



ACT
Government

ACT Health

Supervised Practice Procedure – Enrolled Nurses, Registered Nurses and Midwives

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Purpose

The primary roles of the National Boards and the Australian Health Practitioner Regulation Agency (Ahpra) include public protection and helping the public access safe health services. In certain circumstances The Nursing and Midwifery Board of Australia (NMBA) may rule that individual Enrolled Nurses, Registered Nurses or Midwives require supervised practice to maintain Ahpra registration. Supervised practice reassures the community, National Boards and Ahpra that a registered health practitioner whose practice is being supervised (the supervisee) is safe and competent to practise and is not putting the public at risk.

This document provides guidance for ACT Health Directorate (AHD) and Canberra Health Services (CHS) staff who facilitate, coordinate, support and/or supervise a nurse or midwife undertaking a period of supervised practice as directed by the Nursing and Midwifery Board of Australia (NMBA) for the specific purpose of demonstrating competence to obtain registration to practice with the Australian Health Practitioner Regulation Agency (Ahpra).

For the purposes of this document, enrolled nurses, registered nurses and midwives who are accepted to undertake a supervised practice placement are non-remunerated and have the legal status of student.

Scope

This document applies to:

- Nurses and midwives who have been directed by the Nursing and Midwifery Board of Australia (NMBA) to undertake a period of supervised practice and who make a formal request to an ACT public health service for a supervised practice placement.
- Any employee of AHD or CHS who receives a request from a nurse or midwife for a supervised practice placement.
- ACT public health service staff who have specific roles and responsibilities in responding to and supporting supervised practice placements, including the Clinical Placement Office (CPO), Clinical Nurse or Midwife Consultants (CNC or CMC) and NMBA approved supervisors.

Out of scope

- Nurses and midwives who are required to undertake an NMBA-approved re-entry to practice program.
- Nurse Practitioners.
- Undergraduate student nurses and midwives.
- Internationally qualified enrolled nurses, registered nurses and midwives who are applying for registration with the NMBA for the first time.
- Nurses and midwives whose performance is being managed through the performance management process.

Roles and Responsibilities

Position	Responsibility
<p>Clinical Nurse/Midwife Consultant (CNC/CMC) or Clinical Development Nurse/Midwife</p>	<p><i>The clinical area hosting the supervised practice placement will manage the period of supervised practice in accordance with the conditions identified on the supervisee’s registration and in accordance with the Individual Trainee Deed.</i></p> <p><i>Supervisee attendance will be recorded on the usual rostering system.</i></p>
<p>Clinical Placement Office (CPO)</p>	<p><i>The CPO, on behalf of the ACT public health service, is responsible for the coordination of all applications for supervised practice placements from nurses and midwives.</i></p> <p><i>The CPO is responsible for identifying the availability of supervised practice placements in the ACT public health service, including availability of appropriate NMBA approved supervisors.</i></p>
<p>Director of Nursing/Midwifery (DON/M)</p>	<p><i>The DON/M will approve the supervised practice placement in discussion with the CNC/CMC.</i></p>
<p>Australian Health Practitioner Regulation Agency (Ahpra)</p>	<p><i>National Boards work with Ahpra to implement the objectives of the National Registration and Accreditation Scheme (the National Scheme) under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).</i></p> <p><i>Supervised practice reassures Ahpra that a registered health practitioner whose practice is being supervised (the supervisee) is safe and competent to practice and is not putting the public at risk</i></p>

Nursing and Midwifery Board of Australia
(NMBA)

The NMBA assesses applications for registration from individual nurses and midwives and determines whether or not an applicant meets the Board's registration standard for recency of practice.

Where an applicant is deemed not to meet the recency of practice requirements for general registration, the NMBA may require them to undertake a period of supervised practice with a Board approved supervisor for the purpose of demonstrating competence.

The NMBA specifies the terms and conditions of an applicant's supervised practice period and this is documented in writing to the applicant and is also published on the Register of practitioners maintained by the Australian Health Practitioner Regulation Agency (AHPRA).

Procedure

2.1 Application Procedures and Supervised Practice Arrangement.

Applications for nursing and midwifery supervised practice placements are coordinated and managed by the AHD CPO. Applicants submit written request for supervised practice placement including level of supervision, length of placement required and available time frame and their resume to the CPO Manager.

Where an applicant is not an Australian citizen, a New Zealand citizen or an Australian permanent resident, they must provide evidence of a current full working rights visa to cover the period of supervised practice.

The CPO Manager seeks clinical area willing to support Supervised Practice placement, discusses options and makes with the applicant then notifies the clinical area Director or Assistant Director or Nursing / Midwifery. Clinical area Director or Assistant Director or Nursing / Midwifery selects and assigns appropriate Supervisor/s.

Supervised Practice placement applicant, clinical area Director or Assistant Director or Nursing / Midwifery and Supervisor/s complete the [Supervised Practice Plan](#) document.

The completed supervised practice arrangement must be endorsed by the NMBA prior to commencing the period of supervised practice.

The applicant must submit the endorsed supervised practice arrangement to the CPO manager and NMBA approved supervisors.

Upon receipt of the endorsed supervised practice arrangement the CPO will make a formal offer in writing of a supervised practice placement and the applicant will be required to formally accept the offer.

Once the offer is formally accepted, the applicant will be known as a supervisee, have the legal status of a student and will be expected to comply with the ACT Health Directorate Clinical and Non-clinical Placement Procedure.

2.2 Requirements prior to supervised practice

The terms and conditions of a supervised practice placement are set out in the Clinical Placement Deed for Supervised Practice (*the Deed*) and supervisees are expected to comply with all conditions set out in the Deed.

Prior to signing the Deed and undertaking the period of supervised practice, the supervisee is required to provide evidence of the following:

- Proof of immunisations required as stipulated by the CHS [Occupational Assessment, Screening and Vaccination procedure](#)
- A National Police Check which is no more than twelve months old.

The supervisee is required to comply with ACT Health mandatory elearning requirements prior to undertaking the period of supervised practice.

A supervised practice placement cannot commence until the NMBA has approved the supervised practice plan, an Individual Trainee Deed has been executed and all mandatory placement requirements have been met in full.

The supervisee will be issued with a CHS identification card and access card, and is required to wear and display this for the duration of the supervised practice placement.

2.3 Supervised practice placement

Placement can commence in the agreed timeframe once the endorsed supervised practice arrangement has been received by the CPO, Individual trainee Deed is executed and all mandatory pre placement requirements are met.

Supervisees will be rostered to work with their Board-approved supervisor. Throughout the period of supervised practice, the supervisee is to be supervised in accordance with the level of supervision and for the period of time specified by the NMBA.

The Board-approved supervisor will complete reports as requested by the NMBA and the supervisee is responsible for submitting these to the NMBA.

The Board-approved supervisor may send additional reports directly to the NMBA or be required to make a verbal report at the direction of the NMBA if there are immediate concerns.

2.4 Conclusion of supervised practice placement.

The period of supervised practice cannot be extended without the agreement of the NMBA, CPO and the Board-approved Supervisors.

It is the supervisor's responsibility to determine if the supervisee is practising safely, competently and ethically under the National Registration and Accreditation Scheme (National Scheme), and to monitor the supervised practice arrangement.

The Supervisor monitors the Supervisees goals and progress and assesses the Supervisees practice against the EN /RN /RM Standards for practice utilising the NMBA Attachment for supervised practice plan Standards for practice template for the [Enrolled nurse](#), [Registered nurse](#), or [Registered midwife](#).

On completion of the Supervised Practice placement the Supervisor/s completes and submits the [Supervised Practice Report](#)

On completion of the period of supervised practice, the NMBA will review the supervisee's application for general registration and determine if full registration will be awarded.

2.5 Employment opportunities within the ACT public health service.

Successful completion of a period of supervised practice and obtaining registration with the NMBA does not guarantee employment with the ACT public health service however Ahpra registered enrolled nurses, registered nurses and midwives may approach clinical area Assistant Director or Nursing / Midwifery or Managers to enquire about employment opportunities or search and apply for vacant positions via the [CHS Careers portal](#).

