

Fact Sheet - Supervised practice with authorised bodies

Effective 4 December 2020

Supervised practice with authorised bodies

To whom does this apply?

This 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 (Paramedicine 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 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.

How does this work?

Usually, 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 detailed supervised practice plan that meets the Paramedicine Boards requirements and complies with the published supervised practice framework. That plan is then submitted to the Paramedicine Board for approval before any supervised practice can commence. This process applies to any supervised practice undertaken outside of that with an authorised body.

Where the Paramedicine Board is satisfied that the clinical governance arrangements and supervised practice protocols of an organisation are likely to meet their requirements for this form of supervised practice, the Paramedicine Board may effectively pre-approve that organisation as an 'authorised body' for this purpose. This means that if a paramedic wishes to undertake 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 Paramedicine Board. Completion of the *Supervised practice plan for an authorised body form* (TSPA) by the paramedic and the authorised body indicating that they agree to provide the required number of hours of supervised practice for the paramedic and an acceptance from Ahpra on behalf of the Paramedicine Board will be all that is required for approval of the nominated paramedic to commence their supervised practice.

¹ Health Practitioner Regulation National Law as enacted in each state and territory

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

- each time there is a change in the level of supervised practice; and
- every 6 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 Paramedicine Board's attention.

An authorised body must advise the Paramedicine 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 registration condition requiring supervised practice will remain unchanged from that imposed on the paramedic's registration.

Who is an 'Authorised body'?

Where the Paramedicine Board is satisfied that the clinical governance arrangements and supervised practice protocols of an organisation are likely to satisfy the Paramedicine Board's expectations of supervised practice for this purpose, it may pre-approve that body as an 'authorised body'. The Paramedicine Board's expectations about requirements for supervised practice and clinical governance are informed by the (interim) supervised practice framework and the [Australian Commission on Safety and Quality in Health Care standards for clinical governance](#).

To become an authorised body, organisations must make a submission to the Paramedicine Board for consideration, detailing information about their clinical governance and supervised practice arrangements and be approved for this purpose.

The following organisations are currently approved as authorised bodies for overseeing the supervised practice of paramedics whom the Paramedicine Board decides are required to undertake a period of supervised practice because they don't meet the requirements of the Paramedicine Board's recency of practice registration standard:

- Ambulance Service of New South Wales
- Ambulance Victoria
- Queensland Ambulance Service
- St John Ambulance Service WA
- ACT Ambulance Service
- State Medical Assistance
- Absolute Medical Response (AMR)
- Ambulance Tasmania
- LifeAid
- EMS Event Medical

Definitions

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a paramedic. Practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use of their professional skills

Recency of practice: that a health practitioner has maintained an adequate connection with, and recent practice in a scope of practice of the profession.

Supervised practice is a mechanism to provide the Paramedicine Board with the assurance that the supervisee is practising safely, competently and ethically, and can be imposed for a range of regulatory purposes.

In relation to managing recency of practice issues, supervised practice provides an opportunity for a practitioner to gain/regain knowledge and skills and to demonstrate that they can practice safely and competency in that scope of practice.

Supervised practice may be direct, indirect or remote according to the nature in which the practice is being supervised.

Document control

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