



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

Public consultation

Proposed *Supervised practice framework* and supporting documents

General information about your submission

| | |
|--|--|
| Name of your organisation/body | Chinese Medicine Accreditation Committee |
| Name of a contact person (if we need further information) | [REDACTED] |
| Phone number | [REDACTED] |
| Email | [REDACTED] |

Public consultation questions

The Boards are inviting feedback on the following questions and the Chinese Medicine Accreditation Committee (the Committee) provides their responses below.

| |
|--|
| <p>1. How helpful and clear is the content and structure of the proposed framework? Please explain your answer.</p> <p>The Committee notes the proposed framework is helpful for supervisees and supervisors when they plan for supervised practice. It notes that the intent of the framework is not for student's supervised practice.</p> <p>The Committee does not see unintended consequences for the Chinese medicine profession based on the proposed content and structure of the supervised practice framework.</p> <p>The Committee provides feedback on the following:</p> <p>1. Purpose and scope on page 3 states: "<i>Supervised practice is used for three regulatory purposes across the National Scheme.</i>" The Accreditation Committee notes the three regulatory purposes are about registration. The Accreditation Committee suggests including classifications such as:</p> <ol style="list-style-type: none"> 1) For limited and provisional registered practitioners 2) For non-practising practitioners re-entering the profession; and 3) For suspended practitioners as a result of a complaint. <p>The Committee suggests using numbering for the three regulatory purposes instead of bullet points, as this is easier to follow and reference.</p> |
|--|

2. **Review** on page 10 states: “*It will be updated from time to time ...*”. The Committee recommends the document specifies somewhere a timeframe for how often this framework will be reviewed and updated.
3. **National Board expectations of supervisors, supervisees and employers** on page 8 states: “*The level of skills and the number of years of experience required of a supervisor may vary according to the level of risk associated with the supervisee’s individual circumstances.*”

The Committee notes that as there are no specified details in terms of the number of years of experience for each level, it is still difficult for supervisees to implement the requirements for supervised practice from AHPRA.
4. **Flowchart** - The Committee suggests adding a flowchart to show the reporting lines between supervisee, supervisor, Board and AHPRA may assist in providing further clarity.

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

The Committee noted that the meaning of “*consult*” was not clear for the purposes of the supervised practice levels, as it is a general word which implies discussion; conferral; or checking. This does not reflect the nature of the supervised practice where a supervisee must seek approval or report to the supervisor about the patient’s care.

The Committee suggests that amending the word “consult” to other action verbs such as “obtain approval from”, “report to”, “discuss” or “confer” may assist in providing further clarity in respect to supervised practice levels.

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.

The Committee:

- noted that the supervisee needs to notify AHPRA within seven calendar days; however, there is no timeline specified for AHPRA to respond to the supervisee/supervisor.
- noted in the content that the framework is not for student’s supervised practice. It might be useful to include a statement that “students are not within the scope of the supervised practice framework.”
- suggest a reference to “Cultural Safety” alongside “Patient Safety” under the heading **Principles** starting on page 5.
- suggest a reference to Section 6 (page 21) at Section 4 noting the examples of conflict of interest.
- suggest adding in the Remote row Table 1 the following sentence “*This may be after the care is given to the patient.*” as noted in Indirect 2 (accessible).

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

The Committee suggests including:

- detailed criteria for eligible supervisors, e.g. minimum 5 years working experience in the registered division.
- a pool of qualified supervisors in the supervisee's preferred local areas to be approached.
- e-record forms for supervisee and supervisor to record practice hours and relevant details to reduce turn-around time for registration and also improve transparency.

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?

The Committee has no further comments.

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

The Committee has no further comments.