Record Management

An electronic copy of the supervisees individual training Deed will be maintained in a secure ACT HD CPO Deeds and Schedules file in accordance with the [ACT HD Records Management Procedure](#) and with the [TRO Protect Principle](#), which stipulates that ACT Health must ensure records are stored in a manner that

ensures they are secure and protected from misuse, interference, loss, unauthorised access, modification, and disclosure.

This means that:

- Measures are in place to ensure a secure environment in which to manage records, currently Objective for digital records;
- Security classifications have been implemented and are applied to records;
- Privacy requirements are met; and
- Access to information is controlled to meet privacy and security considerations.

Implementation

The procedure will be available via the CHS policy library, CPO webpage and the AHD HealthHQ Policy register.

Related Documents

[Ahpra Supervised Practice Supervision Guidelines](#)

[Ahpra and National Boards \(2022\) Supervised practice framework](#)

[NMBA Supervised Practice webpage](#)

[Ahpra Supervised practice plan](#)

[Attachment for supervised practice plan - Standards for practice template - Enrolled nurse](#)

[Attachment for supervised practice plan - Standards for practice template – Registered nurse](#)

[Attachment for supervised practice plan - Standards for practice template – Midwife](#)

[NMBA Supervised practice report template](#)

[Ahpra Supervised practice report](#)

[Clinical and Non-clinical Placement Procedure](#)

[Occupational Assessment, Screening and Vaccination procedure](#)

[Registration Standards for nurses and midwives NMBA](#)

[Registration Standard: Recency of Practice NMBA 2016](#)

[ACT HD Records Management Procedure](#)

[Territory Records Office Guideline to Principle 5: Protect Principle. A resource for implementing the Standard for Records, Information and Data.](#)

Definitions

Term	Definition
Direct Supervision	(Level 1) is when the supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual

patients/clients). The supervisor must be physically present at the workplace, and supervision must include observation of the supervisee when they are providing care. Direct supervision is the highest level of supervision. (NMBA Supervision Guidelines for Nursing and Midwifery 2019)

Enrolled Nurses, Registered Nurses and Midwives

are persons who have completed an educational program of nursing or midwifery education or training in an institution that is recognised by the NMBA for the purpose of registration.

Indirect supervision

(Level 2) is when the supervisor is easily contactable and available to observe and discuss the nursing or midwifery care the supervisee is delivering. (NMBA Supervision Guidelines for Nursing and Midwifery 2019)

Practice

means any role, remunerated or not, where the individual uses their skills and knowledge as a health professional.

Supervisee

is a nurse/midwife holding provisional registration or registration with conditions or undertakings, or who has entered into an undertaking that requires supervision. The supervisee practices under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan.

Supervised Practice Arrangement

is a written agreement between the supervisor and the supervisee that is endorsed NMBA. The supervised practice agreement identifies the supervisor/s and the supervisee, the place of practice and the agreed responsibilities of all parties.

Supervisor

is a suitably qualified and experienced registered nurse and/or midwife who supervises an individual undertaking an NMBA-approved period of supervised practice. The supervisor assesses, monitors, provides feedback and reports to the relevant state or territory board or registration committee of the NMBA about the performance of the nurse and/or midwife under supervision. A supervisor will have more than two years'

experience as a nurse/midwife and ideally have completed a preceptorship/supervisor course. A supervisor must be working and registered in the same registration category in which the supervisee is seeking registration and also registered with no conditions relating to unsatisfactory professional performance or unprofessional conduct.

Search Terms

Supervised practice, Supervised practice placement, Supervised practice agreement, Supervision guidelines.

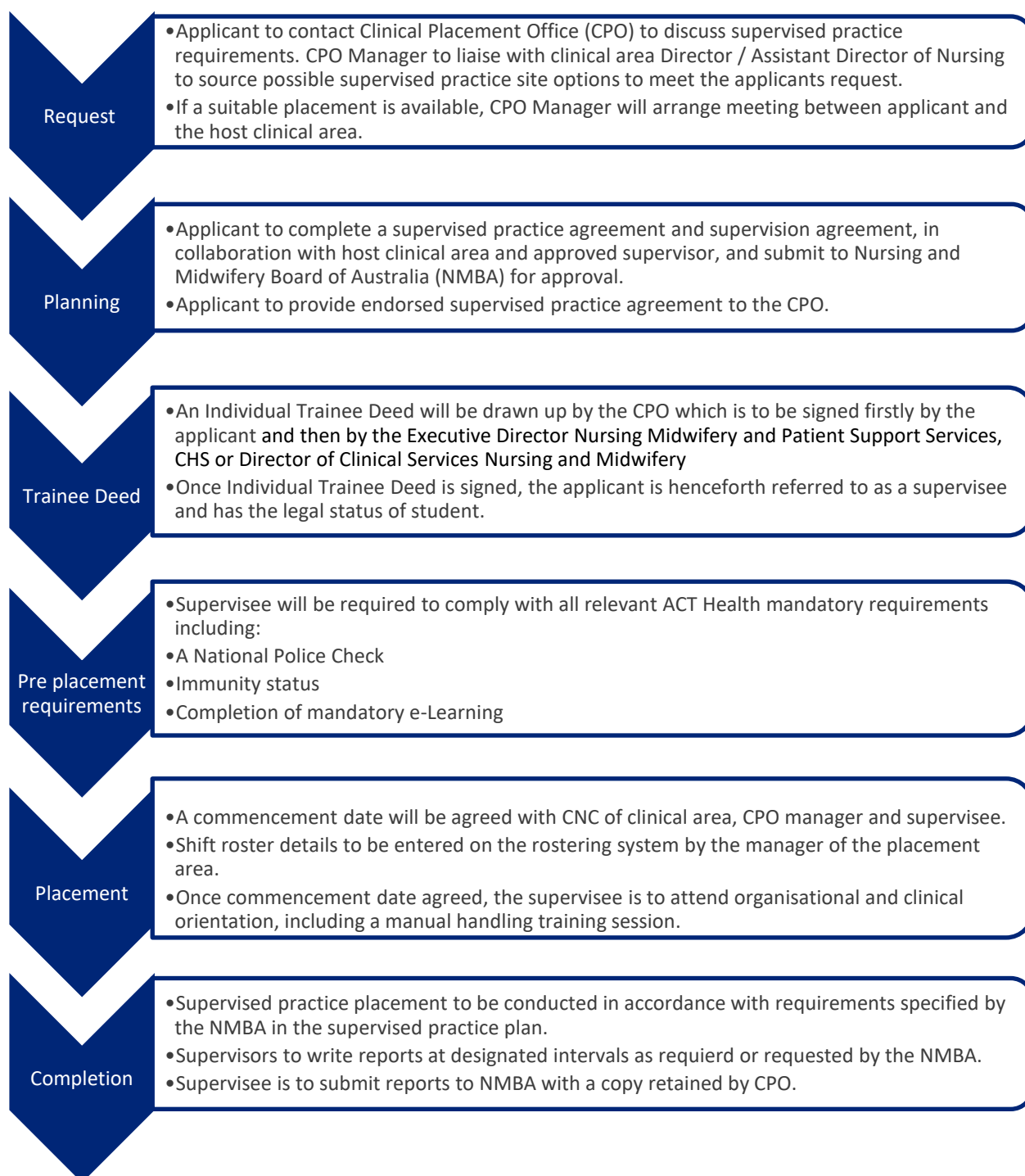
Version Control

Version	Date	Comments
1		Replaces DGD17-024
2	April 2021	Minor amendments
3	August 2023	Moderate amendments

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Attachment 1

Summary of the steps involved in establishing a supervised practice placement with ACT Health.



Note: A supervised practice placement cannot commence until the NMBA has approved the supervised practice agreement, an Individual Trainee Deed has been executed and all mandatory placement requirements have been met in full.

Attachment 2



Ahpra
& National
Boards

Supervision guidelines

1 February 2022

Background

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with 15 national health practitioner boards (the National Boards) to implement the National Registration and Accreditation Scheme (the National Scheme) and administer the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The National Boards regulate registered health practitioners in Australia. They:

- set the standards that practitioners must meet through the development of registration standards, codes and guidelines
- register health practitioners and students
- manage notifications about the health, conduct or performance of practitioners.¹

The core role of the National Boards and Ahpra is to protect the public.

