



Ahpra
& National
Boards

Supervised practice framework

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1. Introduction

The primary roles of the National Boards and the Australian Health Practitioner Regulation Agency (Ahpra) include public protection and helping the public access safe health services.

National Boards work with Ahpra to implement the objectives of the National Registration and Accreditation Scheme (the National Scheme) under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Supervised practice reassures the community, National Boards and Ahpra that a registered health practitioner whose practice is being supervised (the supervisee) is safe and competent to practise and is not putting the public at risk.

National Boards and Ahpra have developed the *Supervised practice framework* (the framework) to create a responsive and risk-based approach to supervised practice across the National Scheme. The framework supports consistency in processes and decision making and helps supervisees, supervisors and employers understand what is expected of them. The framework outlines the National Boards' expectations, gives guidance on how to comply and explains what is necessary to effectively carry out supervised practice.

The framework applies to certain decisions made by National Boards or to meet National Board registration standards, eligibility or suitability requirements, or as required by the National Law.

The framework consists of the following core components; these components support the provision of high-quality, safe and effective supervised practice:

- **Principles** that build on the [Regulatory principles for the National Scheme](#) and the guiding principles of the National Scheme set out under the National Law, which apply to all other core components for supervised practice.
- **Levels** of supervised practice to make sure that supervised practice requirements are proportionate to the risk associated with the purpose.
- **Clearly explained expectations** of supervisees, supervisors and employers so they understand their roles and responsibilities.
- **Compliance** processes that monitor the progress and effectiveness of supervised practice requirements.

The framework includes appendices and templates which also contain expectations for supervisees, supervisors and employers and outlines the process for progressing supervised practice. The appendices may be updated from time to time and these will be published on the relevant [National Board website](#). The framework should be read together with the supervised practice arrangement.

In this framework a **supervised practice arrangement** means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) **or** as stated in a condition or undertaking, or registration standard.

The framework does not establish the requirements for supervised practice. These are established in the National Law, as specified in a condition or undertaking, or registration standard.

To comply with a condition, undertaking or a requirement of a registration standard, supervisors and supervisees must comply with the framework. A failure to comply with the framework or to provide the necessary evidence of compliance with the framework could result in a finding by the National Board that a condition, undertaking or requirement of a registration standard has not been met and result in regulatory action being taken by the National Board under the National Law.

A note on terminology

The framework uses 'patient' to mean a person or persons accessing healthcare, which includes clients and healthcare consumers. These terms can also include families, carers, groups and/or communities. The meaning of patient for the purpose of this framework is set out in section 10. *Definitions*.

2. Purpose and scope

When does this framework apply?

Supervised practice is used for three regulatory purposes across the National Scheme. Due to the profession-specific uses of supervised practice, the examples below may not be relevant for all professions.

The three regulatory purposes are:

1. As a registration requirement

For some National Boards, some types of registration require supervised practice such as limited registration and provisional registration (such as for overseas qualified practitioners).

2. To meet the National Board's eligibility or suitability requirements at application or renewal

This may be due to:

- returning to practice after an absence
- changing to a different field or scope of practice (where applicable)
- needing to meet the eligibility requirements for an application for registration or endorsement, or
- an inability to meet any other requirements of a registration standard for the profession.

Specific information on National Board standard requirements is provided in *Appendix 1 – Links to relevant National Board material*.

3. Because of a complaint (notification)

This will be in the form of a condition or undertaking imposed by a National Board, panel or tribunal as an outcome of a notification that requires the practitioner to complete a period of supervised practice.

If supervised practice is in place because of a complaint, a supervised practice plan is not needed.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

The framework does not override or replace any requirements specified in a condition or undertaking or registration standard or any other supervised practice requirement.

When does this framework not apply?

This framework does **not** apply to:

- supervision of students undertaking clinical training (the meaning of student for the purpose of this framework is set out in section 10. *Definitions*)
- supervision of unregistered health practitioners
- supervision for research purposes (unless the practitioner holds limited registration for teaching or research)
- provision of support to new graduates or less experienced practitioners, or
- performance review responsibilities of managers and employers.

This framework does **not** apply to the following registrant groups because of profession-specific uses of supervised practice:

National Board	Registrant group
Medical Board of Australia	<ul style="list-style-type: none"> International medical graduates practitioners completing their intern year, or vocational trainees.
Medical Radiation Practice Board of Australia	<ul style="list-style-type: none"> Medical radiation practitioners¹.
Paramedicine Board of Australia	<ul style="list-style-type: none"> Practitioners with a Board-specific condition employed by and undertaking supervised practice with a body authorised by the National Board².
Pharmacy Board of Australia	<ul style="list-style-type: none"> Pharmacists³.
Podiatry Board of Australia	<ul style="list-style-type: none"> Practitioners seeking their endorsement for scheduled medicines.
Psychology Board of Australia	<ul style="list-style-type: none"> Psychologists³.

Profession-specific material relating to the framework

Some National Boards have extra requirements for supervised practice for a particular purpose (e.g. profession-specific registration standards, capabilities, competencies, thresholds or standards for practice). While the core components of this framework apply, there may also be extra profession-specific documents that need to be considered.

Supervisees and supervisors need to check if there are profession-specific requirements that apply to the supervised practice arrangement. A summary of these profession-specific requirements is at *Appendix 1 – Links to relevant National Board material*.

3. Who should use this supervised practice framework?

The framework should be used by:

- National Boards
- Ahpra
- co-regulators⁴ (where applicable)
- health panels and performance and professional standards panels
- supervisees
- potential and approved supervisors, and
- employers of supervisees and/or supervisors.

Tribunals and panels considering matters arising from a notification about a registered health practitioner may decide to impose a period of supervised practice. A tribunal may refer to this framework in addition to the [National Restrictions Library](#) when drafting the supervised practice requirements.

¹ The Medical Radiation Practice Board of Australia (MRPBA) are reviewing the Supervised practice registration standard so the framework will not apply until the review is completed. Please see [MRPBA website](#) for more details.

² Aspects of the framework may still apply as agreed by the National Board.

³ Due to other regulatory and/or profession-specific requirements the framework is not applicable to pharmacists or psychologists.

⁴ Office of the Health Ombudsman, New South Wales Health Professional Councils.

4. Principles

This framework is underpinned by several principles that build on the [Regulatory principles for the National Scheme](#) and the guiding principles of the National Scheme set out under the National Law.

These principles are considered by National Boards when deciding the supervised practice arrangements and when ensuring monitoring and compliance with supervised practice. They also apply to the supervisees and supervisors, where relevant.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

Risk-based approach

The National Board will consider several factors when taking a risk-based approach to supervised practice.

The risk associated with a particular purpose for supervised practice will be influenced by:

- the setting and context in which the practitioner is being supervised
- the proximity to peers and other practitioners
- the supervisee's ability to show insight and/or reflection, where applicable
- the requirements of a relevant position description, and
- whether the supervised practice is required because of a condition or undertaking.

