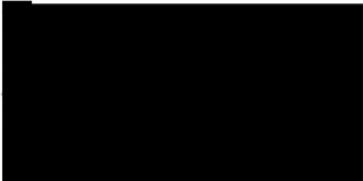
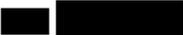




Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

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

Are you responding on behalf of an organisation?	
Yes	What is the name of your organisation? CHINESE MEDICINE AND ACUPUNCTURE SOCIETY OF AUSTRALIA (CMASA)
No	Are you a registered health practitioner? Yes/No If yes, which profession(s)? Acupuncture Chinese Medicine Chinese herbal dispensing
Name (optional)	 
Contact phone number (optional)	 

Public consultation questions

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 program is good in its inbuilt flexibility, reflecting its risk management approach, but it is not adequately explained in the framework document, which needs to have a much greater focus on the **information needs of the end users**.

While there are linked documents which serve to clarify the main document, there are major gaps in the main document which need to be filled in. It needs to be kept in mind that there are diverse range of user groups, most of whom would only access the material on occasions, and thus not have a concept of how the system works, and often be in a situation of having to pick it up quickly.

The material should be condensed into one document if possible, and only have links to the qualifying material put out by National Boards. The material of National Boards should mirror as far as possible, the AHPRA document so that end users do not have to read both documents and/or go back and forth between various documents on both websites.

Currently, to access the Supervision practice application forms for Chinese Medicine, a practitioner would need to look through the **AHPRA framework document** (11 pages), then the **Supervisee Fact Sheet** (5 pages), the **Supervisor Fact Sheet** (4 pages), the **Supervised practice Levels Fact Sheet** (4 pages), and then work out they need to go to the **Chinese Medicine Board website** and sort out which of 5 or so documents is the relevant one to start with, and try to locate the application form amongst these. It is only on reading the application forms that the arrangements come into proper focus.

The Chinese Medicine Board's **Supervision Guidelines** (38 pages) has all the information together in the one document, and contains additional explanatory content which should also be in the AHPRA Framework document.

Key problems with the structure of the current **Framework** document are:

- The document fails to explain the **regulatory context** of the arrangement in the beginning, and thus lacks a solid foundation upon which to set out the arrangements, leaving important information gaps. Clarity about the regulatory basis for the framework is vital as it needs to cater to various groups of readers, most of whom will only access the material occasionally, including Tribunals, and so need to quickly ascertain the parameters of the arrangement.

In particular, the relationship between AHPRA and the National Boards (the National Law and State/Territory Laws), and the role of Tribunals, needs to be spelt out in the beginning.

- The package of information fails to explain the **mechanics** of the arrangement, which is the most critical part of the arrangement. The reliance on Fact Sheets for qualification is irritating rather than useful (particularly when they are circular and still fail to provide key information) eg. an intending user cannot just look up the Fact sheet for supervisees, or for Supervisors, because they don't explain the levels, progression opportunities and timeframes etc, and they have to look at another Fact Sheet for Levels. This is particularly irritating and this information may also be varied by the relevant Board.

The proposed expansion of Fact Sheets could exacerbate the problem of dispersal of information, if the current approach is repeated. It would be better to just have one Fact sheet to clearly state the arrangements, or even better, to fix up the gaps in the Framework document to ensure it provides a proper explanation of the arrangement and not have to

rely on Fact Sheets.

- In this regard, greater clarity is needed on:
 - o the **mechanics** of the actual supervisory arrangement (levels, nature of supervision, timeframes and reporting obligations)
 - o The **flexibility** available to each of the National Boards to determine the arrangements that suit their profession's needs, and how this may impact on the number of levels used (and hence the nature of the supervision, whether direct or remote), and the progression through levels. This flexibility represents a great strength of the arrangement, but only really became apparent on reading the CMBA documentation.
 - o The central **distinction** made between the two different types of supervisees, ie. registration and disciplinary types, reflecting the risk management approach. While the AHPRA document refers to three categories of applicants, the Chinese Medicine Board has sensibly condensed this into the two areas indicated above. This should also be done in the Framework document.