The National Law states that the National Boards can develop and approve codes and guidelines to provide guidance to the health practitioners it registers.²

The supervised practice framework

The National Boards³ have reviewed and consulted widely on the requirements for supervised practice under the National Law. The National Boards approved in June 2021 the Supervised practice framework (the framework).

The framework accommodates the different regulatory purposes of supervised practice and allows for a responsive and risk-based approach across the National Scheme. The framework supports consistency in processes and decision making, and helps supervisees, supervisors and employers understand and comply with supervised practice requirements.

Purpose of the supervision guidelines

The purpose of these supervision guidelines (the guidelines) is to adopt the framework published by National Boards and Ahpra and to replace any previously approved supervision guideline or framework for the following National Boards^{4,5}:

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical (excluding international medical graduates (IMGs) who will use the *Guidelines - Supervised practice for international medical graduates*)
- Nursing and Midwifery
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Physiotherapy
- Podiatry.

The guidelines enable the current reference to supervision guidelines in registration standards to apply to the framework. Changes to relevant registration standards to explicitly refer to the framework rather than supervision guidelines will be made at a later date.

The framework is published on the relevant [National Board website](#) and may be reviewed from time to time.

Review

Date of issue: 1 February 2022

Date of review: These guidelines will be reviewed as required.

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- 1 In NSW notifications about health, performance and conduct are managed by the Health Care Complaints Commission and the Health Professional Councils Authority. In Qld they are managed jointly by the Office of the Health Ombudsman and the National Boards and Ahpra.
 - 2 Sections 39 and 40 of the National Law.
 - 3 Excluding the Pharmacy and Psychology Boards of Australia who did not take place in the review
 - 4 The Pharmacy and Psychology Boards of Australia do not intend to use these guidelines.
 - 5 The Medical Radiation Practice Board of Australia took place in the review but will not adopt these Supervision guidelines

2 **Supervision guidelines** – 1 February 2022

Attachment 3



Ahpra
& National
Boards

Supervised practice Framework

1 February 2022

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1. Introduction

The primary roles of the National Boards and the Australian Health Practitioner Regulation Agency (Ahpra) include public protection and helping the public access safe health services.

National Boards work with Ahpra to implement the objectives of the National Registration and Accreditation Scheme (the National Scheme) under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Supervised practice reassures the community, National Boards and Ahpra that a registered health practitioner whose practice is being supervised (the supervisee) is safe and competent to practise and is not putting the public at risk.

National Boards and Ahpra have developed the *Supervised practice framework* (the framework) to create a responsive and risk-based approach to supervised practice across the National Scheme. The framework supports consistency in processes and decision making and helps supervisees, supervisors and employers understand what is expected of them. The framework outlines the National Boards' expectations, gives guidance on how to comply and explains what is necessary to effectively carry out supervised practice.

The framework applies to certain decisions made by National Boards or to meet National Board registration standards, eligibility or suitability requirements, or as required by the National Law.

The framework consists of the following core components; these components support the provision of high-quality, safe and effective supervised practice:

- **Principles** that build on the [Regulatory principles for the National Scheme](#) and the guiding principles of the National Scheme set out under the National Law, which apply to all other core components for supervised practice.
- **Levels** of supervised practice to make sure that supervised practice requirements are proportionate to the risk associated with the purpose.
- **Clearly explained expectations** of supervisees, supervisors and employers so they understand their roles and responsibilities.
- **Compliance** processes that monitor the progress and effectiveness of supervised practice requirements.

The framework includes appendices and templates which also contain expectations for supervisees, supervisors and employers and outlines the process for progressing supervised practice. The appendices may be updated from time to time and these will be published on the relevant [National Board website](#). The framework should be read together with the supervised practice arrangement.

In this framework a **supervised practice arrangement** means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking, or registration standard.

The framework does not establish the requirements for supervised practice. These are established in the National Law, as specified in a condition or undertaking, or registration standard.

To comply with a condition, undertaking or a requirement of a registration standard, supervisors and supervisees must comply with the framework. A failure to comply with the framework or to provide the necessary evidence of compliance with the framework could result in a finding by the National Board that a condition, undertaking or requirement of a registration standard has not been met and result in regulatory action being taken by the National Board under the National Law.

A note on terminology

The framework uses 'patient' to mean a person or persons accessing healthcare, which includes clients and healthcare consumers. These terms can also include families, carers, groups and/or communities. The meaning of patient for the purpose of this framework is set out in section 10. *Definitions*.

2. Purpose and scope

When does this framework apply?

Supervised practice is used for three regulatory purposes across the National Scheme. Due to the profession-specific uses of supervised practice, the examples below may not be relevant for all professions.

The three regulatory purposes are:

1. As a registration requirement

For some National Boards, some types of registration require supervised practice such as limited registration and provisional registration (such as for overseas qualified practitioners).

2. To meet the National Board's eligibility or suitability requirements at application or renewal

This may be due to:

- returning to practice after an absence
- changing to a different field or scope of practice (where applicable)
- needing to meet the eligibility requirements for an application for registration or endorsement, or
- an inability to meet any other requirements of a registration standard for the profession.

Specific information on National Board standard requirements is provided in *Appendix 1 – Links to relevant National Board material*.

3. Because of a complaint (notification)

This will be in the form of a condition or undertaking imposed by a National Board, panel or tribunal as an outcome of a notification that requires the practitioner to complete a period of supervised practice.

If supervised practice is in place because of a complaint, a supervised practice plan is not needed.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

The framework does not override or replace any requirements specified in a condition or undertaking or registration standard or any other supervised practice requirement.

When does this framework not apply?

This framework does **not** apply to:

- supervision of students undertaking clinical training (the meaning of student for the purpose of this framework is set out in section 10. *Definitions*)
- supervision of unregistered health practitioners
- supervision for research purposes (unless the practitioner holds limited registration for teaching or research)
- provision of support to new graduates or less experienced practitioners, or
- performance review responsibilities of managers and employers.

This framework does **not** apply to the following registrant groups because of profession-specific uses of supervised practice:

National Board	Registrant group
Medical Board of Australia	<ul style="list-style-type: none"> International medical graduates practitioners completing their intern year, or vocational trainees.
Paramedicine Board of Australia	<ul style="list-style-type: none"> Practitioners with a Board-specific condition employed by and undertaking supervised practice with a body authorised by the National Board.¹
Pharmacy Board of Australia	<ul style="list-style-type: none"> Pharmacists.²
Podiatry Board of Australia	<ul style="list-style-type: none"> Practitioners seeking their endorsement for scheduled medicines.
Psychology Board of Australia	<ul style="list-style-type: none"> Psychologists.²

Profession-specific material relating to the framework

Some National Boards have extra requirements for supervised practice for a particular purpose (e.g. profession-specific registration standards, capabilities, competencies, thresholds or standards for practice). While the core components of this framework apply, there may also be extra profession-specific documents that need to be considered.

Supervisees and supervisors need to check if there are profession-specific requirements that apply to the supervised practice arrangement. A summary of these profession-specific requirements is at *Appendix 1 – Links to relevant National Board material*.

3. Who should use this supervised practice framework?

The framework should be used by:

- National Boards
- Ahpra
- co-regulators³ (where applicable)
- health panels and performance and professional standards panels
- supervisees
- potential and approved supervisors, and
- employers of supervisees and/or supervisors.

Tribunals and panels considering matters arising from a notification about a registered health practitioner may decide to impose a period of supervised practice. A tribunal may refer to this framework in addition to the [National Restrictions Library](#) when drafting the supervised practice requirements.

¹ Aspects of the framework may still apply as agreed by the National Board.

² Due to other regulatory and/or profession-specific requirements the framework is not applicable to pharmacists or psychologists.

³ Office of the Health Ombudsman, New South Wales Health Professional Councils.

4. Principles

This framework is underpinned by several principles that build on the [Regulatory principles for the National Scheme](#) and the guiding principles of the National Scheme set out under the National Law.

These principles are considered by National Boards when deciding the supervised practice arrangements and when ensuring monitoring and compliance with supervised practice. They also apply to the supervisees and supervisors, where relevant.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

Risk-based approach

The National Board will consider several factors when taking a risk-based approach to supervised practice. The risk associated with a particular purpose for supervised practice will be influenced by:

- the setting and context in which the practitioner is being supervised
- the proximity to peers and other practitioners
- the supervisee's ability to show insight and/or reflection, where applicable
- the requirements of a relevant position description, and
- whether the supervised practice is required because of a condition or undertaking.