If the supervised practice is required in relation to an application or renewal of registration, the supervisee's qualifications, skills, competence, years of practice and clinical experience will also be considered.

This risk associated with the purpose of supervised practice will inform the:

- level of supervised practice required for a supervisee
- frequency of consultation between the supervisor and supervisee
- need for a supervised practice plan for some registration-related matters
- parameters for progression from one level of supervised practice to another
- number of years of experience required of the supervisor
- frequency of reporting, and
- detail of required reports.

As a general principle, if the purpose for supervised practice is to address an assessed higher risk, the supervision will be more direct and reports will be more frequent and detailed.

Accountability and transparency

Supervisees and supervisors must be accountable and transparent at all times in complying with their responsibilities for the supervised practice arrangement and in communication with Ahpra and the National Board. If the supervisee or supervisor does not act in good faith⁵ in their role, a National Board may take regulatory action.

By providing the framework and supporting documentation National Boards are being transparent about the approach to supervised practice in the National Scheme.

Individual approach

National Boards make decisions about supervised practice arrangements in different ways depending on the purpose of the supervised practice.

For notification matters, the National Board will impose supervised practice requirements to manage the risk identified.

⁵ 'Good faith' has its ordinary meaning of being well-intentioned or without malice.

For all other required supervised practice, the National Board will consider each proposed supervised practice arrangement on its individual merits and will only approve arrangements that it considers safe and fair. In these cases, supervised practice requirements need to be matched to the individual practitioner's experience, needs and capabilities as well as their employment arrangement and/or practice environment.

Culturally safe and respectful practice

Supervisors and supervisees have responsibilities to protect patient safety and improve healthcare quality for Aboriginal and Torres Strait Islander Peoples, contributing to improving their health wherever possible.

Supervisors and supervisees should recognise and consider the diverse and distinct needs of Aboriginal and Torres Strait Islander Peoples and their health and cultural safety, including the need to foster open and honest professional relationships. The National Scheme's definition of cultural safety for Aboriginal and Torres Strait Islander Peoples is set out in section 10. *Definitions*.

Culturally safe and respectful practice requires supervisees and supervisors to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. It is expected that supervisees and supervisors will practise in a culturally safe and respectful way as set out in the relevant [National Board](#) code of conduct and other relevant standards, codes or guidelines.

Objectivity

Objectivity from the supervisor is essential for the supervised practice arrangement to be effectively delivered.

The supervisory relationship between supervisor(s) and the supervisee must be professional.

Conflicts of interest may prevent objectivity and/or interfere with the supervised practice arrangement.

Supervisors and supervisees must disclose potential or actual conflicts of interest to the National Board. The National Board will decide whether any conflicts disclosed show a potential or actual conflict of interest. Conflicts of interest must be avoided if possible and managed if not avoidable.

When supervised practice relates to a registration type or to meet suitability or eligibility for registration a National Board may refer to an independent measure such as entry-level competencies or equivalent (refer to *Appendix 1 – Links to relevant National Board material*) for the profession to describe the level of competence expected of the supervisee.

For further information about conflict of interest refer to:

- *Appendix 2 – Information for supervisees*
- *Appendix 3 – Information for supervisors*

Flexibility

The National Board may approve more than one supervisor for supervised practice. This allows for flexibility if a supervisor is not available to carry out the supervised practice. It also allows for each National Board to approve a relevant and suitable supervised practice arrangement with more than one approved supervisor.

The supervisor will usually be from the same profession as the supervisee. A National Board may approve a practitioner from another profession as a supervisor in exceptional circumstances. This is at the discretion of the National Board.

Supervised practice arrangements may need to change over time, subject to National Board-approval. This may be because of progress towards the purpose of the supervised practice or because of a change of circumstances, such as change in supervisor or workplace.

Preparation and support

Supervised practice is most effective when supervisees and supervisors are prepared and supported. There needs to be a shared understanding of the supervised practice arrangements.

Supervisees should be given adequate orientation to any new supervised practice setting. Supervisors will need to meet any National Board-approved training requirements. This training may be counted as continuing professional development (CPD) if it meets the National Board's requirements set out in the registration standard for CPD.

5. Levels

Levels of supervised practice

The levels of supervised practice are designed to make sure that the supervisee practises safely. There are four levels of supervised practice described in this framework. Not all levels will be used by all National Boards.

The definition of 'consult' for this framework is set out in section 10. *Definitions*.

More information about the supervised practice levels is available in *Appendix 4 – Supervised practice levels*.

Table 1 Levels of supervised practice

Level of supervised practice	Description of supervised practice level
<p>Direct</p> <p><i>Supervisor physically present at all times to observe the supervisee</i></p>	<p>Summary</p> <p>The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times.</p>
<p>Indirect 1 (present)</p> <p><i>Supervisor physically present at the workplace</i></p>	<p>Summary</p> <p>The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with the supervisor who is always physically present in the workplace or practice environment and available to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, including when care is being given, and/or • performance of the supervisee.
<p>Indirect 2 (accessible)</p> <p><i>Supervisor is accessible by phone or other means and available to physically attend the workplace</i></p>	<p>Summary</p> <p>The supervisee takes primary responsibility for their practice and the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor who is accessible by telephone, video conference or other means of telecommunication and available to attend the workplace or practice environment to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p>
<p>Remote</p> <p><i>Supervisor is not present at the workplace</i></p>	<p>Summary</p> <p>The supervisee takes primary responsibility for their practice including the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor, who is accessible by telephone, video conference or other means of telecommunication at agreed intervals and as necessary about the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p>

Progression through levels

When supervised practice is required because of a notification, the supervised practice remains at the level outlined in the condition or undertaking.

Supervised practice may involve progression through levels when it is required for a registration type or to meet suitability or eligibility for registration. Progression can occur depending on the individual requirements of supervised practice as set out in the supervised practice arrangement, for example meeting the entry level competencies or equivalent.

For further information about the levels of supervised practice refer to:

- *Appendix 4 – Supervised practice levels*

6. National Board expectations of supervisees, supervisors, and employers

National Boards expect that supervisees and supervisors comply with the framework. If the supervisee fails to comply with the framework it could result in a decision by the National Board that a condition, undertaking or requirement of a registration standard has not been met and may result in regulatory action being taken by the National Board.

The National Boards also expect supervisees and supervisors to comply with all the relevant National Board standards, guidelines, code of conduct and other codes.

National Board expectations of supervisees

The supervisee must not start practice, or restart practice, until the National Board has approved the supervisor(s) and the supervised practice arrangement, unless otherwise agreed by the National Board.

If the supervisee knows that their, or their supervisor's, circumstances are going to change and they will not be able to comply with the approved supervised practice arrangement, they need to let Ahpra know as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking.

The supervised practice approved by the relevant National Board will be documented in the supervised practice arrangement, which may also refer to a supervised practice plan. When supervised practice follows a notification, the requirements for supervised practice will be set out in the condition or undertaking in the supervised practice arrangement.

