



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Response template: Public consultation - proposed *Supervised practice framework* and supporting documents

The National Boards (excluding Pharmacy and Psychology) and Australian Health Practitioner Regulation Agency (AHPRA) are seeking feedback about the proposed *Supervised practice framework* (framework) and supporting documents.

This response template is an alternative to providing your response via the online survey available on [our website](#).

IMPORTANT INFORMATION

Privacy

Your response will be anonymous unless you choose to provide your name and/or the name of your organisation.

The information collected will be used by AHPRA to evaluate the proposed framework and supporting documents. The information will be handled in accordance with AHPRA's privacy policy available [here](#).

Publication of responses

Published responses will include the name of the individual and/or the organisation that made the response.

You must let us know if you do **not** want us to publish your response.

Please see the [public consultation papers](#) for more information about publication of responses.

Submitting your response

Please send your response to: ahpra.consultation@ahpra.gov.au

Please use the subject line: Feedback on Supervised practice framework

Responses are due by: **17 December 2019**

General information about your response

Are you responding on behalf of an organisation?	
Yes	What is the name of your organisation? Royal Australian and New Zealand College of Psychiatrists
No	Are you a registered health practitioner? Yes/No If yes, which profession(s)?
Name (optional)	[REDACTED] [REDACTED]
Contact phone number (optional)	

Public consultation questions

Please ensure you have read the [public consultation papers](#) before providing feedback as the questions are specific to the proposed framework and supporting documents.

Use the corresponding text boxes to provide your responses. You do not need to answer every question if you have no comment.

National Boards and AHPRA have developed the *Supervised practice framework* (the framework) and supporting documents to enable a responsive and risk-based approach to supervised practice across the National Registration and Accreditation Scheme (the National Scheme).

The National Boards' preferred option is to adopt the proposed framework and supporting documents.

1. How helpful and clear is the content and structure of the proposed framework? Please explain your answer.

The content and structure of the draft proposed framework and draft supporting documents overall is clear and overall provides helpful guidance. The defined levels of supervision, and the guidelines for the supervisor and the supervisee are helpful.

The College notes and supports the focus on reflective practice and the progressive levels of supervision.

The word 'consult' is used to describe the interaction between a supervisee and supervisor in the levels of supervised practice (see Section 5 Levels in the framework and the *Fact sheet: Supervised practice levels*). The word 'consultation' is often used to describe the interaction between a patient/client and a health practitioner.

2. Is the meaning of 'consult' clear for the purposes of the supervised practice levels? Why or why not?

Yes, the meaning of 'consult' is clear for the purposes of the supervised practice levels.

The audience for the document is health professionals, and in this context it would be clear to them that the consultation is between two health professionals (i.e. the supervisor and the supervisee) and not between a health professional and a patient.

It is clear that the delivery of care is the interaction between a health practitioner and a patient.

3. Is there any content that needs to be changed, added or removed in the proposed framework and/or supporting documents? If so, please provide details.

There is no additional information to be added to this section.

4. Are there any other ways that the Board can support supervisees, supervisors and employers involved in the supervised practice arrangement?
Explore strengthening strategies for increased service delivery with the aim of increasing supervisors, in particular in rural locations, and incentivising supervision across health services.
5. Is there anything else the Board should consider in its proposal to adopt the framework and supporting documents, such as impacts on workforce or access to health services?
Address health service delivery issues associated with workforce
6. Do you have any other comments on the proposed framework and/or supporting documents?
<p>As outlined in the RANZCP response to the preliminary consultation there are a number of refinements to the framework which will assist the functionality of the program:</p> <ul style="list-style-type: none"> • Any remuneration arrangements should be managed by a third party, as a direct arrangement between the supervisor and the supervisee of necessity introduces an element of bias in the relationship that could be unhelpful. • The selection of supervisors needs further explanation, particularly in the area of ensuring that they are practitioners of good standing within their professional specialty area. Further work on both the selection and oversight of supervisors is welcomed. The framework seems to indicate that the onus for the selection of a supervisor is on the supervisee, and this may present challenges for some practitioners. • The role of the specialist medical colleges in this framework is unclear. At a minimum, colleges should be involved in the selection of appropriate specialist medical practitioners as supervisors, and thought should be given to a possible role in the management of third-party remuneration arrangements. • Whilst the levels of supervision are clear, the highest level of supervision presents challenges for psychiatrists in this framework, as it has the potential to impact on the long-term therapeutic relationship between psychiatrist and patient. • Practitioners who work in solo or small private practices, or who are geographically isolated, or who work in niche areas of practice, such as medico-legal practice, may be at a disadvantage relative to other practitioners with the selection and availability of supervisors.

Thanks!

Thank you for participating in the consultation.

Your answers will be used by the National Boards and AHPRA to improve the proposed framework and supporting documents.