- The dispersed/fragmented nature of the information about the arrangements creates opportunities for key aspects to be missed or overlooked by the reader, or for the arrangement to seem too complex to try to use. For example, there is no explanation of basic things like how to initiate an application, nor any indication of where the application forms are located (there are no references to application forms for any of the regulated health sectors in the Table in **Appendix A**). There is no information on how to approach AHPRA or the relevant National Board about the arrangement in general, or for a specific supervised arrangement. These are basic information points for users of this type of arrangement.

- The **tone** of the document sometimes seems inappropriate, particularly in its efforts to remind practitioners that there are disciplinary actions that can be taken against them for noncompliance as either a supervisee or a supervisor. While this is important, it has not been balanced with a positive focus on the positive aspects of the arrangement, whereby it provides a means by which practitioners in certain circumstances can register, re-enter, or gain endorsements by demonstrating that they practice safely through a period of supervised practice.

Rather than tainting all the arrangements with those specifically for disciplinary purposes, it would be better to separate out the **two broad categories** of purposes under separate headings of regulatory purposes and disciplinary order purposes, and cover the more positive aspects first. It is noted that Recency of Practice is a key focus of the documentation produced by each of the National Boards (**Appendix A**), suggesting registration purposes (rather than disciplinary purposes) may be the main focus of their application.

It is particularly important to show the supervisory arrangement in a positive light so that reputable practitioners will be encouraged to take on the **supervisory role**, particularly as they do not get rewarded financially for their contribution to the regulatory system.

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?

The context provides sufficient clarity. If there are concerns, replace with 'liaise with' or 'seek directions from'.

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.

Yes, considerable change is needed to improve clarity for end users. Suggested changes are set out below:

General comments:

Risk Management approach: As noted above, greater coverage is needed of the flexibility available to Boards to tailor requirements around the industry specific risks (as part of the Risk Management approach), as well as around the various reason/circumstances requiring supervised practice. The central principle also needs to be clearly stated early in the document.

Formatting issues: There are some formatting issues. The Table of contents should include all Attachments, including the all the Fact Sheets (if continued to be used). Any such linked documentation should have a clear heading at the top of the page indicating they are part of the arrangement and the particular focus (supervisees, supervisors, employers, Tribunal members etc).

Additional table: The inclusion of a table of reporting timeframes (all of which are fairly tight) would benefit end users, and should indicate which organisation the report needs to be submitted to.

- Table for all critical timeframes for reporting and the Authority to which the report must be made.

Suggested specific changes:

Table of Contents p.2 – add Appendices (Show the current one, 'Links to relevant national board materials' and add in the Fact Sheets (current and those underway) - if they continue to be used. (It would be preferable the core information to be built into the main document thus removing the need for Fact Sheets).

Introduction p.3

The first sentence should be replaced with a standard explanation of the roles of AHPRA and the National Boards (16), and explaining the relationship between the National Law and the mirroring State Laws. It should be followed by a statement such as "Their primary role is the protection of public safety, and ensuring the public has access to safe health services. This framework sets out the arrangements by which each of the National Boards implements the supervisory arrangements for the profession they regulate.". It should also indicate whether there are any variations between jurisdictions, and if there are, include an additional attachment for links to further information. Later sections, such as **p.6 Flexibility** will make more sense if preceded by this type of information.

The Introduction should also cover the risk- based approach which is central to the system and the way it drives the individual National Boards' assessment of levels of supervisory need, and on the requirement for supervision (currently spelt out on **p.5**), along with AHPRA's evaluation of supervisor eligibility (currently set out on **p.5**). There needs to be a clear statement made on the central principle of the arrangement ie that the higher the risk the more direct the supervision, and the more frequent and detailed the reporting obligations.

Par 3 p.3. Separate out the 'process' information from the 'mechanics' of the arrangement and ensure the mechanics are also covered.

