

Supervised practice report

Who completes the report?

It is the responsibility of the supervisee to make sure the report is completed and submitted to the National Board via the Australian Health Practitioner Regulation Agency (Ahpra).

If supervised practice is required as a result of a complaint (notification) only the supervisor is required to complete and sign the report. For all other purposes of supervised practice, the report is completed by the supervisor in consultation with the supervisee.

Purpose of the report

The report is a tool to provide progress or monitoring updates and/or as a final assessment report. The purpose of the report will depend on the purpose for supervised practice, e.g. for a registration requirement, eligibility and suitability requirement or as a result of a complaint.

Supervised practice reports are required:

- at the timeframe set out in the conditions or undertakings on registration
- at the timeframes set out in the supervised practice plan, e.g. after one month, three months, six months etc.
- to recommend changes in the supervised practice plan, e.g. a progression in the level of supervised practice
- with applications for renewal of registration by a supervisee
- at the end of supervised practice (where required), and
- at any other time required by the Board.

Definitions

For information about the meaning of words used in this form such as supervisee, supervisor and patient please refer to the definitions section of the *Supervised practice framework* (framework) on the relevant National Board website: <https://www.ahpra.gov.au/National-Boards.aspx>

How will this report be used?

The supervisor's report will be used by the Board to decide whether the supervisee is:

- practising in a safe, competent and ethical manner
- complying with the approved supervised practice arrangement
- progressing toward eligibility to hold an unrestricted type of registration (where relevant)
- complying with the condition or undertaking on their registration (where relevant).

Depending on the purpose of the supervised practice the report may not be routinely given to the supervisee. However, if the National Board relies on the report to take any further regulatory action in relation to the supervisee, it will need to give the supervisee a copy of the report. Ahpra and the Board may also have to disclose a report if required by law.

Further information regarding Ahpra's privacy policy is available at www.ahpra.gov.au/About-Ahpra/Privacy-Freedom-of-information-and-Information-publication-scheme/Privacy. The privacy policy explains:

- how you may access and seek correction of your personal information held by Ahpra or a National Board
- how to complain about a breach of your privacy, and
- how your complaint will be dealt with.

How to complete the report

This report can be used as:

- an interim report on progress or monitoring, or
- a final assessment report.

PLEASE READ THE SECTIONS OF THE REPORT CAREFULLY. The sections of the report that need completing will depend on the purpose of the supervised practice (e.g. registration, eligibility or suitability requirement, following a complaint) and the

reason for the report (e.g. an interim report on progress and monitoring or a final assessment report).

An interim report on progress and monitoring details the progress of the supervisee against the supervised practice plan or supervised practice arrangement. Additional reports may be required if there are proposed changes to the supervised practice plan or supervised practice arrangement or if there are concerns about the supervisee.

A final assessment report is made against the supervised practice plan, or supervised practice arrangement and the profession specific registration standards, capabilities, competencies, thresholds, or standards for practice or other tool (if relevant).

For help when completing the report read:

- The framework explains the principles that support supervised practice, the risk factors that will inform the level of supervised practice, the expectations of supervisees, supervisors and employers, and the compliance process.
- *Appendix 2: Information for supervisees* about the expectations of supervisees
- *Appendix 3: Information for supervisors* about the responsibilities of supervisors
- *Appendix 4: Supervised practice levels* for a full description of the supervised practice levels.

The framework and appendices are on the relevant National Board website:

<https://www.ahpra.gov.au/National-Boards.aspx>

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- This PDF form can be filled in onscreen. Alternatively, you can print it and fill in manually. If choosing the latter, please use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**



Valid signature is defined by either an official electronic signature or printing this form, signing and scanning for submission. Names that are typed in this field will not be accepted as a valid signature.



To check or remove documents you have digitally attached, select the arrow on the left pane of the PDF then click on the paper clip icon.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



This form will not be considered unless it is complete and all supporting documentation has been provided.



SECTION A: Supervised practice report details

1. Is this an interim report on progress or monitoring or a final assessment report?

- Interim report on progress or monitoring
- Final assessment report

2. What are the supervisee's details?

Family name

First given name

Health profession

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Aboriginal and Torres Strait
Islander Health Practice | <input checked="" type="checkbox"/> Dental | <input checked="" type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Paramedicine |
| <input checked="" type="checkbox"/> Chinese Medicine | <input checked="" type="checkbox"/> Medical | <input checked="" type="checkbox"/> Occupational Therapy | <input checked="" type="checkbox"/> Physiotherapy |
| <input checked="" type="checkbox"/> Chiropractic | <input checked="" type="checkbox"/> Medical Radiation Practice | <input checked="" type="checkbox"/> Optometry | <input checked="" type="checkbox"/> Podiatry |
| | <input checked="" type="checkbox"/> Midwifery | <input checked="" type="checkbox"/> Osteopathy | |