The supervisee must:

- practise within the approved supervised practice arrangement at all times
- discuss cases and ask questions of the supervisor and take account of the feedback given by the supervisor, and
- make sure that all reports are completed as needed.

For further information about expectations of the supervisee and the practical steps to prepare for a period of supervised practice refer to:

- *Appendix 2 – Information for supervisees*, which includes:
 - Nominating a supervisor
 - Who may act as a supervisor?
 - Costs
 - What must I do when I am practising under supervised practice?

National Board expectations of supervisors

A supervisor needs to have the qualifications, skills, knowledge, experience and availability needed for the role. These will vary according to the purpose of supervised practice and the risk associated with the role. The National Board will consider the supervisor's experience and circumstances (including their qualifications, responsibilities, relevant scope of practice) when deciding the requirements of the supervised practice. Information on the nomination process for a supervisor is available in *Appendix 2 – Information for supervisees*.

Supervisors must hold general registration and, where relevant the appropriate specialist registration or endorsement with a National Board.

The supervisor's registration must not be subject to any conditions or restrictions that could affect their effectiveness or suitability to successfully supervise another's practice.

A supervisor's required level of skills and the number of years of experience may vary according to the level of risk associated with the supervisee's individual circumstances.

A supervisor must:

- sign an approved form to act as a supervisor, subject to approval by the National Board
- complete the proposed supervised practice plan, if applicable, in consultation with the supervisee
- at all times supervise within the supervised practice arrangement approved by the National Board
- ensure the supervisee is practising within the terms of the supervised practice arrangement
- give clear direction and constructive feedback and work with the supervisee to address areas identified in the supervised practice arrangement and/or address identified problems
- fulfil any assessment as set out in the supervised practice arrangement
- only assign tasks that are within the scope of training, competence and capability of the supervisee, and appropriate to their role
- maintain adequate written records relating to the supervisee's practice
- be accountable to the relevant National Board and give honest, accurate, objective and responsible reports in the approved form at agreed intervals
- notify Ahpra immediately if they have concerns that the supervisee's health, conduct or clinical performance is placing the public at risk
- notify Ahpra as set out in this framework if any other circumstances arise that may affect the supervised practice arrangement, and
- check with their indemnity insurance provider and their employer/contracting body to make sure they have appropriate professional indemnity coverage in place to act as a supervisor under the framework.

For further information about the expectations of the supervisor refer to:

- *Appendix 3 – Information for supervisors*

The National Board's expectations of employers

An employer should think about the following factors in relation to supervised practice:

- potential and/or actual conflicts of interest
- if the employment arrangements, including the facilities and scope of practice of the relevant role can support a supervisee in carrying out supervised practice
- if supervisors or supervisees are covered by an employer's overall insurance arrangements and check that the professional indemnity insurance (PII) arrangements meet the National Board's minimum requirements and cover the proposed supervised practice arrangement, and
- immediately advise Ahpra of any concerns about the supervisee if they form an opinion that there is a risk to the public or if the supervisee is in breach of the supervised practice arrangement.

For further information about the expectations of the employer refer to:

- *Appendix 5 – Information for employers*

7. Compliance

It is important that the supervised practice arrangement manages the risk associated with the purpose of supervised practice.

Ahpra and National Boards monitor supervised practice. Monitoring will be proportional to the level of identified risk of harm and depending on the supervised practice purpose may include regular reporting, review of Medicare data, review of rosters or appointment diaries and/or employer reports.

If a supervisee does not practise in accordance with the supervised practice arrangement, this may pose a risk to the public and the National Board may take regulatory action under the National Law, including but not limited to investigation or immediate action for unprofessional conduct. A National Board may also take the necessary regulatory action required if a supervisee does not progress as expected.

If the supervisor does not, in good faith, supervise practice and carry out the role of the supervisor to the requirements outlined in the framework and appendices, the National Board may take regulatory action under the National Law, including but not limited to investigation or immediate action for unprofessional conduct.

Supervisees and supervisors are reminded to practise in accordance with the relevant National Board's registration standards, guidelines, code of conduct and other codes.

8. Completing supervised practice

The criteria for when supervised practice is successfully completed will depend on the purpose of supervised practice and profession specific uses of supervised practice. The criteria for successfully completing supervised practice will be set out in the supervised practice arrangement for each supervisee.

To meet a registration requirement or to meet suitability or eligibility for registration, the criteria for completing supervised practice includes when the supervisee has:

- shown competence against the relevant standards as assessed by the approved supervisor, and/or
- successfully transitioned through the supervised practice levels (if required), and/or
- successfully completed required training, assessment or examination approved by the National Board, and
- had the notations or conditions removed from their registration.

This information will be updated on the [public register of practitioners](#).

Supervisees completing supervised practice as a requirement after a notification must apply for a review of the conditions or undertakings where they have successfully shown a period of competent and safe practice under supervised practice. Supervised practice will only be complete when the National Board decides the conditions or undertakings are no longer necessary.

9. Review

The framework was issued on 1 February 2022.

It will be updated from time to time to support the implementation and understanding of supervised practice requirements across the National Scheme. This will generally be at least every five years.

10. Definitions

Consult in this framework means the supervisee and supervisor must engage and interact with each other in a way that is consistent with the level of supervised practice required and appropriate for the relevant supervised practice arrangement.

Cultural safety

The definition

Principles

The following principles inform the definition of cultural safety:

- Prioritising Council of Australian Governments (COAG)'s goal to achieve healthcare free of racism supported by the [National Aboriginal and Torres Strait Islander Health Plan](#).
- Improved health service provision supported by the Safety and Quality Health Service Standards [User Guide for Aboriginal and Torres Strait Islander Health](#).
- Provision of a rights-based approach to healthcare supported by the [United Nations Declaration on the Rights of Indigenous Peoples](#).
- Ongoing commitment to learning, education and training.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

How to

To ensure culturally safe and respectful practice, health practitioners must:

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

National Scheme means the National Registration and Accreditation Scheme for registered health practitioners of 16 health professions:

- | | | |
|---|------------------------------|-----------------|
| • Aboriginal and Torres Strait Islander Health Practice | • Medical radiation practice | • Paramedicine |
| • Chinese medicine | • Nursing | • Pharmacy |
| • Chiropractic | • Midwifery | • Physiotherapy |
| • Dental | • Occupational therapy | • Podiatry |
| • Medical | • Optometry | • Psychology |
| | • Osteopathy | |

Patient in this framework means a person who has entered into a therapeutic and/or professional relationship with a registered health practitioner. The term 'patients' includes 'clients', 'consumers' and 'women'⁶. It can also extend to their families and carers, and to groups and/or communities as users of health services, depending on context.

⁶ **Woman or women** is used to refer to those individuals who have entered into a therapeutic and/or professional relationship with a midwife. The word woman in midwifery is generally understood to be inclusive of the woman's baby, partner and family. Therefore, the words woman or women include all the women, babies, newborn, infants, children, families, carers, groups and/or communities, however named, that are within the midwife's scope and context of practice.

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

Student in this framework means a student enrolled in a Board-approved program of study.