Begin **par 4** with something like "*The Framework provides a risk based approach with inbuilt flexibility to the National Boards to cater to the particular characteristics of the profession they regulate, in order to ensure high quality, safe and effective supervised practice. The core components of the Framework are:*

- **Principles** : sentence is unwieldy. Meaning of "other" core components is unclear.
- **Levels of supervised practice**: the 'proportionate' point is important. However, this is not followed up adequately later in the document. See comments on **P 7 onwards. Levels**
- **Clearly explained expectations of ...**: These are not set out in the document and rely on Fact Sheets, which are currently not linked to the document.
- **Compliance processes**: add "*and reporting obligations*" : this reinforces the need for greater clarity later in the document on reporting timeframes, which would benefit from being drawn together into a table.

There does not seem to be any coverage of the **processes for finalisation/successful completion**. This is important given the restriction that has been indicated on practitioners not being permitted to commence practice until the arrangement has been approved by AHPRA, and then not being able to work outside the arrangement while it is in place.

The **boxed information** in the middle of **p.3** is the first reference to a **supervised practice plan** (which it seems to say is not always required ('*where necessary*') but the reasons for such are not given). It is noted that boxing is usually used to reinforce a point and not to introduce new material. This concept should also be included in the **definitions on p.10-11**.

Purpose and scope p.3 When does this framework apply?

First sentence is confusing in its use of 'most' without qualification, so the intention is thus not communicated. Along with clarifying why it only covers 'most' circumstance, the sentence should be expanded to say "*and is qualified by individual National Boards to ensure an appropriate fit to the health service they regulate*".

The second sentence would be easier to express if the three categories were simplified into two broad categories: *for registration type purposes, and for disciplinary purposes*. If not, change the second sentence around to make it more direct eg. "*There are three regulatory purposes that supervisory practice applies to:*"

- *As a registration type requirement*: make clearer to reader by changing to "*as a requirement for registration*" and also make the explanatory statement more direct eg. "*Some National Boards require supervised practice as a condition of registration for overseas qualified practitioners, or in the registration categories of limited and provisional registration.*"
- *In order to meet the National Board's eligibility or suitability requirements at renewal or application*: make clearer by rewording as "*To meet the eligibility or suitability requirements of Boards (such as for overseas qualified practitioners).*"
- *As a result of a complaint (notification)*: this point needs clarification as it is understood that **disciplinary action may arise from disciplinary action outside of the complaint** (notification) process. This could, for example, arise from an AHPRA audit process identifying unsupported or inaccurate claims to cure terminal cancer. This point needs to be made as accurately as possible (particularly as Tribunals may be one of the end users of the document). Change the explanatory sentence to make the meaning clearer eg. "*A National Board, panel or tribunal may impose a condition or gain an undertaking from the 'offending' practitioner*"

Paragraph at top of p.4 beginning: "*For all the purposes outlined above...*" This provision seems to reinforce the negative aspect of the arrangement, which in some cases is a positive one such

as facilitating entry/ re-entry/endorsement, and could be written in a way that sound less officious/stigmatizing. It also needs to be made clear the duration of time the notation remain on the record and whether there is any differentiation made between those on disciplinary supervisory arrangements and those undertaking supervised practice arrangements for registration type purposes. This also applies to the second paragraph in **Patient Safety**.

The following paragraph is confusing and should be included in the **introductory section**, as does the next paragraph.

If these two paragraphs are left in place, there needs to be some explanation provided of what the framework does do.

When does this framework not apply?

Rephrase the first sentence to make meaning clear eg. "Each National Board has tailored supervisory arrangements to the profession they regulate, with some having industry specific arrangements which replace/qualify the supervisory arrangements of the Framework. These are:..."

Profession specific material that relates to the framework p.4

In the first sentence replace "have extra specific requirements" with "have established additional requirements for particular purposes eg. profession specific standards, capabilities or competencies". The second sentence needs a better link to the first eg. "Any such profession specific requirements are required to be consistent with the core components of the Framework. Thus there may be additional profession specific documents produced by each Board which need to be complied with".

Boxed information

This one appropriately reinforces the textual information in the text preceding it. However, the user groups of the Framework are wider than just the supervisee and supervisor, and this should be reflected. Eg. Tribunal would need to refer to all additional Board requirements for the profession.

Who should use this supervised practice framework? P.5

Make the first sentence clearer eg. "The framework is designed to accommodate the needs of different categories of users, and to provide sufficient flexibility for use by practitioners in varying circumstances. User groups include:..."