If the supervised practice is required in relation to an application or renewal of registration, the supervisee's qualifications, skills, competence, years of practice and clinical experience will also be considered.

This risk associated with the purpose of supervised practice will inform the:

- level of supervised practice required for a supervisee
- frequency of consultation between the supervisor and supervisee
- need for a supervised practice plan for some registration-related matters
- parameters for progression from one level of supervised practice to another
- number of years of experience required of the supervisor
- frequency of reporting, and
- detail of required reports.

As a general principle, if the purpose for supervised practice is to address an assessed higher risk, the supervision will be more direct and reports will be more frequent and detailed.

Accountability and transparency

Supervisees and supervisors must be accountable and transparent at all times in complying with their responsibilities for the supervised practice arrangement and in communication with Ahpra and the National Board. If the supervisee or supervisor does not act in good faith⁴ in their role, a National Board may take regulatory action.

By providing the framework and supporting documentation National Boards are being transparent about the approach to supervised practice in the National Scheme.

Individual approach

National Boards make decisions about supervised practice arrangements in different ways depending on the purpose of the supervised practice.

For notification matters, the National Board will impose supervised practice requirements to manage the risk identified.

⁴ 'Good faith' has its ordinary meaning of being well-intentioned or without malice.

For all other required supervised practice, the National Board will consider each proposed supervised practice arrangement on its individual merits and will only approve arrangements that it considers safe and fair. In these cases, supervised practice requirements need to be matched to the individual practitioner's experience, needs and capabilities as well as their employment arrangement and/or practice environment.

Culturally safe and respectful practice

Supervisors and supervisees have responsibilities to protect patient safety and improve healthcare quality for Aboriginal and Torres Strait Islander Peoples, contributing to improving their health wherever possible.

Supervisors and supervisees should recognise and consider the diverse and distinct needs of Aboriginal and Torres Strait Islander Peoples and their health and cultural safety, including the need to foster open and honest professional relationships. The National Scheme's definition of cultural safety for Aboriginal and Torres Strait Islander Peoples is set out in section 10. *Definitions*.

Culturally safe and respectful practice requires supervisees and supervisors to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. It is expected that supervisees and supervisors will practise in a culturally safe and respectful way as set out in the relevant [National Board](#) code of conduct and other relevant standards, codes or guidelines.

Objectivity

Objectivity from the supervisor is essential for the supervised practice arrangement to be effectively delivered. The supervisory relationship between supervisor(s) and the supervisee must be professional.

Conflicts of interest may prevent objectivity and/or interfere with the supervised practice arrangement. Supervisors and supervisees must disclose potential or actual conflicts of interest to the National Board. The National Board will decide whether any conflicts disclosed show a potential or actual conflict of interest. Conflicts of interest must be avoided if possible and managed if not avoidable.

When supervised practice relates to a registration type or to meet suitability or eligibility for registration a National Board may refer to an independent measure such as entry-level competencies or equivalent (refer to *Appendix 1 – Links to relevant National Board material*) for the profession to describe the level of competence expected of the supervisee.

For further information about conflict of interest refer to:

- *Appendix 2 – Information for supervisees*
- *Appendix 3 – Information for supervisors*

Flexibility

The National Board may approve more than one supervisor for supervised practice. This allows for flexibility if a supervisor is not available to carry out the supervised practice. It also allows for each National Board to approve a relevant and suitable supervised practice arrangement with more than one approved supervisor.

The supervisor will usually be from the same profession as the supervisee. A National Board may approve a practitioner from another profession as a supervisor in exceptional circumstances. This is at the discretion of the National Board.

Supervised practice arrangements may need to change over time, subject to National Board-approval. This may be because of progress towards the purpose of the supervised practice or because of a change of circumstances, such as change in supervisor or workplace.

Preparation and support

Supervised practice is most effective when supervisees and supervisors are prepared and supported. There needs to be a shared understanding of the supervised practice arrangements.

Supervisees should be given adequate orientation to any new supervised practice setting. Supervisors will need to meet any National Board-approved training requirements. This training may be counted as continuing professional development (CPD) if it meets the National Board's requirements set out in the registration standard for CPD.

5. Levels

Levels of supervised practice

The levels of supervised practice are designed to make sure that the supervisee practises safely. There are four levels of supervised practice described in this framework. Not all levels will be used by all National Boards.

The definition of 'consult' for this framework is set out in section 10. *Definitions*.

More information about the supervised practice levels is available in *Appendix 4 – Supervised practice levels*.

Table 1 Levels of supervised practice

Level of supervised practice	Description of supervised practice level
<p>Direct</p> <p><i>Supervisor physically present at all times to observe the supervisee</i></p>	<p>Summary</p> <p>The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times.</p>
<p>Indirect 1 (present)</p> <p><i>Supervisor physically present at the workplace</i></p>	<p>Summary</p> <p>The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with the supervisor who is always physically present in the workplace or practice environment and available to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, including when care is being given, and/or • performance of the supervisee.
<p>Indirect 2 (accessible)</p> <p><i>Supervisor is accessible by phone or other means and available to physically attend the workplace</i></p>	<p>Summary</p> <p>The supervisee takes primary responsibility for their practice and the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor who is accessible by telephone, video conference or other means of telecommunication and available to attend the workplace or practice environment to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p>
<p>Remote</p> <p><i>Supervisor is not present at the workplace</i></p>	<p>Summary</p> <p>The supervisee takes primary responsibility for their practice including the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor, who is accessible by telephone, video conference or other means of telecommunication at agreed intervals and as necessary about the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p>

Progression through levels

When supervised practice is required because of a notification, the supervised practice remains at the level outlined in the condition or undertaking.

Supervised practice may involve progression through levels when it is required for a registration type or to meet suitability or eligibility for registration. Progression can occur depending on the individual requirements of supervised practice as set out in the supervised practice arrangement, for example meeting the entry level competencies or equivalent.

For further information about the levels of supervised practice refer to:

- *Appendix 4 – Supervised practice levels*

6. National Board expectations of supervisees, supervisors, and employers

National Boards expect that supervisees and supervisors comply with the framework. If the supervisee fails to comply with the framework it could result in a decision by the National Board that a condition, undertaking or requirement of a registration standard has not been met and may result in regulatory action being taken by the National Board.

The National Boards also expect supervisees and supervisors to comply with all the relevant National Board standards, guidelines, code of conduct and other codes.

National Board expectations of supervisees

The supervisee must not start practice, or restart practice, until the National Board has approved the supervisor(s) and the supervised practice arrangement, unless otherwise agreed by the National Board.

If the supervisee knows that their, or their supervisor's, circumstances are going to change and they will not be able to comply with the approved supervised practice arrangement, they need to let Ahpra know as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking.

The supervised practice approved by the relevant National Board will be documented in the supervised practice arrangement, which may also refer to a supervised practice plan. When supervised practice follows a notification, the requirements for supervised practice will be set out in the condition or undertaking in the supervised practice arrangement.

The supervisee must:

- practise within the approved supervised practice arrangement at all times
- discuss cases and ask questions of the supervisor and take account of the feedback given by the supervisor, and
- make sure that all reports are completed as needed.

For further information about expectations of the supervisee and the practical steps to prepare for a period of supervised practice refer to:

- *Appendix 2 – Information for supervisees, which includes:*
 - Nominating a supervisor
 - Who may act as a supervisor?
 - Costs

National Board expectations of supervisors

A supervisor needs to have the qualifications, skills, knowledge, experience and availability needed for the role. These will vary according to the purpose of supervised practice and the risk associated with the role. The National Board will consider the supervisor's experience and circumstances (including their qualifications, responsibilities, relevant scope of practice) when deciding the requirements of the supervised practice. Information on the nomination process for a supervisor is available in *Appendix 2 – Information for supervisees*.

Supervisors must hold general registration and, where relevant the appropriate specialist registration or endorsement with a National Board.

The supervisor's registration must not be subject to any conditions or restrictions that could affect their effectiveness or suitability to successfully supervise another's practice.

A supervisor's required level of skills and the number of years of experience may vary according to the level of risk associated with the supervisee's individual circumstances.