Supervised practice in this framework is a mechanism to give the National Board the assurance that the supervisee is practising safely, competently and ethically for a range of regulatory purposes. Supervised practice may be direct, indirect or remote according to the nature in which the practice is being supervised.

Supervisee is a registered health practitioner who is required to carry out a period of supervised practice. The supervisee practises under the supervision of a National Board-approved supervisor with a level of supervised practice outlined in the supervised practice arrangement or relevant condition or undertaking. Refer to *Appendix 2 – Information for supervisees* for further information.

Supervisor is a registered health practitioner who is approved by the relevant National Board to supervise another registered health practitioner for a specified period. The supervisor needs to have the qualifications, skills, knowledge, experience and availability required for this role. Refer to *Appendix 3 – Information for supervisors* for further information.

Supervised practice arrangement in this framework means all the elements of supervised practice approved by the National Board. This includes the approved supervisors(s), supervised practice level, objectives, workplace, and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

Supervised practice plan in this framework is the form approved by the National Board in which the supervisee and supervisor acknowledge and confirm they will carry out and comply with the requirements of supervised practice contained in the framework and reflected in the supervised practice arrangement.

Supporting documents in this framework includes the supervised practice plan, supervised practice report, correspondence from Ahpra, and National Board material set out in *Appendix 1 – Links to relevant National Board material* that form the framework and any documents relevant to the framework and updated by National Boards from time to time.

Appendix 1 – Links to relevant National Board material

National Boards have specific requirements for supervised practice for some regulatory purposes. It is important to check if there are profession-specific requirements that apply to the supervisee completing supervised practice. The National Board's entry-level competencies or equivalent may need to be referred to if a detailed supervised practice plan is needed.

Links to registration standards and entry-level competencies or equivalent

National Boards	National Board material	Hyperlinks
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Registration standard – recency of practice	www.atsihealthpracticeboard.gov.au/Registration-Standards
	Entry-level competencies	www.atsihealthpracticeboard.gov.au/Codes-Guidelines/Professional-capabilities
Chinese Medicine Board of Australia	Registration standard – recency of practice	www.chinesemedicineboard.gov.au/Registration-Standards
	Registration standard – standards for limited registration	www.chinesemedicineboard.gov.au/Registration-Standards
	Entry-level competencies	www.chinesemedicineboard.gov.au/Codes-Guidelines/Professional-capabilities-for-Chinese-medicine-practitioners
Chiropractic Board of Australia	Registration standard – recency of practice	www.chiropracticboard.gov.au/Registration-standards
	Registration standard – standards for limited registration	www.chiropracticboard.gov.au/Registration-standards
	Entry-level competencies	www.chiropracticboard.gov.au/Accreditation
Dental Board of Australia	Registration standard – recency of practice	www.dentalboard.gov.au/Registration-Standards
	Registration standard – standards for limited registration	www.dentalboard.gov.au/Registration-Standards
	Entry-level competencies	https://www.dentalboard.gov.au/Accreditation.aspx
Medical Board of Australia	Registration standard – recency of practice	www.medicalboard.gov.au/Registration-Standards
Medical Radiation Practice Board of Australia	Registration standard – recency of practice	www.medicalradiationpracticeboard.gov.au/Registration-Standards
	Entry-level competencies	www.medicalradiationpracticeboard.gov.au/registration/professional-capabilities
Nursing and Midwifery Board of Australia	Registration standard – recency of practice	www.nursingmidwiferyboard.gov.au/Registration-Standards/Recency-of-practice
	Standards for practice	www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards

National Boards	National Board material	Hyperlinks
Occupational Therapy Board of Australia	Registration standard – recency of practice	www.occupationaltherapyboard.gov.au/Registration-Standards/Recency-of-practice
	Entry-level competencies	www.occupationaltherapyboard.gov.au/codes-guidelines/competencies
Optometry Board of Australia	Registration standard – recency of practice	www.optometryboard.gov.au/Registration-Standards/Recency-of-practice
	Registration standard – standards for limited registration	www.optometryboard.gov.au/Registration-Standards/Limited-registration-for-postgraduate-training-or-supervised-practice www.optometryboard.gov.au/Registration-Standards/Limited-registration-for-teaching-or-research
	Entry-level competencies	www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx#entry-level
Osteopathy Board of Australia	Registration standard – recency of practice	www.osteopathyboard.gov.au/Registration-Standards
	Entry-level competencies	www.osteopathyboard.gov.au/codes-guidelines/capabilities-for-osteopathic-practice
Paramedicine Board of Australia	Registration standard – recency of practice	www.paramedicineboard.gov.au/Professional-standards/Registration-standards/Recency-of-practice
	Entry-level competencies	www.paramedicineboard.gov.au/Professional-standards/Professional-capabilities-for-registered-paramedics
Physiotherapy Board of Australia	Registration standard – recency of practice	www.physiotherapyboard.gov.au/Registration-Standards
	Registration standard – standards for limited registration	www.physiotherapyboard.gov.au/Registration-Standards
	Entry-level competencies	www.physiotherapyboard.gov.au/accreditation
Podiatry Board of Australia	Registration standard – recency of practice	www.podiatryboard.gov.au/Registration-Standards
	Professional capabilities	www.podiatryboard.gov.au/Registration-Endorsement/Podiatry-professional-capabilities

Appendix 2 – Information for supervisees

This information applies to all registered health practitioners who are required by the National Board to complete a period of supervised practice. It informs and forms part of the *Supervised practice framework* (the framework) and should be read together with relevant supporting documents.

What is a supervised practice arrangement?

In this framework, a supervised practice arrangement means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

Why does the National Board require me to complete supervised practice?

There are three regulatory purposes that supervised practice is used for across the National Registration and Accreditation Scheme (National Scheme). Check section 2. *Purpose and scope* to see if the framework applies to you.

1. As a registration requirement

Some National Boards require supervised practice for some types of registration such as limited registration and provisional registration (such as for overseas qualified practitioners).

2. To meet the National Board's eligibility or suitability requirements at application or renewal

This may be because you:

- are returning to practice after an absence
- are changing to a different field or scope of practice
- need to meet the eligibility requirements for an application for registration or endorsement, or
- are unable to meet any other requirements of a registration standard for the profession.

3. Because of a complaint (notification)

This may be in the form of a condition or undertaking imposed by a National Board, panel or tribunal that requires you, the practitioner, to complete a period of supervised practice.

The reasons for your supervised practice will be given to you in writing by the Australian Health Practitioner Regulation Agency (Ahpra) on behalf of the National Board. Ahpra will be your contact point with the National Board.

When can I start supervised practice?

You must wait until the supervised practice arrangement is approved, including the approval of a supervisor by the National Board, before you start or restart practice.

Any practice that occurs outside the approved supervised practice arrangement will be considered a breach of the supervised practice arrangement and may result in the National Board taking regulatory action.

