



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

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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](mailto: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	Australian Dental Association
No	Yes. Dentist
Name (optional)	[REDACTED]
Contact phone number (optional)	[REDACTED]

## 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 proposed framework is clear and the accompanying Facts Sheets support the framework by providing additional information.

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

**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 qualifications of the supervisor should be more explicit to ensure that the supervisor is from the same profession as the supervisee and must hold an equivalent qualification to the supervisee as a minimum requirement.

The ADA suggests including a supervisory plan template. This will allow for the articulation of the supervisee's qualifications and skills, and the areas to be supervised. The template will help structure thinking by the supervisor and supervisee of how their relationship will operate. It will provide further detail on the day-to-day operations of the level of supervision to be adopted. This will be useful documentation for reporting to the Board.

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

The Board needs to be aware that supervision is an onerous task for both supervisors and supervisees. For supervisors it requires a commitment that is heavily dependent on their goodwill and agreement to take the time and financial set back to perform the duty. The board should take every opportunity to support Supervisors in their role.

**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?**

In Dentistry, there are very limited opportunities for direct supervision – except in the public sector, where even in that situation it requires the supervisor to forgo their own work whilst supervising. It is suggested that for situations where direct supervision is required in Dentistry, it would be more suitable for those requiring direct supervision to be channeled back into a training course – at the year level appropriate to their requirements. For example, requiring a Supervisee to undertake the clinical components of the final year of a Dental degree. In this way, supervision is guaranteed, and the facilities and patients are available in an environment that is set up to cater for those requiring supervision.

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

There are a number of issues that are not clear nor easily resolved by the current draft supervised practice framework:

There is a real possibility, especially in the case of specialist practitioners that a suitable supervisor may not be found. It may not be possible to find a suitable supervisor in that state or even Australia wide. For example, a practitioner in need of a supervisor may be based in a regional/remote area, where the nearest potential supervisor may be hundreds of kilometres away. The Board will need to consider alternate arrangements should this situation occur.

Secondly, it states that the supervisee must wait until the supervised practice arrangement is approved, including the approval of a supervisor by the Board before they start or restart practice. The ADA recommends that the Board have appropriate process in place to ensure that this occurs in a timely manner.

**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.