Tribunals should be included in the list, and then followed by an explanation. The information in this paragraph should be covered in the Introduction. The reason for including the reference to the National Restrictions Library is not apparent to those outside of the Tribunal group, and should be supported by some contextual material to make the intended meaning clearer.

Principles p.5

First sentence is confusing and seems to be meeting the regulator's needs and is descriptive rather than informative and meeting end user needs. To the end user, it comes across as jumbled and circular eg. 'Regulatory principles ... and guiding principles... '

Second sentence: suggested: "The National Boards take these principles into account in setting the monitoring arrangements for supervised practice, for both the supervisee and the supervisor."

Accountability and Transparency p.6: Need to be clearer about which agency is reported to, presumably to the relevant National Board for routine matters but it needs to be spelt out when a party may be required to report to AHPRA.

Again, it would be helpful to create a more positive tone to encourage participants to liaise with AHPRA or their Board (currently unclear).

Delete the second paragraph as it adds nothing to the paper, unless qualified to say how AHPRA

actually provides transparency of these arrangements.

Individual approach: p.6

Provide a lead in sentence indicating that the National Boards determine supervisory arrangements in different ways for those seeking them for registration type purposes, and those with a disciplinary order (including undertakings/conditions).

Reverse the order of coverage to give a more positive tone, and deal with the registration type arrangements first, and followed by disciplinary type arrangements. The inclusion of subheadings for each of these would make it clearer that they are treated differently.

For registration type matters reword: "Applications will be assessed on their merits and will take account of the practitioner's experience, needs and capabilities, along with their employment situation."

For disciplinary matters, reword "For disciplinary type matters, the National Board will impose a level of supervised practice relative to the identified level of risk to the public."

In the paragraph for all other types, need to make it clear that the practitioner applies

Objectivity p.6:

Make the explanation relate to the heading eg. "Supervisor objectivity is essential for the supervisory practice arrangement to be effectively delivered. Practitioners must disclose to the Board when applying for a supervisory arrangement all actual and potential conflicts of interest with their supervisor, and approved/not approved, and where approved, suitably managed."

For disciplinary matters, the Board will impose a supervisory arrangement ..."

Boxed information: add Appendices No.

Flexibility p6 This section is

Reword paragraph 2 sentence one to read "The National Boards have the power to adjust supervised practice arrangements over time, and will consider requests for such."

Preparation and support p.6: This section fails to spell out the mechanics and is talking around the point, and fails to provide the end user with useful information. Delete first paragraph. If the mechanics are not going to be spelt out here, this section should refer the reader to the fact sheets for supervisees, supervisors and employers (if still to be used).

This section needs to spell out the way parties to an Arrangement interact with the relevant authority. It remains puzzling as to how the parties and the regulator reach agreement on the proposed level and timeframes without any apparent means of engagement.

The last sentence needs to reflect the fact that other arrangements may be the determinants considered by a Board. "Supervisors will need to meet any Board approved training requirements or have high professional standing in a Health institution or in a Professional Association."

Levels p.7: This is one of the most important sections on the mechanics of the arrangement and needs better explanation and to be more clearly linked to the concept of risk. Eg "Each Board will determine the arrangements suitable for their profession and may not use the full range of levels available. The levels are based on the level of supervision required and whether it is provided directly or remotely, and the level of supports required of the supervisor. The Boards will also determine the duration of the arrangement and stages within."

End of paragraph 2 p.7: "...which **may** include a supervised practice plan or condition or undertaking". This sentence seems to suggest that a Plan does not form part of an arrangement for those who fall within the broad disciplinary group where a condition or undertaking is imposed on them. If this is the case, it is not clear in the rest of the document/supporting documents and

CMBA documents.

In the right hand column of the table on **p.7**, it would be useful to add at the end of each section "Usually put in place for/by..." if feasible.

Table p.7: make the statements in the left column consistent eg. **Indirect 2** should indicate the "supervisor is not present but is accessible by phone..." and the last item **Remote**, should also indicate ".. is available at agreed intervals for consultation by supervisee"

Progression through levels p.8

Explain the concept eg.: "the system is designed to recognise that applicants need less direct supervision once confirmed as having met the standards of the commencing level."

