



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**

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 new supervision guidelines are succinct, clear and read well. The proposed supporting paperwork including FAQ documents make the navigation process easier to understand and follow.

The current guidelines do not advocate the requirements of reporting as explicitly as the new guidelines. For example the supervisee reports template is very open and broad and does not give a true description of expectations. The new proposed guidelines have a better overlay of what is expected by each party and to what level 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?

In the context of the document, the word consult is noted through the definitions page and is clear, however due to the environments and disciplines for which this phrase is to be used, this may be open to further interpretation by the clinician or patient/client in the care of supervisee/supervisor.

Furthermore, the word consult can be misconstrued and be aligned to the later definition to consult the patient. A more suitable choice of word or word combination could be "confer with the supervisor" or "confer/consult with the supervisor"

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.

With regard to the practice of treating in an emergency or emergency situation:

Every situation a Registered Paramedic encounters or is entering what is considered to be a potential emergency situation and this is a very broad view of such requirements. This is noted on page 5 of 5 in supervisee FAQ.

AV would prefer this definition be highlighted and possibly realigned with specific groups of clinicians for definitive exemption or mitigation of undertaking skills outside of supervision or beyond scope of practice.

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

AV would like to see the approach of an overarching clinician as a lead Supervisor (in-direct) with an opportunity to then appoint multiple clinicians with the direct role of support supervision. The model of direct clinical supervision with one point of contact is a very difficult requirement to fulfil for a jurisdictional service such as Ambulance due to multifactorial issues including rosters, clinical availability and finally geography.

The pool of suitable applicants for the role of clinical supervisor would also be compromised or could be limited at the time of declaration of conflict is undertaken as required by AHPRA denoted in the documents.

An in-direct formal supervisor with overarching final sign off and the support of multiple clinical supervisor model would be a better fit to support the model of care provided with jurisdictional ambulance service. This model would also ensure a fair and equitable support process for the clinician undertaking mandated supervision and allow for an arbiter if there is mixed/discrepancies with the feedback provided by the clinical supervisors at the time of the appointed

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?

Yes, at the time of release – examples of positive supervision documentation would be advantageous to support clinicians with writing or objective data management.

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

Ambulance Victoria supports option two.

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.