Registration number (e.g. DEN000123456 - if applicable)

Division / endorsement / specialty (if applicable)

Monitoring and compliance number (if applicable)

3. What are the supervisors' details?

Primary supervisor's details

Family name

First given name

Health profession

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Aboriginal and Torres Strait
Islander Health Practice | <input checked="" type="checkbox"/> Medical | <input checked="" type="checkbox"/> Occupational Therapy | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Chinese Medicine | <input checked="" type="checkbox"/> Medical Radiation Practice | <input checked="" type="checkbox"/> Optometry | <input checked="" type="checkbox"/> Physiotherapy |
| <input checked="" type="checkbox"/> Chiropractic | <input checked="" type="checkbox"/> Midwifery | <input checked="" type="checkbox"/> Osteopathy | <input checked="" type="checkbox"/> Podiatry |
| <input checked="" type="checkbox"/> Dental | <input checked="" type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Paramedicine | <input checked="" type="checkbox"/> Psychology |

Registration number (e.g. DEN000123456)

Division / endorsement / specialty (if applicable)



Alternate supervisor 1

Family name

First given name

Health profession

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice | <input type="checkbox"/> Medical | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Chinese Medicine | <input type="checkbox"/> Medical Radiation Practice | <input type="checkbox"/> Optometry | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Midwifery | <input type="checkbox"/> Osteopathy | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Nursing | <input type="checkbox"/> Paramedicine | <input type="checkbox"/> Psychology |

Registration number (e.g. DEN000123456)

Division / endorsement / specialty (if applicable)



Attach a separate sheet with details of additional alternate supervisors that do not fit in the space provided.



4. What was the start date of the supervised practice plan or arrangement?

Start date

 / /

5. What is the supervisee's level of supervised practice at the time of this report?

For information about the levels of supervised practice please refer to the section 5 of the framework and *Appendix 4: Supervised practice levels*.

- Direct
 Indirect 1
 Indirect 2
 Remote

6. What is the expected date of the next report?

Expected date of next report

 / /

SECTION B: Reason for report

7. What is the reason for this report?

- To meet the timeframe set out in the plan or condition or undertaking at:
 1 month
 3 month
 6 month
 9 month
 Other timeframe (*specify below*)

- To recommend changes in the supervised practice plan, e.g. a progression in the level of supervised practice
 With an application for renewal of registration by a supervisee
 As all requirements of supervised practice have been fulfilled
 At the end date for supervised practice
 As requested by the Board
 Other reason (*specify below*)



8. Was the supervisee required to complete supervised practice as a result of a complaint (notification)?

YES [Go to the next question](#)

NO [Go to Section D: Supervisor's report on progress or monitoring](#)

SECTION C: Supervised practice resulting from a complaint (notification)

A supervisor only needs to complete Section C if the supervisee is carrying out supervised practice as a result of a decision made following a complaint.

9. Have you supervised the supervisee for the entire period of supervised practice?

YES

NO

Provide a brief summary of details

Form area with horizontal dashed lines for text entry.

10. Have you been supervising the supervisee at the required level of supervised practice?

YES

NO

Provide a brief summary of details

Form area with horizontal dashed lines for text entry.


11. Are there any issues or concerns that you have observed or become aware of since supervised practice started or since the last report?

YES

NO [Go to the next question](#)

Provide a brief summary of details

Form area with horizontal dashed lines for text entry.

 **Supervisors should contact Ahpra as soon as practicable if there are issues or concerns about the supervisee.**
If this has not already occurred, Ahpra will contact the supervisor.

12. Is this an interim or final report?

Interim report – [Go to Section G: Declaration for an interim report](#)

Final report – [Go to Section I: Declaration for a final report](#)



SECTION D: Supervisor’s report on progress or monitoring

13. Have you discussed this supervised practice report with the supervisee?

YES

NO

You must discuss the report with the supervisee before submitting the report. If you are not in a position to do so, please contact Ahpra

14. Is the supervisee required to complete a minimum number of practice hours or patient contacts in the supervised practice plan?

This question relates to question 12 and question 15 of the supervised practice plan

YES [Go to the next question](#)

NO [Go to question 16](#)

15. How many hours of supervised practice or patient contacts has the supervisee completed (if applicable)?

	Hours or contacts completed since last report	Cumulative hours or contacts
Supervised practice hours completed or number of patient contacts		

16. Is the supervisee required to complete additional requirements or documents during supervised practice?

Some National Boards require the supervisee to complete additional requirements such as: orientation to the Australian health system, and cultural safety. These will be detailed on the relevant National Board website.

YES

Provide details of additional requirements or documents

Attach any relevant reports of evidence of completing the additional requirements.