Reverse order of coverage and put the positives of the arrangement first.

National Board's expectations of supervisees p.8: Needs a better lead in eg. "Once an application is made for supervisory arrangement, the applicant cannot practice until the Board has approved the supervisory arrangement."

There needs to be an indication of whether applicants can liaise with their Board over the matter (this is not indicated anywhere). AHPRA would benefit from showing a more **customer friendly face**.

The concept of a **Supervisory Plan** is introduced here but no details are given and it needs to be covered earlier eg. **P.4 risk based approach – dot points** – include as an extra point. Ensure there is an explanation of the need for a Plan, and if not compulsory, the types of situations where it is not used. It also needs to be defined in the **Definitions** section as it has a particular meaning for this set of arrangements.

There needs to be coverage of what supervisory arrangements cover, the requirement for a supervisee to liaise with the supervisor (and if not possible to liaise with the Board and, for example, to gain approval for use of a different supervisor), to prepare documents and to submit reports to the Board (?) within the specified timeframes. Also to state clearly that the responsibility for lodgement of forms/reports lies with the Supervisee, as well as for "any reasonable" costs associated with such by the supervisor.

Additional information needed: Include a table of key reporting arrangements and timeframes and the organisation to which the report must be made (AHPRA or National Board?).

Last dot point p.8: change "completed" to 'submitted'

The Board's expectations of supervisors p.8. In the first sentence, consider including "professional standing"

First paragraph p.9. Change introduction to "Supervisors are provided with (?documentaton/copy of the supervisory agreement??).....to inform them of their responsibilities in relation to supervision of the supervisee, and the commencement date."

Key requirements of a supervisor are set out in the Fact Sheet for Supervisors (Appendix 4) and are.."

Reorder the dot point list to be more useful for the reader. Ie. the tasks of supervision , the level of scrutiny, normal reporting, exception reporting (and to which organisation), finalisation process.

Boxed information: add the Fact Sheets as Appendices and refer to Appendices here,

The Board's expectations of employers p.9. Note this heading makes reference to' *the Board* and not AHPRA which is confusing unless the **Introduction** makes these roles and responsibilities clearer.

It is unclear here whether the **employer** has any role in determining the supervisory arrangement or simply has to accommodate it. If this is intended to indicate that the employer can put a supervisory arrangement in place for an employee, this should be made clear. Replace “*think about*” with “*take into account... in shaping the supervisory arrangements*”.

Boxed information p.9.

Compliance p.9: delete sentence one. Be consistent in the use of the term ‘the National Board’ or ‘the Board’ to avoid confusion as readers may not know whether AHPRA has an overarching Board.

“*Monitoring of supervisory arrangements by the Board is based on the assessed risk arising from the purpose of the supervisory arrangement, which will be reflected in the frequency of reporting, and may include a review of Medicare data, or of rosters and appointment diaries, and/or employer reports*” This list should also include ‘complaints/notifications’.

The second sentence is confusing because it does not clarify what the respective roles of AHPRA and the Boards are.

Third paragraph p.9 the use of ‘*may*’ may send the wrong signal. Replace with “The Board ...”

Clarify what the meaning/significance is of “*immediate action*” and indicate what the implications actually are.

Boxed information p.10 include reference to Appendices

Review:

Expand **sentence one** to include “and individual National Board requirements are included on their websites”

Definitions p.10. Need to include ‘supervised practice arrangement’ and ‘supervised practice plan’ and where information about these is to be found. The **CMBA Supervision Guidelines** may be helpful in this.

Supervisor: is it always a registered health practitioner or could it be a retired practitioner of high professional standing?

Appendix A: Add date of issue (presumably additional Board documents will be put in place over time, and additional health sectors may come under AHPRA’S regulatory controls. This list may need to be updated. It is noted that the Chinese Medicine Board has additional documentation eg. **application forms**. The structure of the table may need to be amended to provide for additional documentation eg. forms, alerts, completion certificates.