Preparing for supervised practice

If you are carrying out supervised practice because of a registration type or eligibility/suitability requirement you will usually need to nominate a supervisor and prepare a proposed supervised practice arrangement including a plan. The details of the documentation you need to complete will be outlined in the application form, and/or in communication from Ahpra following your application.

If you are carrying out supervised practice because of a complaint (notification) the details of the supervised practice will be set out in the condition or undertaking. Ahpra will communicate with you about actions you need to take to prepare for supervised practice, which may include nominating a supervisor.

You must also give your employer or senior person at your workplace (for example a CEO, medical/clinical director or head of department) a copy of the supervised practice arrangement. If you are completing supervised practice because of a notification the senior person you must give a copy of the arrangement to will be stated in the condition/undertaking.

Nominating a supervisor

You may need to find and nominate your own supervisor depending on the purpose for the supervised practice. If nominating a supervisor, you need to consider the information in this appendix and the information in *Appendix 3 – Information for supervisors*.

If you are required to nominate a supervisor, it is recommended that you nominate more than one. Then, if the primary supervisor is no longer available, any other approved supervisor in the supervised arrangement can take on the role of supervisor and you can continue to practise. The National Board must approve all supervisors. They may approve someone other than your nominee(s).

If you are an employee, you need to make sure your employer agrees with your nominated supervisor(s).

Who may act as a supervisor?

General requirements

When selecting and approaching potential supervisors, you should check they meet the following requirements:

- hold general registration and where relevant the appropriate specialist registration or endorsement
- have relevant experience (including their qualifications, responsibilities and relevant scope of practice)
- are not themselves subject to supervised practice, or do not hold registration subject to conditions or undertakings that would impact on their ability to effectively supervise you
- will sign an approved form to act as your supervisor, subject to being approved by the National Board
- agree to comply with the requirements of the approved supervised practice arrangement, and
- understand that supervised practice must be given according to the framework and the supervised practice arrangement approved by the National Board, and if not, the National Board may take regulatory action under the National Law.

While your supervisor will usually be from the same profession as you, a National Board may approve practitioners from another profession as your supervisor(s) in exceptional circumstances. This will be at the discretion of the National Board.

When identifying a potential supervisor, you may wish to seek advice from:

- prospective, current and past employers
- past supervisors
- education providers
- specialist colleges
- professional associations
- accreditation authorities (where relevant), and/or
- colleagues and mentors.

Conflict of interest

A supervisor must be able to give an independent report of supervised practice results and be willing to report to Ahpra if your practice places the public at risk or you are not compliant with the supervised practice arrangement.

You must declare any actual or perceived conflicts of interest that may undermine the supervisor's role. The National Board will decide whether any conflict declared shows a potential or actual conflict of interest. Disclosure of the actual or perceived conflicts of interest does not necessarily mean that the supervisory relationship will be prevented.

Some examples of situations that may result in a conflict of interest and that you must declare are:

- a personal relationship with the supervisor or their friend or relative

- a financial, business or other interest with the supervisor or your friends or relatives have a financial, business or other interest with the supervisor
- if you have been or are engaged in a therapeutic relationship with the supervisor, or
- the supervisor is your employer and your visa sponsor.

If a potential or actual conflict of interest arises during the supervised practice arrangement, you should contact Ahpra to notify them as soon as possible and within seven (7) calendar days.

Costs

As the supervisee, you are responsible for bearing any costs associated with the supervised practice arrangement.

Professional indemnity insurance

Before the supervised practice arrangement starts you need to make sure that you have the necessary professional indemnity insurance (PII) arrangements in place. You should refer to your [National Board's](#) PII registration standard and check with your insurance provider (or employer/other entity arranging cover) to make sure you meet the minimum requirements and to confirm that your supervised practice arrangement meets the requirements of your insurance cover.

You may need to seek advice from your employer if your PII is given under an organisational policy.

Documentation

You will need to complete some documentation before the supervised practice arrangement is approved.

What information do I need to give?

The purpose of the supervised practice will determine what information you need to give and when you need to give it.

For example, if the supervised practice relates to an application for registration or renewal of registration then you need to give information with your application.

If the supervised practice is because you do not meet recency of practice requirements, you may need to describe the learning you need to complete before you return to independent practice.

If the supervised practice is because of a complaint (notification) then the information will need to be given once the relevant conditions are imposed or undertakings are accepted.

What must I do when I am practising under supervised practice?

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

While you are practising

The supervised practice arrangement approved by a National Board must be in place at all times when you are practising. You must not start practice until the supervised practice arrangement is approved by the National Board, unless otherwise agreed by the National Board.

As the supervisee you are responsible for ensuring that all reports are completed and submitted by the due dates.

You also need to:

- work together with your supervisor to develop and work within the approved supervised arrangement
- take joint responsibility for establishing a schedule of regular meetings with your supervisor and make all reasonable efforts to ensure that these meetings take place
- be prepared for meetings with your supervisor
- participate in assessments conducted by your supervisor to help determine your future supervised practice needs and progress
- recognise the limits of your professional competence and seek guidance and assistance, and follow directions and instructions from your supervisor as needed

- familiarise yourself and comply with legal, regulatory and professional responsibilities applicable to your practice
- advise and consult with your supervisor immediately if any issues, complaints or clinical incidents occur during the period of supervised practice
- reflect on and respond to feedback
- inform Ahpra as soon as possible and within seven (7) calendar days if: you cannot comply with the approved supervised practice arrangement; requirements of your supervised practice are not being met; or if the relationship with your supervisor breaks down
- inform the supervisor and Ahpra as soon as possible and within seven (7) calendar days of any leave or breaks in practice that may affect the requirements of supervised practice, and
- practise in accordance with all the relevant National Board's standards, guidelines, code of conduct and other codes.

What if I need to change my supervisor?

In the event you need to change your supervisor, you must:

- notify Ahpra in writing as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking of any planned or unexpected supervisor changes (e.g. due to illness)
- submit a new proposed supervised practice arrangement to Ahpra for the National Board to consider, where applicable.

Each [National Board](#) has information on its website about how you can do this.

If you do not have an approved supervisor in place and you are not able to comply with the supervised practice arrangement, you must not practise.

What if I am not complying with the supervised practice arrangement or the framework?

If you cannot practise according to the approved supervised practice arrangement you must stop practising.

If you know your circumstances or your supervisor's circumstances are going to change and you will not be able to comply with the approved supervised practice arrangement, you need to let [Ahpra](#) know as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking.

If you do not practise in accordance with the framework and the National Board-approved supervised practice arrangement, the National Board may take regulatory action against you under the National Law. The circumstances in which you practised outside of the supervised practice arrangement will be considered by the National Board when making this decision. Any provision of care, including in an emergency should be given in accordance with the relevant National Board's code of conduct.

Appendix 3 – Information for supervisors

This information applies to all National Board-approved supervisors of registered health practitioners required by the National Board to complete a period of supervised practice (supervisees). It outlines the National Board's expectations of an approved supervisor. This appendix informs and forms part of the *Supervised practice framework* (the framework) and should be read together with the relevant supporting documents.