YES Already provided with a previous report – [Go to the next question](#)

NO [Go to the next question](#)

17. Have you identified any new issues or problems?

YES

NO [Go to the next question](#)

New issues or problems	Measures to address new issues or problems



18. Do you have any other concerns about the supervisee's progress or performance?

YES

NO *Go to the next question*

Provide a brief summary of details

SECTION E: Supervisor's assessment

19. Complete your assessment of the supervisee's competence development against the relevant profession specific standards/competencies/capabilities/standards for practice using the table below.

This question relates to question 18 of the supervised practice plan. Go to the relevant National Board website for a copy of the standard/competencies/capabilities/thresholds/standards for practice for the supervisee's profession. It is recommended that you copy the headings from the relevant profession specific standards/competencies/capabilities/standards for practice into the table.

Supervisors should contact the Board as soon as practical if the goals are not achievable.

List below the headings of the relevant profession standards/competencies/capabilities/thresholds/standards for practice	Competent	Not yet competent but achievable	Not competent and not achievable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Is this assessment an interim progress assessment or a final assessment?

- Interim progress or monitoring report – *Go to the next question*
- Final assessment report – *Go to Section H: Supervisor's final assessment*



21. Do you agree to continue with the existing supervised practice plan or supervised practice arrangement?

YES

Mark only one box

I agree and have no changes to recommend – [Go to Section G: Declaration for an interim report](#)

I agree but with recommended changes – [Go to the next question](#)

NO

Provide a brief summary of details

Form area with horizontal dashed lines for text entry.

SECTION F: Supervisor’s recommendations

A supervisor only needs to complete Section F if they are recommending changes to the approved supervised practice arrangement.

22. Is a change in the supervised practice level recommended?

The supervised levels are described in section 5 of the framework and *Appendix 4 - Supervised practice levels*.

YES

Provide details below

Existing level

Direct Indirect 1 Indirect 2 Remote

Recommended level

Direct Indirect 1 Indirect 2 Remote Not applicable

Describe how the supervisee’s performance has been evaluated and the key outcomes of that assessment in relation to the recommended supervised practice level

Form area with horizontal dashed lines for text entry.



Attach a separate sheet with additional details that do not fit in the space provided.



NO [Go to the next question](#)

N/A [Go to the next question](#)

23. What changes are you recommending to the approved supervised practice arrangement?

Include the reasons for the recommended changes.

Provide details

Form area with horizontal dashed lines for text entry.



Attach a separate sheet with additional details that do not fit in the space provided.





SECTION G: Declaration for an interim report



Supervisees who are carrying out supervised practice as the result of a notification are **not** required to sign the report.

I declare that the information contained in the supervised practice report about the work of the supervisee is true and correct.

Name of principal supervisor <input style="width: 95%;" type="text"/>	Signature of principal supervisor <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	

Name of supervisee <input style="width: 95%;" type="text"/>	Signature of supervisee <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	

Please send this form with required attachments to:

The fastest way to submit this form and any supporting documents is online at www.ahpra.gov.au/registration/online-upload
 If you wish to submit it via mail, please post this form and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY *(refer below)*

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

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

SECTION H: Supervisor's final assessment

24. Have issues or problems to be addressed in supervised practice been resolved?

Have any problems or issues raised in the supervised practice plan or interim reports on progress and monitoring been resolved?

- N/A ▶ No issues or problems were noted in the supervised practice plan or in the interim progress report(s) – **Go to the next question**
- YES ▶ **Go to the next question**
- NO ▶

Information required below – then go to the next question.

Provide details of why issues or problems noted in the supervised practice plan or in the interim progress reports have not been resolved



Attach a separate sheet with additional details of unresolved issues or problems that do not fit in the space provided.





25. Complete an overall final assessment against the relevant profession specific registration standards/competencies/capabilities/ thresholds/standards for practice (if relevant).

- Competent
- Not yet competent

Evidence in support of final assessment if not yet competent

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.....

.....

.....

SECTION I: Declaration for a final report



Supervisees who are carrying out supervised practice as the result of a notification are **not** required to sign the report.

I declare that the supervisee named in this document (mark only one option below):

- has** successfully completed supervised practice as set out in the framework, the supervised practice plan or supervised practice arrangement specified by the Board, and achieved the objectives of the supervised practice.
- has NOT** completed supervised practice as set out in the framework, the supervised practice plan or supervised practice arrangement specified by the Board, and has not achieved the objectives of the supervised practice.

Name of principal supervisor <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of principal supervisor
--	---------------------------------------

Name of supervisee <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of supervisee
--	-----------------------------



Please check to make sure your form is fully and accurately completed. **If missing information is identified your form will not be processed and will be returned to you to fill out properly**

Please send this form with required attachments to:

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