



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? Office of the Health Ombudsman
No	Are you a registered health practitioner? Yes/No If yes, which profession(s)?
Name (optional)	██████████
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 proposed framework clearly articulates the framework's scope and purpose, including outlining when it is applied, what it covers and what it doesn't. Of particular relevance to this office as a co-regulator is the third situation when the framework is applied, that is as a result of a notification. When the Health Ombudsman imposes immediate registration actions on registered practitioners in response to serious risk, for those situations where practitioner's require supervised practice, the framework is a useful resource to ensure alignment in interpretation of definitions, use of terms, requirements etc. enabling consistent messages between the co-regulators in Queensland.

The structure is clear and clearly outlines expectations and responsibilities of supervisors and supervisees, including consequences of not meeting these requirements by both individuals.

Explaining how the principles underpin the framework enhances understanding and regulatory rationale for the framework.

The levels of the framework are clearly explained and appear to appropriately cover all situations covered by the framework.

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?

While described, the term 'consult' is not defined and it is suggested that a standard definition of consult/consultation is developed so it is clear to all practitioners no matter what profession what is considered included in the consultation interaction, much like the definition for 'practice'.

While consultation can be primarily used to address risk and ensure that the right care is being provided, consultation can also be part of mentoring and skill development.

Depending on the circumstances, consultation may have different purposes depending on the primary reason consultation is required and may include (not exhaustive):

- seeking advice
- seeking information
- seeking direction
- seeking help
- seeking approval
- having exploratory dialogue/discussion to aid decision-making
- receiving care/treatment

- learning/skill acquisition strategies

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.

As referred to above, include a definition of the terms 'consult' and 'consultation'

Under the section titled '7. Compliance' it is suggested that reference is made to relevant sections of the National Law in relation to supervisees not practising in accordance with the supervised practice arrangement and supervisors not carrying out the role in accordance with the framework

It is also suggested that more clarity could be provided regarding financial arrangements. It is mentioned several times that any financial burden is the responsibility of the supervisee and also that training may be required by the supervisor. Is a supervisee responsible for the cost of their supervisor having training? Further, while there is no provision in the National Law for remuneration and National Boards will not intervene in financial arrangements, does this raise the potential for a conflict of interest that needs to be disclosed?

4. Are there any other ways that the Board can support supervisees, supervisors and employers involved in the supervised practice arrangement?

Once a supervisor is appointed, consider providing a professional officer or relevant National Board member contact to be available to provide professional advice regarding issues related to supervision that may arise during the supervision relationship (including providing advice on any differences in opinion/conflicts that could arise)

Consider liaison with other relevant profession specific organisations/educational organisations/employers to deliver targeted training for supervisors regarding providing effective supervision.

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?

Supervision conditions may impact on workforce however in particular regards to requiring supervision as a result of a notification, managing risk and ensuring public protection and safety should be paramount however this needs to be balanced with the least onerous action taken. Unfortunately in some circumstances, this will mean a reduction in health services if an appropriate supervisor cannot be found.

6. Do you have any other comments on the proposed framework and/or supporting documents?

The facts sheets are an extremely valuable resource for all stakeholders.

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.