Add the **Fact Sheets** as **Appendices**. However, consider whether the individual fact sheets couldn’t be replaced by one clear Fact Sheet, or the content built into the main document.

FACT SHEETS

As indicated above, the **Fact Sheets** currently hold core information about the arrangements which would be better placed in the Framework document. If retained, they need to be restructured to ensure they communicate the essential information needed by the end user.

The types of changes needed are shown for the Fact Sheet on Supervised Practice below.

Fact Sheet Supervised Practice Framework: needs a clear heading “Supervised Practice Framework: Supervisees” added.

First paragraph: make it clear that relevant supporting documentation is “of the relevant Board”

Headings need changing. Suggested headings:

What is a Supervised practice arrangement?

How does a Supervised practice arrangement get put in place?

Who does a Supervised practice arrangement cover?

Who does a Supervised practice arrangement get initiated?

How does a Supervised practice arrangement work?

What does a supervisee have to do?

What does a supervisor have to do?

What does an employer have to do?

What notification is there when the arrangement is completed?

What does AHPRA/relevant National Board do if the arrangement is not successfully completed?

First paragraph: should be an explanation of what a **supervised practice arrangement** is. This is a critical area but is unclear (with paragraph two confusingly talking about the elements of it, rather than what it actually is. The explanation is too narrow.

A suggested alternative is "A Supervised Practice Arrangement is an arrangement whereby AHPRA, and the relevant National Board, put processes in place for practitioners in various designated circumstances, to demonstrate they meet the AHPRA standards for the safe provision of health services to the public, by undertaking an agreed period of supervised practice. This can be for registration purposes, such as by people re-entering the profession, by overseas qualified practitioners, or by those seeking endorsements on their registration, as well as for those directed to do so under disciplinary rulings.

A supervised practice arrangement is a flexible risk management model whereby the practitioner undergoes a designated period of supervision by an AHPRA/relevant National Board-approved supervisor. The processes for getting this arrangement put in place differ for those seeking to do it for registration purposes, and those under disciplinary rulings (or who have given an undertaking to avoid disciplinary action).

Key elements of a supervised practice arrangement are: the practitioner (supervisee), the approved supervisor/s (the supervisor/s), (?the employer), and a supervised practice plan. The Plan specifies:

- the level of supervised practice required (up to 4 levels)
- the timeframes for movement through those levels (excluding disciplinary purposes)
- the approved workplace/s (...).
- any additional practitioner-specific requirements), including those stated in a registration standard, or in a disciplinary related condition/undertaking". and
- ? reporting arrangements to AHPRA/relevant National Board, by the supervisee, the supervisor, and steps to be taken for noncompliance and/or inadequate performance.

The practitioner under a Supervised Practice Arrangement (on having applied for one for registration purposes or after having been directed to work under one by a Disciplinary body), cannot practice until the arrangements have been approved by AHPRA. (Question: surely a practitioner seeking an endorsement is permitted to continue in their normal type of practice?). Disciplinary action can be taken for any practice that is undertaken outside the approved practice plan (within Australia)."

Proposed new heading: "How does a Supervised Practice Arrangement get put in place?"

A Supervised practice arrangement is put in place in two ways:

- By application to AHPRA/relevant National Board by an applicant (being someone qualified for a AHPRA registered profession or with an equivalent overseas qualification), or

- By order of a disciplinary panel to AHPRA/relevant National Board.

Who does a Supervised practice arrangement cover?

A supervised practice arrangement covers

- the supervisee, which can be an applicant for registration, re-registration, re-entry or be the recipient of a disciplinary order from a Tribunal etc
- the supervisor/s, which is usually someone of the same profession but may be from another profession, and must be approved by the relevant National Board, and
- where applicable, the employers of both the supervisee and the supervisor.

How does a Supervised practice arrangement work?

Practitioners under Supervised practice arrangements generally move through different levels of supervised practice.. These levels are ...These may vary from profession to profession as the National Boards tailor these to the circumstances of their profession. The model is a flexible one, allowing for minimal levels of supervision eg.those with proven practice performance and merely seeking endorsement...to those with the highest needs for supervision, being those on certain types of disciplinary orders. While those under Disciplinary Orders do generally not move through levels and remain on the highest level for the duration of the order, those on Supervised Practice Arrangements for registration purposes

What does a supervisee have to do?