The National Board relies on you, as the supervisor, to determine if the supervisee is practising safely, competently and ethically under the National Registration and Accreditation Scheme (National Scheme), and to monitor the supervised practice arrangement.

What is a supervised practice arrangement?

In this framework a supervised practice arrangement means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

Who can be a supervisor?

General requirements

When considering if you can be a supervisor, you should check if you meet the following requirements:

- hold general registration, or, where relevant, the appropriate specialist registration or endorsement
- have relevant experience (including your qualifications, responsibilities and relevant scope of practice)
- are not yourself subject to supervised practice, or do not hold registration subject to conditions or undertakings that would impact on your ability to effectively supervise
- will sign an approved form to act as a supervisor, subject to being approved by the National Board
- agree to comply with the requirements of the approved supervised practice arrangement, and
- understand that supervised practice must be provided to the requirements in the framework and the supervised practice arrangement approved by the National Board, and if not, the National Board may take regulatory action under the National Law.

While a supervisor will usually be from the same profession as the supervisee, a National Board may approve practitioners from another profession as the supervisor(s) in exceptional circumstances. This will be at the discretion of the National Board.

Conflict of interest

A supervisor must be able to give an independent report of supervised practice results and be willing to report to the Australian Health Practitioner Regulation Agency (Ahpra) if the supervisee's practice places the public at risk or is not compliant with the supervised practice arrangement.

You must declare any actual or perceived conflicts of interests that may undermine your role as a supervisor. The National Board will decide whether any conflict declared shows a potential or actual conflict of interest. Disclosure of the actual or perceived conflicts of interest does not necessarily mean that the supervisory relationship will be prevented.

Some examples of situations that may result in a conflict of interest and that you must declare are:

- a personal relationship with the supervisee or their friend or relative
- a financial, business or other interest with the supervisee or their friends or relatives have a financial, business or other interest with you
- if you have been or are engaged in a therapeutic relationship with the supervisee, or
- if you are the employer and visa sponsor of the supervisee.

If a potential or actual conflict of interest arises during the supervised practice arrangement, you should contact Ahpra to notify them as soon as possible and within seven (7) calendar days.

What must I do before agreeing to be a supervisor?

You need to read the framework and this appendix, so you understand the:

- National Board requirements to be a supervisor, and
- role and responsibilities of a supervisor.

If you are an employee, you need to make sure your employer agrees with you being a supervisor.

If you are not an employee, the setting within which you work (for example a hospital or practice) may still need to approve you being a supervisor.

Professional indemnity insurance

Before you start as a supervisor you need to make sure you have the necessary professional indemnity insurance (PII) arrangements in place. You should refer to your [National Board's](#) PII registration standard and check with your insurance provider (or employer/other entity arranging cover) to make sure you meet the minimum requirements and to confirm that your supervised practice arrangement meets the requirements of your insurance cover.

You may need to seek advice from your employer if your PII is given under an organisational policy.

How many practitioners can you supervise?

This depends on the purpose and level of supervised practice required for the supervisee(s). It is important that you have adequate time to carry out the role of supervisor.

Payment

It is the supervisee's responsibility to bear any costs associated with the supervised practice arrangement, such as payment to a supervisor, if applicable.

What must I do if I am approved as a supervisor?

You may need to carry out training developed by the National Board before you can start in your role as a supervisor.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

Clinical/non-clinical supervision

As a supervisor you will have responsibilities in relation to the clinical/non-clinical aspect of supervised practice which includes, to:

- supervise at all times within the approved supervised practice arrangement
- complete the proposed supervised practice plan, if applicable, in consultation with the supervisee
- give the supervisee your contact details so that, when they are practising they can contact you during working hours and after hours
- give clear direction and constructive feedback to the supervisee on their professional responsibilities and the constraints within which they must operate, the expectations of ethical conduct that apply to the profession, and the expectation that the supervisee will act in accordance with the directions of the supervisor and the consequences if they do not
- use measures appropriate to the level of supervised practice to ensure that the supervisee is practising safely (e.g. individual case reviews)
- work with the supervisee to address areas identified in the supervised practice arrangement and/or address identified problems
- understand the significance of supervised practice as a professional undertaking and commit to this role including regular, protected, scheduled time with the supervisee which is free from interruptions as needed by the supervised practice, and
- only assign tasks that are appropriate to the role of the supervisee and that are within the scope of training, competence and capability of the supervisee.

Reporting requirements

As a supervisor you will also have responsibilities in relation to the reporting aspect of supervised practice which includes:

- where applicable, understanding that the responsibility for determining the type and amount of supervised practice approved by the National Board may be informed by your assessment of the supervisee
- being accountable to the relevant National Board and giving honest, accurate, objective and responsible reports in the approved form as required by the approved supervised practice arrangement
- maintaining adequate written records about the supervisee's practice to help transition if there is an unexpected need to change supervisors and/or if more than one supervisor is approved
- being open to feedback from patients, staff and other registered health practitioners in the practice setting and discussing these concerns with the supervisee, and
- discussing the supervisee's work performance or details of the supervised practice with Ahpra at any time when required.

When should I contact Ahpra?

If you are approved as a supervisor, you will be contacted by Ahpra on behalf of the National Board. Ahpra will continue to be your contact point for the duration of the supervised practice arrangement.

Breach of supervised practice or risk to the public

During the period of supervised practice it is the responsibility of the supervisor to notify Ahpra immediately if:

- the relationship between the supervisor and the supervisee breaks down
- there are any concerns that the supervisee's conduct, performance or health is placing the public at risk
- the supervisee is not complying with the conditions or undertakings, or
- the supervisee is in breach of any requirements of the supervised practice arrangement.

Any practice that occurs outside the approved supervised practice arrangement will be considered a breach of supervised practice and may constitute behaviour for which the National Board may take regulatory action.

Mandatory reporting

As a registered health practitioner, you have an obligation under the National Law to make a mandatory notification to Ahpra in certain circumstances. Depending on the type of concern and risk of harm to the public you must notify Ahpra about another practitioner's impairment, intoxication, departure from accepted professional circumstances and sexual misconduct. Further information about mandatory reporting is available on the [Ahpra website](#).

Changes to supervised practice

The supervisor needs to contact Ahpra as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking if changes are necessary to the approved supervised practice arrangement. Examples of when this may occur include if there are changes to your or the supervisees' employment, the supervisee is absent or has ceased practice or you intend to withdraw from the supervisor role.

Changes to your registration

Supervisors should also notify Ahpra as soon as possible and within seven (7) calendar days, if during the period of supervised practice, following a complaint (notification) their practice is subject to a condition or undertaking.

What if I don't comply with the framework?

If you do not carry out your role according to the framework and supporting documents and in accordance with the approved supervised practice arrangement, the National Board may take regulatory action against you under the National Law.

This applies to supervisees and supervisors.

Primary and alternate supervisors

The National Board may approve more than one supervisor for the purpose of supervised practice.