A supervisor must:

- sign an approved form to act as a supervisor, subject to approval by the National Board
- complete the proposed supervised practice plan, if applicable, in consultation with the supervisee
- at all times supervise within the supervised practice arrangement approved by the National Board
- ensure the supervisee is practising within the terms of the supervised practice arrangement
- give clear direction and constructive feedback and work with the supervisee to address areas identified in the supervised practice arrangement and/or address identified problems
- fulfil any assessment as set out in the supervised practice arrangement
- only assign tasks that are within the scope of training, competence and capability of the supervisee, and appropriate to their role
- maintain adequate written records relating to the supervisee's practice
- be accountable to the relevant National Board and give honest, accurate, objective and responsible reports in the approved form at agreed intervals
- notify Ahpra immediately if they have concerns that the supervisee's health, conduct or clinical performance is placing the public at risk
- notify Ahpra as set out in this framework if any other circumstances arise that may affect the supervised practice arrangement, and
- check with their indemnity insurance provider and their employer/contracting body to make sure they have appropriate professional indemnity coverage in place to act as a supervisor under the framework.

For further information about the expectations of the supervisor refer to:

- *Appendix 3 – Information for supervisors*

The National Board's expectations of employers

An employer should think about the following factors in relation to supervised practice:

- potential and/or actual conflicts of interest
- if the employment arrangements, including the facilities and scope of practice of the relevant role can support a supervisee in carrying out supervised practice
- if supervisors or supervisees are covered by an employer's overall insurance arrangements and check that the professional indemnity insurance (PII) arrangements meet the National Board's minimum requirements and cover the proposed supervised practice arrangement, and
- immediately advise Ahpra of any concerns about the supervisee if they form an opinion that there is a risk to the public or if the supervisee is in breach of the supervised practice arrangement.

For further information about the expectations of the employer refer to:

- *Appendix 5 – Information for employers*

7. Compliance

It is important that the supervised practice arrangement manages the risk associated with the purpose of supervised practice.

Ahpra and National Boards monitor supervised practice. Monitoring will be proportional to the level of identified risk of harm and depending on the supervised practice purpose may include regular reporting, review of Medicare data, review of rosters or appointment diaries and/or employer reports.

If a supervisee does not practise in accordance with the supervised practice arrangement, this may pose a risk to the public and the National Board may take regulatory action under the National Law, including but not limited to investigation or immediate action for unprofessional conduct. A National Board may also take the necessary regulatory action required if a supervisee does not progress as expected.

If the supervisor does not, in good faith, supervise practice and carry out the role of the supervisor to the requirements outlined in the framework and appendices, the National Board may take regulatory action under the National Law, including but not limited to investigation or immediate action for unprofessional conduct.

Supervisees and supervisors are reminded to practise in accordance with the relevant National Board's registration standards, guidelines, code of conduct and other codes.

8. Completing supervised practice

The criteria for when supervised practice is successfully completed will depend on the purpose of supervised practice and profession specific uses of supervised practice. The criteria for successfully completing supervised practice will be set out in the supervised practice arrangement for each supervisee.

To meet a registration requirement or to meet suitability or eligibility for registration, the criteria for completing supervised practice includes when the supervisee has:

- shown competence against the relevant standards as assessed by the approved supervisor, and/or
- successfully transitioned through the supervised practice levels (if required), and/or
- successfully completed required training, assessment or examination approved by the National Board, and
- had the notations or conditions removed from their registration.

This information will be updated on the [public register of practitioners](#).

Supervisees completing supervised practice as a requirement after a notification must apply for a review of the conditions or undertakings where they have successfully shown a period of competent and safe practice under supervised practice. Supervised practice will only be complete when the National Board decides the conditions or undertakings are no longer necessary.

9. Review

The framework was issued on 1 February 2022.

The framework was updated in April 2023 to reflect the Medical Radiation Practice Board of Australia adopting the framework from 1 April 2023.

It will be updated from time to time to support the implementation and understanding of supervised practice requirements across the National Scheme. This will generally be at least every five years.

Definitions

Consult in this framework means the supervisee and supervisor must engage and interact with each other in a way that is consistent with the level of supervised practice required and appropriate for the relevant supervised practice arrangement.

Cultural safety

The definition

Principles

The following principles inform the definition of cultural safety:

- Prioritising Council of Australian Governments (COAG)'s goal to achieve healthcare free of racism supported by the [National Aboriginal and Torres Strait Islander Health Plan](#).
- Improved health service provision supported by the Safety and Quality Health Service Standards [User Guide for Aboriginal and Torres Strait Islander Health](#).
- Provision of a rights-based approach to healthcare supported by the [United Nations Declaration on the Rights of Indigenous Peoples](#).
- Ongoing commitment to learning, education and training.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

How to

To ensure culturally safe and respectful practice, health practitioners must:

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

National Scheme means the National Registration and Accreditation Scheme for registered health practitioners of 16 health professions:

- | | | |
|---|------------------------------|-----------------|
| • Aboriginal and Torres Strait Islander Health Practice | • Medical radiation practice | • Paramedicine |
| • Chinese medicine | • Nursing | • Pharmacy |
| • Chiropractic | • Midwifery | • Physiotherapy |
| • Dental | • Occupational therapy | • Podiatry |
| • Medical | • Optometry | • Psychology |
| | • Osteopathy | |

Patient in this framework means a person who has entered into a therapeutic and/or professional relationship with a registered health practitioner. The term 'patients' includes 'clients', 'consumers' and 'women'.⁵ It can also extend to their families and carers, and to groups and/or communities as users of health services, depending on context.

⁵ **Woman or women** is used to refer to those individuals who have entered into a therapeutic and/or professional relationship with a midwife. The word woman in midwifery is generally understood to be inclusive of the woman's baby, partner and family. Therefore, the words woman or women include all the women, babies, newborn, infants, children, families, carers, groups and/or communities, however named, that are within the midwife's scope and context of practice.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in the profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge working in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of health services in the health profession.

Student in this framework means a student enrolled in a Board-approved program of study.

Supervised practice in this framework is a mechanism to give the National Board the assurance that the supervisee is practising safely, competently and ethically for a range of regulatory purposes. Supervised practice may be direct, indirect or remote according to the nature in which the practice is being supervised.

Supervisee is a registered health practitioner who is required to carry out a period of supervised practice. The supervisee practises under the supervision of a National Board-approved supervisor with a level of supervised practice outlined in the supervised practice arrangement or relevant condition or undertaking. Refer to *Appendix 2 – Information for supervisees* for further information.

Supervisor is a registered health practitioner who is approved by the relevant National Board to supervise another registered health practitioner for a specified period. The supervisor needs to have the qualifications, skills, knowledge, experience and availability required for this role. Refer to *Appendix 3 – Information for supervisors* for further information.

Supervised practice arrangement in this framework means all the elements of supervised practice approved by the National Board. This includes the approved supervisors(s), supervised practice level, objectives, workplace, and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

Supervised practice plan in this framework is the form approved by the National Board in which the supervisee and supervisor acknowledge and confirm they will carry out and comply with the requirements of supervised practice contained in the framework and reflected in the supervised practice arrangement.

Supporting documents in this framework includes the supervised practice plan, supervised practice report, correspondence from Ahpra, and National Board material set out in *Appendix 1 – Links to relevant National Board material* that form the framework and any documents relevant to the framework and updated by National Boards from time to time.

Appendix 2 – Information for supervisees

This information applies to all registered health practitioners who are required by the National Board to complete a period of supervised practice. It informs and forms part of the *Supervised practice framework* (the framework) and should be read together with relevant supporting documents.

What is a supervised practice arrangement?

In this framework, a supervised practice arrangement means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

Why does the National Board require me to complete supervised practice?

There are three regulatory purposes that supervised practice is used for across the National Registration and Accreditation Scheme (National Scheme). Check section 2. *Purpose and scope* to see if the framework applies to you.

1. As a registration requirement

Some National Boards require supervised practice for some types of registration such as limited registration and provisional registration (such as for overseas qualified practitioners).

2. To meet the National Board's eligibility or suitability requirements at application or renewal

This may be because you:

- are returning to practice after an absence
- are changing to a different field or scope of practice
- need to meet the eligibility requirements for an application for registration or endorsement, or
- are unable to meet any other requirements of a registration standard for the profession.