What does a supervisor have to do?

What does an employer have to do?

How does a Supervised practice arrangement get initiated?

For registration type purposes:

The practitioner makes an application to AHPRA/the relevant National Board on application forms posted on the National Board website. This requires the nomination of a supervisor that meets the specified criteria, and an alternative in case the first one is unavailable, and the declaration of any potential conflicts of interest. AHPRA will evaluate the nominated supervisor and will consider the conflicts of interest.

For disciplinary order purposes:

What notification is there when the arrangement is completed?

What does AHPRA/relevant National Board do if the arrangement is not successfully completed?

Add a section on considerations to be taken into account by Tribunals.

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

The most important form of assistance is the provision of a clear, concise information package that enables people in various circumstances being able to quickly identify the parameters of the arrangement and work out how to implement it within the relevant professional health service area.

The current documentation does not give a sense that AHPRA/National Boards play a supportive role in these arrangements (although the program design is admirably flexible and the approval process provides room for flexibility). However, there is nothing about the avenues for engagement, and it is unclear whether the supervisee deals with AHPRA or the relevant national board.

Consideration should now be given to making the Boards the first point of contact for this and other matters relevant to the profession concerned, given the time that has now passed since inception of the regulatory framework, and the fact that are now clearly established

and have the appropriate documentation in place.

This is an important arrangement for supporting broader government policy objectives such as the **recruitment of overseas health practitioners to work in rural and regional areas**, or to **meet a service gap** such as is expected to occur in Traditional Chinese Medicine as a result of the loss of 25 - 30 new graduates coming into the registration system arising from UTS's planned closure of its Bachelor of Health Science in Traditional Chinese Medicine course.

The document should be able to be picked up and read by anyone considering recruiting overseas qualified practitioners, or encouraging re-entry of those who have temporarily left the profession/seeking further endorsements, and quickly ascertain whether:

- Their circumstances can be accommodated by this arrangement
- The process is easy to understand and manageable, with responsibilities and critical reporting timeframes clearly outlined
- Documentation is easy to locate and complete, and
- AHPRA (or the relevant National Board) will be supportive and responsive to queries as well as to the resolution of issues raised during the process.

The current drafting seems to have been structured more about 'containment' for disciplinary purposes than for the broader registration purposes, and needs a new lens cast over it so that it covers both. It needs to go back to basics and spell out what the arrangement is and how it works. The reliance on multiple Fact Sheets exacerbates the problem of information fragmentation, and creates a circular process.

AHPRA could consider promoting the arrangement in a more positive light by providing examples of successful applications of it, and through the use of short video clips as used by the Tax Office for small business start-ups. **It would also be helpful for each of the Boards to have sample forms, and Supervision Practice Plans, showing the types of objectives, planned activities and outcomes used**, on their websites.

AHPRA could also consider providing some **recognition certificate for supervisors**, given the lack of AHPRA financial remuneration for what is essentially a regulatory function they perform, and which represents is a considerable impost on their own practice time.

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?

AHPRA should ensure that the framework and supporting documentation:

- reflects **broader Australian Government policy objectives**, such as indicated above, and remove any unintended barriers to such (eg. arrangements which are too hard to understand, and absence of contact points, inaccessible application forms); and
- anticipates the **shifts in Australian health consumer needs** with the changes in the Australian community, with a growth in sizeable Chinese, Vietnamese, Korean, Malaysian and Indian communities, who are likely to seek culturally sensitive health services, including traditional health systems, particularly as they age.

Recruitment of overseas trained practitioners is a key means by which health service gaps are met. Although the Chinese Medicine sector is relatively small, the demand for services is growing, and it is anticipated that a service gap will arise when UTS closes its Bachelor of Health Science in Traditional Chinese Medicine course, affecting Eastern Australia. AHPRA needs to ensure its process is as easy as possible to understand and implement.

The inability of any health sector to meet community needs through lack of practitioners exacerbates the opportunities for unregistered and unlawful practice by others, which often remains hidden, and which puts the public at great risk. Similarly, it encourages the use of internet for the sourcing of products, where there may be no quality controls.