When more than one supervisor is approved by a National Board, the alternate supervisor(s) is expected to take on the role of the primary supervisor when they are not available.

The alternate supervisor(s) is expected to give feedback to the primary supervisor about the supervisee's practice during the absence of the primary supervisor.

The alternate supervisor(s) may need to complete the supervised practice report in the absence of the primary supervisor. Alternate supervisors must follow the framework and other relevant supporting documents.

Appendix 4 – Supervised practice levels

This information supports and informs the *Supervised practice framework* (the framework) and gives further information about the levels of supervised practice.

The levels of supervised practice are designed to ensure the supervisee practises safely, competently and ethically.

Not all levels of supervised practice will be used when supervised practice is required, and progression from one level to the next level may also not be required. For example, some supervisees will stay at the same level of supervised practice for the whole period.

How are supervised practice levels decided?

There are four levels of supervised practice. The supervised practice level of the supervisee will be set out in the approved supervised practice arrangement. The decision about the starting level for a supervisee will depend on several factors that may include:

- the purpose for supervised practice (e.g. registration type, suitability or eligibility or a condition or undertaking following a notification)
- the level of risk associated with the purpose of supervised practice
- how closely the supervisee needs to be supervised, who is responsible for the care given and the proximity and availability of the supervisor.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

What is a supervised practice arrangement?

In this framework a supervised practice arrangement means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

If supervised practice is required because of the registration type (e.g. provisional or limited registration) or eligibility and suitability requirements, then in most cases the supervised practice level, the frequency of reporting and any other specific requirements will be set out in the approved supervised practice arrangement. If the supervisee is required to submit a proposal for the supervised practice arrangement, the National Board may approve the proposed arrangement or an alternative arrangement, including a different level than proposed by a supervisee.

If supervised practice is required because of a condition or undertaking following a complaint (notification) the requirements for supervised practice, such as the level of supervised practice, the frequency of reporting, and any other specific requirements will be set out in the condition or undertaking.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

The framework informs the supervised practice arrangement and the supervised practice plan (where available) and gives guidance on how to comply and outlines the National Board's expectations and what is necessary to effectively carry out supervised practice.

How does a supervisee progress through levels?

Some types of supervised practice involve progression through levels. In most cases, the National Board will need to approve the change in levels.

The purpose and underlying risk for supervised practice will sometimes allow for a progression through levels to be planned. It may also be appropriate at times for progression to be at the discretion of the supervisor if a National Board agrees to do so through the approved supervised practice arrangement.

A National Board will take the necessary regulatory action required if a supervisee does not progress as expected.

When supervised practice is required following a notification the supervised practice remains at the level outlined in the condition or undertaking.

What does each level of supervised practice mean in practice?

Further guidance on what is required in each supervised practice level is set out in the table below. The descriptions of each level aim to accommodate the different approaches including practice in clinical or non-clinical settings for the professions using this framework.

The supervised practice arrangement will specify the workplace(s) or practice environment(s) where the supervised practice is to take place.

The definition of 'consult' for the purposes of this framework is set out in section 10. *Definitions*.

Detailed description of the levels of supervised practice

Level of supervised practice	Description of supervised practice level
<p>Direct</p> <p><i>Supervisor physically present at all times to observe the supervisee</i></p>	<p>The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be physically present to observe the provision of care by the supervisee. • The supervisor must be able to intervene in the giving of clinical care if needed. • Supervised practice via teleconference or other means of telecommunication is not permitted. • The supervisee must consult with the supervisor about the management of each patient before care is given.
<p>Indirect 1 (present)</p> <p><i>Supervisor physically present at the workplace</i></p>	<p>The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with the supervisor who is always physically present in the workplace or practice environment and available to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, including when care is being given, and/or • performance of the supervisee. <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be physically present at the workplace when the supervisee is providing clinical care. • The supervisee must inform the supervisor when they have concerns, and at agreed intervals, about the management of each patient. This may be after the care has been given. • The supervisor, or someone nominated by the supervisor, needs to be able to intervene in the giving of clinical care if required.

Level of supervised practice	Description of supervised practice level
<p>Indirect 2 (accessible)</p> <p><i>Supervisor is accessible by phone or other means and available to physically attend the workplace</i></p>	<p>The supervisee takes primary responsibility for their practice and the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor who is accessible by telephone, video conference or other means of telecommunication and available to attend the workplace or practice environment to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • If not physically present at the workplace, the supervisor needs to be available by phone or other means of telecommunication at all times. • The supervisor must be able to attend the supervisee's workplace if needed. • The supervisor must be able to monitor if the supervisee is practising safely including in instances when the supervisee is working after-hours or on call. • The supervisee and supervisor must conduct regular case reviews. • The supervisee is permitted to work independently, provided the supervisor is readily contactable by telephone or other means of telecommunication such as videoconference.
<p>Remote</p> <p><i>Supervisor is not present at the workplace</i></p>	<p>The supervisee takes primary responsibility for their practice including the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor, who is accessible by telephone, video conference or other means of telecommunication at agreed intervals and as necessary about the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be available by phone or other means of telecommunication for case review or consultation if the supervisee requires assistance. • The supervisor and supervisee must conduct regular case reviews.

Appendix 5 – Information for employers

This appendix is to help employers understand information about the *Supervised practice framework* (the framework) that applies to supervisees and supervisors. This appendix should be read together with the framework and relevant supporting documentation.

Employers make an important contribution to the risk-based approach of the National Registration and Accreditation Scheme (National Scheme) supervised practice process by giving supervisees an opportunity to practise while under supervised practice and/or allowing a supervisor to supervise another health practitioner at a health service or private practice.

What is a supervised practice arrangement?

In this framework, a supervised practice arrangement means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

Why does the National Board require health practitioners to complete supervised practice?

Supervised practice is used for three regulatory purposes across the National Scheme. Employers can check section 2. *Purpose and scope* to see when the framework applies to their employees.

1. As a registration requirement

Some types of registration require supervised practice such as limited registration and provisional registration for some National Boards (such as for overseas qualified practitioners).

2. To meet the National Board's eligibility or suitability requirements on renewal or application

This may be the result of:

- returning to practice after an absence
- changing to a different field or scope of practice (where applicable)
- needing to meet the eligibility requirements for an application for registration or endorsement, or
- inability to meet any other requirements of a registration standard for the profession.

3. As an outcome of a complaint (notification)

This may be in the form of a condition or undertaking imposed by a National Board, panel or tribunal that requires the practitioner to complete a period of supervised practice.

Preparing for supervised practice

Requirements of supervised practice

Before any supervised practice can take place, the supervisee must:

- hold the relevant registration e.g. general registration, provisional registration, limited registration, specialist registration, and
- have the supervised practice arrangement approved by the National Board.

A supervisee must stop practising if they cannot practise in accordance with the approved supervised practice arrangement.

A supervisee and supervisor must comply with the requirements and responsibilities specified in the framework and *Appendix 2 – Information for supervisees*, and *Appendix 3 – Information for supervisors*.