3. Because of a complaint (notification)

This may be in the form of a condition or undertaking imposed by a National Board, panel or tribunal that requires you, the practitioner, to complete a period of supervised practice.

The reasons for your supervised practice will be given to you in writing by the Australian Health Practitioner Regulation Agency (Ahpra) on behalf of the National Board. Ahpra will be your contact point with the National Board.

When can I start supervised practice?

You must wait until the supervised practice arrangement is approved, including the approval of a supervisor by the National Board, before you start or restart practice.

Any practice that occurs outside the approved supervised practice arrangement will be considered a breach of the supervised practice arrangement and may result in the National Board taking regulatory action.

Preparing for supervised practice

If you are carrying out supervised practice because of a registration type or eligibility/suitability requirement you will usually need to nominate a supervisor and prepare a proposed supervised practice arrangement including a plan. The details of the documentation you need to complete will be outlined in the application form, and/or in communication from Ahpra following your application.

If you are carrying out supervised practice because of a complaint (notification) the details of the supervised practice will be set out in the condition or undertaking. Ahpra will communicate with you about actions you need to take to prepare for supervised practice, which may include nominating a supervisor.

You must also give your employer or senior person at your workplace (for example a CEO, medical/clinical director or head of department) a copy of the supervised practice arrangement. If you are completing supervised practice because of a notification the senior person you must give a copy of the arrangement to will be stated in the condition/undertaking.

Nominating a supervisor

You may need to find and nominate your own supervisor depending on the purpose for the supervised practice. If nominating a supervisor, you need to consider the information in this appendix and the information in *Appendix 3 – Information for supervisors*.

If you are required to nominate a supervisor, it is recommended that you nominate more than one. Then, if the primary supervisor is no longer available, any other approved supervisor in the supervised arrangement can take on the role of supervisor and you can continue to practise. The National Board must approve all supervisors. They may approve someone other than your nominee(s).

If you are an employee, you need to make sure your employer agrees with your nominated supervisor(s).

Who may act as a supervisor?

General requirements

When selecting and approaching potential supervisors, you should check they meet the following requirements:

- hold general registration and where relevant the appropriate specialist registration or endorsement
- have relevant experience (including their qualifications, responsibilities and relevant scope of practice)
- are not themselves subject to supervised practice, or do not hold registration subject to conditions or undertakings that would impact on their ability to effectively supervise you
- will sign an approved form to act as your supervisor, subject to being approved by the National Board
- agree to comply with the requirements of the approved supervised practice arrangement, and
- understand that supervised practice must be given according to the framework and the supervised practice arrangement approved by the National Board, and if not, the National Board may take regulatory action under the National Law.

While your supervisor will usually be from the same profession as you, a National Board may approve practitioners from another profession as your supervisor(s) in exceptional circumstances. This will be at the discretion of the National Board.

When identifying a potential supervisor, you may wish to seek advice from:

- prospective, current and past employers
- past supervisors
- education providers
- specialist colleges
- professional associations
- accreditation authorities (where relevant), and/or
- colleagues and mentors.

Conflict of interest

A supervisor must be able to give an independent report of supervised practice results and be willing to report to Ahpra if your practice places the public at risk or you are not compliant with the supervised practice arrangement.

You must declare any actual or perceived conflicts of interest that may undermine the supervisor's role. The National Board will decide whether any conflict declared shows a potential or actual conflict of interest. Disclosure of the actual or perceived conflicts of interest does not necessarily mean that the supervisory relationship will be prevented.

Some examples of situations that may result in a conflict of interest and that you must declare are:

- a personal relationship with the supervisor or their friend or relative
- a financial, business or other interest with the supervisor or your friends or relatives have a financial, business or other interest with the supervisor
- if you have been or are engaged in a therapeutic relationship with the supervisor, or
- the supervisor is your employer and your visa sponsor.

If a potential or actual conflict of interest arises during the supervised practice arrangement, you should contact Ahpra to notify them as soon as possible and within seven (7) calendar days.

Costs

As the supervisee, you are responsible for bearing any costs associated with the supervised practice arrangement.

Professional indemnity insurance

Before the supervised practice arrangement starts you need to make sure that you have the necessary professional indemnity insurance (PII) arrangements in place. You should refer to your [National Board's](#) PII registration standard and check with your insurance provider (or employer/other entity arranging cover) to make sure you meet the minimum requirements and to confirm that your supervised practice arrangement meets the requirements of your insurance cover.

You may need to seek advice from your employer if your PII is given under an organisational policy.

Documentation

You will need to complete some documentation before the supervised practice arrangement is approved.

What information do I need to give?

The purpose of the supervised practice will determine what information you need to give and when you need to give it.

For example, if the supervised practice relates to an application for registration or renewal of registration then you need to give information with your application.

If the supervised practice is because you do not meet recency of practice requirements, you may need to describe the learning you need to complete before you return to independent practice.

If the supervised practice is because of a complaint (notification) then the information will need to be given once the relevant conditions are imposed or undertakings are accepted.

What must I do when I am practising under supervised practice?

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

While you are practising

The supervised practice arrangement approved by a National Board must be in place at all times when you are practising. You must not start practice until the supervised practice arrangement is approved by the National Board, unless otherwise agreed by the National Board.

As the supervisee you are responsible for ensuring that all reports are completed and submitted by the due dates.

You also need to:

- work together with your supervisor to develop and work within the approved supervised arrangement
- take joint responsibility for establishing a schedule of regular meetings with your supervisor and make all reasonable efforts to ensure that these meetings take place
- be prepared for meetings with your supervisor
- participate in assessments conducted by your supervisor to help determine your future supervised practice needs and progress

- recognise the limits of your professional competence and seek guidance and assistance, and follow directions and instructions from your supervisor as needed
- familiarise yourself and comply with legal, regulatory and professional responsibilities applicable to your practice
- advise and consult with your supervisor immediately if any issues, complaints or clinical incidents occur during the period of supervised practice
- reflect on and respond to feedback
- inform Ahpra as soon as possible and within seven (7) calendar days if: you cannot comply with the approved supervised practice arrangement; requirements of your supervised practice are not being met; or if the relationship with your supervisor breaks down
- inform the supervisor and Ahpra as soon as possible and within seven (7) calendar days of any leave or breaks in practice that may affect the requirements of supervised practice, and
- practise in accordance with all the relevant National Board's standards, guidelines, code of conduct and other codes.

What if I need to change my supervisor?

In the event you need to change your supervisor, you must:

- notify Ahpra in writing as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking of any planned or unexpected supervisor changes (e.g. due to illness)
- submit a new proposed supervised practice arrangement to Ahpra for the National Board to consider, where applicable.

Each [National Board](#) has information on its website about how you can do this.

If you do not have an approved supervisor in place and you are not able to comply with the supervised practice arrangement, you must not practise.

What if I am not complying with the supervised practice arrangement or the framework?

If you cannot practise according to the approved supervised practice arrangement you must stop practising.

If you know your circumstances or your supervisor's circumstances are going to change and you will not be able to comply with the approved supervised practice arrangement, you need to let [Ahpra](#) know as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking.

If you do not practise in accordance with the framework and the National Board-approved supervised practice arrangement, the National Board may take regulatory action against you under the National Law. The circumstances in which you practised outside of the supervised practice arrangement will be considered by the National Board when making this decision. Any provision of care, including in an emergency should be given in accordance with the relevant National Board's code of conduct.

Appendix 3 – Information for supervisors

This information applies to all National Board-approved supervisors of registered health practitioners required by the National Board to complete a period of supervised practice (supervisees). It outlines the National Board's expectations of an approved supervisor. This appendix informs and forms part of the *Supervised practice framework* (the framework) and should be read together with the relevant supporting documents.

The National Board relies on you, as the supervisor, to determine if the supervisee is practising safely, competently and ethically under the National Registration and Accreditation Scheme (National Scheme), and to monitor the supervised practice arrangement.

What is a supervised practice arrangement?

In this framework a supervised practice arrangement means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

Who can be a supervisor?