At the same time, AHPRA needs to ensure it monitors the service gaps to avoid overcrowding of health service provision sector, and/or to prevent the undermining of the Australian tertiary sector.

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

End user groups' information needs:

The framework seems to have started as one thing early on in the regulatory process and evolved over time into something else, without having been realigned to fit the new circumstances now that the National Boards have become established in their roles. The framework document has a cobbled together feel, but still does not meet information needs of its diverse user groups.

All arrangements should be spelt out in one document which clearly sets out the mechanics of the arrangement, and which alerts end users to the need to rely on their National Board for profession specific arrangements.

The risk management approach and the way it drives the levels needs to be clearly spelt out in this document (being central to the 'levels' concept). The point should be clearly made that individual Boards tailor the requirements to suit the circumstances of their profession, and thus end users must check what those requirements are.

Policy issue: need to close off an 'opportunistic' opening for misuse of the arrangement:

There is a major policy concern in the coverage on p3 of the **Supervisee Fact Sheet** about supervisee being responsible for all costs of compliance with registration and notification matters.. There needs to be some refinement of this arrangement (at least a qualification to indicate costs should be '*reasonable*') to avoid creating an opportunity for supervising practitioners to make money by enabling supervisees to effectively "buy their way in", as well as to protect genuine supervisees from being mistreated/overcharged by unscrupulous supervisors seeking to profit from the arrangement.

The last bit of the sentence indicating '*..the National Board will not intervene in financial arrangements between you and the supervisor*' is of particular concern. Presumably, the National Board would take disciplinary action on unprofessional grounds when a supervising practitioner was found to be acting in an opportunistic manner and/or in a way that disadvantages the practitioner being supervised.

Policy issue: need to clarify the taking of Disciplinary action at some future point in time

P.9: last paragraph under Compliance .." *including but not limited to immediate action and/or investigation for unprofessional conduct.* "

This is an important point and needs to be made clearer.

Policy issue: Emergencies P.5 Fact Sheet – Information for supervisees: "What if urgent lifesaving care is needed?"

This is an important point that is lost by being placed at the end of a Fact Sheet (an example of the cobbled together effect). Supervisees need to understand that they can act to save someone's life in an emergency (in the interests of public safety), as long as they report it afterwards to AHPRA. Presumably the point trying to be made is that, although the supervisee is prohibited from practising outside of the specified arrangements in the Plan, they are permitted to act in a medical emergency, but are required to notify AHPRA as soon as possible and within 2 days of having done such. Any such exception needs to be qualified to specify any groups that may be excluded from the exclusion

eg. a practitioner who is under suspension (but not yet deregistered).

Policy Issue: Inclusion of ‘professional Standing’ as criteria of Supervisor .

Consider expanding the considerations taken by the relevant National Board (as spelt out on p.8. to cover ‘*their qualifications, responsibilities, relevant scope of practice and professional standing*’) when deciding the requirements of the supervised practice”.

Policy issue: make the National Boards the first point of contact for Supervised Practice Arrangements

As the National Boards are well established and have the necessary documentation in place, and in view of the variations which exist for each profession, it would be appropriate to each Board the primary point of contact. This would help overcome the current confusion over roles and responsibilities.

Transparency of process: need to flag review processes

The current approach has no transparency for users as to how to engage with the regulator over content and potential improvements/problems. As the arrangement may need to be used by those outside of health service provision (eg. other government agencies such as Immigration or Education and Training), it would be helpful to indicate what the review processes are and how to access them.

Transparency of process: need to cover AHPRA’s oversighting process for ensuring consistency amongst Boards.

The Framework document, with its focus on process, should indicate the arrangements by which AHPRA oversights the separate Boards’ arrangements to ensure they cater to both the profession-specific needs and are consistent with the overarching policy framework.

It is noted that there seem to be some differences within the CMBA’s arrangements and that of the framework document, such as in the application process, with no difference spelt out for those using the arrangement for registration type purposes and those relating to disciplinary matters. (see Levels of supervision on p.8).

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