Nomination of a supervisor

A supervisee may be required to nominate a supervisor to carry out the supervised practice. It is recommended that a supervisee nominate more than one supervisor so that if the primary supervisor is not available the alternate supervisor can carry out the supervised practice. The National Board must approve the supervisor(s). They may approve someone other than the practitioners nominated by the supervisee.

A supervisee may contact you for advice about identifying potential supervisor(s) at the workplace.

Alternatively, an employee may contact you for advice about being nominated as a potential supervisor at the workplace. A supervisor should make sure you, as the employer, agree with any proposed supervised practice arrangement.

Documentation

The supervisee must give their employer or senior person at their workplace(s) (for example a CEO, medical/clinical director or head of department) a copy of the supervised practice arrangement. If the supervisee is completing supervised practice because of a notification the senior person they must give a copy of the arrangement to will be stated in the condition or undertaking.

Who can be a supervisor?

A supervisor needs to have the qualifications, skills, knowledge, availability and experience required for the role. These will vary according to the purpose for supervised practice and the risk associated with this role.

This will generally mean that the supervisor will have enough experience in the relevant clinical area and relevant qualifications, responsibilities and scope of practice. The requirements to be a supervisor include that they:

- hold general registration, or where relevant, appropriate specialist registration or endorsement
- have relevant experience (including their qualifications, responsibilities and relevant scope of practice)
- are not themselves subject to supervised practice, or do not hold registration subject to conditions or undertakings that would impact their ability to effectively supervise the supervisee
- will sign a form to act as the supervisor, subject to being approved by the National Board
- agree to comply with the requirements of the approved supervised practice arrangement, and
- understand that supervised practice must be provided to the requirements in the framework and the supervised practice arrangement approved by the National Board, and if not, the National Board may take disciplinary action under the National Law.

While the supervisor will usually be from the same profession as the supervisee, a National Board may consider approving a practitioner from another profession as a supervisor in exceptional circumstances. This will be at the discretion of the National Board.

The supervisor will also need to meet any National Board-approved training requirements.

Conflicts of interest

A supervisor must be able to give an independent report of supervised practice outcomes and be willing to report to Ahpra if a supervisee's practice places the public at risk or if they are not compliant with the supervised practice arrangement.

The supervisee and supervisor must declare any actual or perceived conflicts of interest that may undermine the supervisor's report. The National Board will decide whether any perceived conflict declared shows a potential or actual conflict of interest. Disclosure of the actual or perceived conflicts of interest does not necessarily mean that the supervisory relationship will be prevented.

Some examples of situations that may result in a conflict of interest and that supervisees and supervisor must declare are:

- a personal relationship with the supervisor or their friend or relative
- a shared financial, business or other interest with the supervisor or their friends or relative have such an interest
- if the supervisee has been or is engaged in a therapeutic relationship with the supervisor, and/or
- if the supervisor is the supervisees employer and visa sponsor.

Health service

Employers in a health service, public or private, will need to think about the following possible conflicts of interest about supervised practice arrangements between two employees:

- Whether the supervisor also oversees the employment of a supervisee as a staff member.
- If there are processes in place should employment issues interfere with the progress of the supervised practice arrangements.

Private practice

Employers in a private practice will need to think about the following possible conflicts of interest about a supervised practice arrangement if the employer is also the supervisor:

- Whether the supervisor in a dual role as an employer and supervisor can exercise objective and unbiased judgement in relation to the supervisee.
- Whether the supervised practice arrangement which is based on trust and confidence is possible if there is an unequal distribution of power or authority in the supervisor's favour.
- How possible employment issues such as pay decisions, leave and job performance evaluations are managed.
- How possible disagreements between the supervisee (employee) and supervisor (employer) in their supervisee/supervisor roles are managed as this could affect the supervisee's employment role.

Responsibilities of the employer

Employers have an obligation to make sure that the employment arrangements support a supervisee to complete their period of supervised practice. This can include facilities, scope of practice and supervised practice arrangements.

Employers also have a responsibility to advise Ahpra as soon as possible and within seven (7) calendar days, of any concerns about the supervisee if they form the opinion that there is a risk to the public.

Employers may also have responsibilities in relation to professional indemnity insurance (PII) as set out below.

Mandatory notifications

Employers have mandatory notification responsibilities under the National Law. If an employer forms a reasonable belief that a registered health practitioner has behaved in a way that meets the threshold for notifiable conduct, they must notify Ahpra. Further information about mandatory notifications is available on the [Ahpra website](#).

Professional indemnity insurance

It is the responsibility of the supervisor and supervisee to check they have the required PII arrangements in place before the supervised practice arrangement starts.

The [National Board's](#) PII registration standard sets out the requirements for registered health practitioners to have appropriate PII arrangements in place.

Supervisees and/or supervisors may be covered by either individual or third party PII arrangements, such as via a health service and/or employer's overall insurance arrangement. Employers should check with the insurance provider to make sure the supervisor and supervisee, if covered by a third party PII arrangement, meet the minimum requirements and to see if the supervised practice arrangement affects their coverage.

How many practitioners can a supervisor supervise?

This depends on the purpose and level of supervised practice required for the supervisee(s). It is important that the supervisor has enough time to carry out the role of supervisor and that the supervisee receives the level of support as detailed in the supervised practice arrangement.

Does the supervisor get paid to be a supervisor?

It is the supervisees responsibility to bear any costs associated with the supervised practice arrangement.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register](#).

When should I contact Ahpra?

An employer needs to contact Ahpra as soon as possible and within seven (7) calendar days if the:

- relationship between the supervisor and the supervisee breaks down
- employer has concerns that the supervisee's health, conduct or performance is placing the public at risk
- supervisee is not complying with the conditions or undertakings accepted
- supervisee is in breach of any requirements of the supervised practice arrangement, or
- supervisor is not carrying out their role to the requirements of the framework and supporting documents and in accordance with the approved supervised practice arrangement.

What if the supervisor cannot perform their role?

If circumstances change and the supervisor is not able to comply with the approved supervised practice arrangement the supervisor should let Ahpra know as soon as possible and within seven (7) calendar days or as stated in the condition/undertaking.

A supervisee cannot practise without the approved supervised practice arrangement in place at all times.

What if the supervisor or supervisee does not comply with the framework?

If the supervisor or supervisee does not, in good faith⁷, practise in accordance with the supervised practice arrangement or in accordance with the requirements contained in the framework and appendices, the National Board may take disciplinary action under the National Law, including but not limited to immediate action and/or investigation for unprofessional conduct.

Primary and alternate supervisors

The National Board may approve more than one supervisor for the purpose of supervised practice.

When more than one supervisor is approved by a National Board, the alternate supervisor(s) is expected to take on the role of the primary supervisor when they are not available.

The alternate supervisor(s) is expected to give feedback to the primary supervisor about the supervisee's practice during the absence of the primary supervisor.

The alternate supervisor(s) may need to complete the supervised report in the absence of the primary supervisor.

⁷ 'Good faith' has its ordinary meaning of being well-intentioned or without malice.