General requirements

When considering if you can be a supervisor, you should check if you meet the following requirements:

- hold general registration, or, where relevant, the appropriate specialist registration or endorsement
- have relevant experience (including your qualifications, responsibilities and relevant scope of practice)
- are not yourself subject to supervised practice, or do not hold registration subject to conditions or undertakings that would impact on your ability to effectively supervise
- will sign an approved form to act as a supervisor, subject to being approved by the National Board
- agree to comply with the requirements of the approved supervised practice arrangement, and
- understand that supervised practice must be provided to the requirements in the framework and the supervised practice arrangement approved by the National Board, and if not, the National Board may take regulatory action under the National Law.

While a supervisor will usually be from the same profession as the supervisee, a National Board may approve practitioners from another profession as the supervisor(s) in exceptional circumstances. This will be at the discretion of the National Board.

Conflict of interest

A supervisor must be able to give an independent report of supervised practice results and be willing to report to the Australian Health Practitioner Regulation Agency (Ahpra) if the supervisee's practice places the public at risk or is not compliant with the supervised practice arrangement.

You must declare any actual or perceived conflicts of interests that may undermine your role as a supervisor. The National Board will decide whether any conflict declared shows a potential or actual conflict of interest. Disclosure of the actual or perceived conflicts of interest does not necessarily mean that the supervisory relationship will be prevented.

Some examples of situations that may result in a conflict of interest and that you must declare are:

- a personal relationship with the supervisee or their friend or relative
- a financial, business or other interest with the supervisee or their friends or relatives have a financial, business or other interest with you
- if you have been or are engaged in a therapeutic relationship with the supervisee, or
- if you are the employer and visa sponsor of the supervisee.

If a potential or actual conflict of interest arises during the supervised practice arrangement, you should contact Ahpra to notify them as soon as possible and within seven (7) calendar days.

What must I do before agreeing to be a supervisor?

You need to read the framework and this appendix, so you understand the:

- National Board requirements to be a supervisor, and
- role and responsibilities of a supervisor.

If you are an employee, you need to make sure your employer agrees with you being a supervisor.

If you are not an employee, the setting within which you work (for example a hospital or practice) may still need to approve you being a supervisor.

Professional indemnity insurance

Before you start as a supervisor you need to make sure you have the necessary professional indemnity insurance (PII) arrangements in place. You should refer to your [National Board's](#) PII registration standard and check with your insurance provider (or employer/other entity arranging cover) to make sure you meet the minimum requirements and to confirm that your supervised practice arrangement meets the requirements of your insurance cover.

You may need to seek advice from your employer if your PII is given under an organisational policy.

How many practitioners can you supervise?

This depends on the purpose and level of supervised practice required for the supervisee(s). It is important that you have adequate time to carry out the role of supervisor.

Payment

It is the supervisee's responsibility to bear any costs associated with the supervised practice arrangement, such as payment to a supervisor, if applicable.

What must I do if I am approved as a supervisor?

You may need to carry out training developed by the National Board before you can start in your role as a supervisor.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

Clinical/non-clinical supervision

As a supervisor you will have responsibilities in relation to the clinical/non-clinical aspect of supervised practice which includes, to:

- supervise at all times within the approved supervised practice arrangement
- complete the proposed supervised practice plan, if applicable, in consultation with the supervisee
- give the supervisee your contact details so that, when they are practising they can contact you during working hours and after hours
- give clear direction and constructive feedback to the supervisee on their professional responsibilities and the constraints within which they must operate, the expectations of ethical conduct that apply to the profession, and the expectation that the supervisee will act in accordance with the directions of the supervisor and the consequences if they do not
- use measures appropriate to the level of supervised practice to ensure that the supervisee is practising safely (e.g. individual case reviews)
- work with the supervisee to address areas identified in the supervised practice arrangement and/or address identified problems
- understand the significance of supervised practice as a professional undertaking and commit to this role including regular, protected, scheduled time with the supervisee which is free from interruptions as needed by the supervised practice, and
- only assign tasks that are appropriate to the role of the supervisee and that are within the scope of training, competence and capability of the supervisee.

Reporting requirements

As a supervisor you will also have responsibilities in relation to the reporting aspect of supervised practice which includes:

- where applicable, understanding that the responsibility for determining the type and amount of supervised practice approved by the National Board may be informed by your assessment of the supervisee
- being accountable to the relevant National Board and giving honest, accurate, objective and responsible reports in the approved form as required by the approved supervised practice arrangement
- maintaining adequate written records about the supervisee's practice to help transition if there is an unexpected need to change supervisors and/or if more than one supervisor is approved
- being open to feedback from patients, staff and other registered health practitioners in the practice setting and discussing these concerns with the supervisee, and
- discussing the supervisee's work performance or details of the supervised practice with Ahpra at any time when required.

When should I contact Ahpra?

If you are approved as a supervisor, you will be contacted by Ahpra on behalf of the National Board. Ahpra will continue to be your contact point for the duration of the supervised practice arrangement.

Breach of supervised practice or risk to the public

During the period of supervised practice it is the responsibility of the supervisor to notify Ahpra immediately if:

- the relationship between the supervisor and the supervisee breaks down
- there are any concerns that the supervisee's conduct, performance or health is placing the public at risk
- the supervisee is not complying with the conditions or undertakings, or
- the supervisee is in breach of any requirements of the supervised practice arrangement.

Any practice that occurs outside the approved supervised practice arrangement will be considered a breach of supervised practice and may constitute behaviour for which the National Board may take regulatory action.

Mandatory reporting

As a registered health practitioner, you have an obligation under the National Law to make a mandatory notification to Ahpra in certain circumstances. Depending on the type of concern and risk of harm to the public you must notify Ahpra about another practitioner's impairment, intoxication, departure from accepted professional circumstances and sexual misconduct. Further information about mandatory reporting is available on the [Ahpra website](#).

Changes to supervised practice

The supervisor needs to contact Ahpra as soon as possible and within seven (7) calendar days or as stated in the condition or undertaking if changes are necessary to the approved supervised practice arrangement. Examples of when this may occur include if there are changes to your or the supervisees' employment, the supervisee is absent or has ceased practice or you intend to withdraw from the supervisor role.

Changes to your registration

Supervisors should also notify Ahpra as soon as possible and within seven (7) calendar days, if during the period of supervised practice, following a complaint (notification) their practice is subject to a condition or undertaking.

What if I don't comply with the framework?

If you do not carry out your role according to the framework and supporting documents and in accordance with the approved supervised practice arrangement, the National Board may take regulatory action against you under the National Law.

This applies to supervisees and supervisors.

Primary and alternate supervisors

The National Board may approve more than one supervisor for the purpose of supervised practice.

When more than one supervisor is approved by a National Board, the alternate supervisor(s) is expected to take on the role of the primary supervisor when they are not available.

The alternate supervisor(s) is expected to give feedback to the primary supervisor about the supervisee's practice during the absence of the primary supervisor.

The alternate supervisor(s) may need to complete the supervised practice report in the absence of the primary supervisor. Alternate supervisors must follow the framework and other relevant supporting documents.

Appendix 4 – Supervised practice levels

This information supports and informs the *Supervised practice framework* (the framework) and gives further information about the levels of supervised practice.

The levels of supervised practice are designed to ensure the supervisee practises safely, competently and ethically.

Not all levels of supervised practice will be used when supervised practice is required, and progression from one level to the next level may also not be required. For example, some supervisees will stay at the same level of supervised practice for the whole period.

How are supervised practice levels decided?

There are four levels of supervised practice. The supervised practice level of the supervisee will be set out in the approved supervised practice arrangement. The decision about the starting level for a supervisee will depend on several factors that may include:

- the purpose for supervised practice (e.g. registration type, suitability or eligibility or a condition or undertaking following a notification)
- the level of risk associated with the purpose of supervised practice
- how closely the supervisee needs to be supervised, who is responsible for the care given and the proximity and availability of the supervisor.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

What is a supervised practice arrangement?

In this framework a supervised practice arrangement means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

If supervised practice is required because of the registration type (e.g. provisional or limited registration) or eligibility and suitability requirements, then in most cases the supervised practice level, the frequency of reporting and any other specific requirements will be set out in the approved supervised practice arrangement. If the supervisee is required to submit a proposal for the supervised practice arrangement, the National Board may approve the proposed arrangement or an alternative arrangement, including a different level than proposed by a supervisee.

If supervised practice is required because of a condition or undertaking following a complaint (notification) the requirements for supervised practice, such as the level of supervised practice, the frequency of reporting, and any other specific requirements will be set out in the condition or undertaking.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register of practitioners](#).

