirements are met.

#### Principal supervisor name:

Enter your principal supervisor's name.

#### Principal supervisor's contact phone number:

Enter your principal supervisor's contact details.

#### Principal supervisor's email address:

Enter your principal supervisor's email address.

#### Proposed commencement date:

Enter your proposed commencement date.

#### Anticipated supervision completion date:

Enter your anticipated supervision completion date.

#### Hours of supervision required:

Enter the number of hours of supervision required.

#### **SECTION C: Declarations**

#### Principal supervisor's declaration

I agree that the practice of the supervisee will be supervised for the number of hours specified and in accordance with the requirements of an authorised body.

#### Name of principal supervisor:

Enter the name of the principal supervisor or supervising organisation.

# Signature of principal supervisor:

#### Date signed:

Enter the date this declaration is signed by the principal supervisor or supervising organisation.

#### Supervisee's declaration

I have read, understood, and agree to be supervised in accordance with this supervised practice plan.

#### Name of supervisee:

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#### Signature of supervisee:

#### Date signed:

Enter the date this declaration is signed by the supervisee.

#### Who do I send it to?

All documentation should be emailed to <a href="maileo:singlecompliance@ahpra.gov.au">singlecompliance@ahpra.gov.au</a> or sent to the Ahpra office in your capital city, as listed below.

# AHPRA GPO Box 9958 In your capital city (refer below)

- Sydney NSW 2001
- Canberra ACT 2601
- Melbourne VIC 3001
- Brisbane QLD 4001
- Adelaide SA 5001Perth WA 6001
- Hobart TAS 7001
- Darwin NT 0801

You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge a web enquiry at <a href="https://www.ahpra.gov.au">www.ahpra.gov.au</a>.