The framework informs the supervised practice arrangement and the supervised practice plan (where available) and gives guidance on how to comply and outlines the National Board's expectations and what is necessary to effectively carry out supervised practice.

How does a supervisee progress through levels?

Some types of supervised practice involve progression through levels. In most cases, the National Board will need to approve the change in levels.

The purpose and underlying risk for supervised practice will sometimes allow for a progression through levels to be planned. It may also be appropriate at times for progression to be at the discretion of the supervisor if a National Board agrees to do so through the approved supervised practice arrangement.

A National Board will take the necessary regulatory action required if a supervisee does not progress as expected.

When supervised practice is required following a notification the supervised practice remains at the level outlined in the condition or undertaking.

What does each level of supervised practice mean in practice?

Further guidance on what is required in each supervised practice level is set out in the table below. The descriptions of each level aim to accommodate the different approaches including practice in clinical or non-clinical settings for the professions using this framework.

The supervised practice arrangement will specify the workplace(s) or practice environment(s) where the supervised practice is to take place.

The definition of 'consult' for the purposes of this framework is set out in section 10. *Definitions*.

Detailed description of the levels of supervised practice

Level of supervised practice	Description of supervised practice level
<p>Direct</p> <p><i>Supervisor physically present at all times to observe the supervisee</i></p>	<p>The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be physically present to observe the provision of care by the supervisee. • The supervisor must be able to intervene in the giving of clinical care if needed. • Supervised practice via teleconference or other means of telecommunication is not permitted. • The supervisee must consult with the supervisor about the management of each patient before care is given.
<p>Indirect 1 (present)</p> <p><i>Supervisor physically present at the workplace</i></p>	<p>The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee.</p> <p>The supervisee must consult with the supervisor who is always physically present in the workplace or practice environment and available to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, including when care is being given, and/or • performance of the supervisee. <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be physically present at the workplace when the supervisee is providing clinical care. • The supervisee must inform the supervisor when they have concerns, and at agreed intervals, about the management of each patient. This may be after the care has been given. • The supervisor, or someone nominated by the supervisor, needs to be able to intervene in the giving of clinical care if required.

Level of supervised practice	Description of supervised practice level
<p>Indirect 2 (accessible) <i>Supervisor is accessible by phone or other means and available to physically attend the workplace</i></p>	<p>The supervisee takes primary responsibility for their practice and the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor who is accessible by telephone, video conference or other means of telecommunication and available to attend the workplace or practice environment to observe and discuss at agreed intervals and as necessary the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • If not physically present at the workplace, the supervisor needs to be available by phone or other means of telecommunication at all times. • The supervisor must be able to attend the supervisee's workplace if needed. • The supervisor must be able to monitor if the supervisee is practising safely including in instances when the supervisee is working after-hours or on call. • The supervisee and supervisor must conduct regular case reviews. • The supervisee is permitted to work independently, provided the supervisor is readily contactable by telephone or other means of telecommunication such as videoconference.
<p>Remote <i>Supervisor is not present at the workplace</i></p>	<p>The supervisee takes primary responsibility for their practice including the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>The supervisee must consult with the supervisor, who is accessible by telephone, video conference or other means of telecommunication at agreed intervals and as necessary about the:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p> <p>What does this mean?</p> <ul style="list-style-type: none"> • The supervisor must be available by phone or other means of telecommunication for case review or consultation if the supervisee requires assistance. • The supervisor and supervisee must conduct regular case reviews.

Appendix 5 – Information for employers

This appendix is to help employers understand information about the *Supervised practice framework* (the framework) that applies to supervisees and supervisors. This appendix should be read together with the framework and relevant supporting documentation.

Employers make an important contribution to the risk-based approach of the National Registration and Accreditation Scheme (National Scheme) supervised practice process by giving supervisees an opportunity to practise while under supervised practice and/or allowing a supervisor to supervise another health practitioner at a health service or private practice.

What is a supervised practice arrangement?

In this framework, a supervised practice arrangement means all the elements of supervised practice approved by the National Board. This includes the approved supervisor(s), supervised practice level, workplace and any other requirements documented in a supervised practice plan (where necessary) or as stated in a condition or undertaking or registration standard.

Why does the National Board require health practitioners to complete supervised practice?

Supervised practice is used for three regulatory purposes across the National Scheme. Employers can check section 2. *Purpose and scope* to see when the framework applies to their employees.

1. As a registration requirement

Some types of registration require supervised practice such as limited registration and provisional registration for some National Boards (such as for overseas qualified practitioners).

2. To meet the National Board's eligibility or suitability requirements on renewal or application

This may be the result of:

- returning to practice after an absence
- changing to a different field or scope of practice (where applicable)
- needing to meet the eligibility requirements for an application for registration or endorsement, or
- inability to meet any other requirements of a registration standard for the profession.

3. As an outcome of a complaint (notification)

This may be in the form of a condition or undertaking imposed by a National Board, panel or tribunal that requires the practitioner to complete a period of supervised practice.

Preparing for supervised practice

Requirements of supervised practice

Before any supervised practice can take place, the supervisee must:

- hold the relevant registration e.g. general registration, provisional registration, limited registration, specialist registration, and
- have the supervised practice arrangement approved by the National Board.

A supervisee must stop practising if they cannot practise in accordance with the approved supervised practice arrangement.

A supervisee and supervisor must comply with the requirements and responsibilities specified in the framework and *Appendix 2 – Information for supervisees*, and *Appendix 3 – Information for supervisors*.

Nomination of a supervisor

A supervisee may be required to nominate a supervisor to carry out the supervised practice. It is recommended that a supervisee nominate more than one supervisor so that if the primary supervisor is not available the alternate supervisor can carry out the supervised practice. The National Board must approve the supervisor(s). They may approve someone other than the practitioners nominated by the supervisee.

A supervisee may contact you for advice about identifying potential supervisor(s) at the workplace.

Alternatively, an employee may contact you for advice about being nominated as a potential supervisor at the workplace. A supervisor should make sure you, as the employer, agree with any proposed supervised practice arrangement.

Documentation

The supervisee must give their employer or senior person at their workplace(s) (for example a CEO, medical/clinical director or head of department) a copy of the supervised practice arrangement. If the supervisee is completing supervised practice because of a notification the senior person they must give a copy of the arrangement to will be stated in the condition or undertaking.

Who can be a supervisor?

A supervisor needs to have the qualifications, skills, knowledge, availability and experience required for the role. These will vary according to the purpose for supervised practice and the risk associated with this role.

This will generally mean that the supervisor will have enough experience in the relevant clinical area and relevant qualifications, responsibilities and scope of practice. The requirements to be a supervisor include that they:

- hold general registration, or where relevant, appropriate specialist registration or endorsement
- have relevant experience (including their qualifications, responsibilities and relevant scope of practice)
- are not themselves subject to supervised practice, or do not hold registration subject to conditions or undertakings that would impact their ability to effectively supervise the supervisee
- will sign a form to act as the supervisor, subject to being approved by the National Board
- agree to comply with the requirements of the approved supervised practice arrangement, and
- understand that supervised practice must be provided to the requirements in the framework and the supervised practice arrangement approved by the National Board, and if not, the National Board may take disciplinary action under the National Law.

While the supervisor will usually be from the same profession as the supervisee, a National Board may consider approving a practitioner from another profession as a supervisor in exceptional circumstances. This will be at the discretion of the National Board.

The supervisor will also need to meet any National Board-approved training requirements.

Conflicts of interest

A supervisor must be able to give an independent report of supervised practice outcomes and be willing to report to Ahpra if a supervisee's practice places the public at risk or if they are not compliant with the supervised practice arrangement.

The supervisee and supervisor must declare any actual or perceived conflicts of interest that may undermine the supervisor's report. The National Board will decide whether any perceived conflict declared shows a potential or actual conflict of interest. Disclosure of the actual or perceived conflicts of interest does not necessarily mean that the supervisory relationship will be prevented.

Some examples of situations that may result in a conflict of interest and that supervisees and supervisor must declare are:

- a personal relationship with the supervisor or their friend or relative
- a shared financial, business or other interest with the supervisor or their friends or relative have such an interest
- if the supervisee has been or is engaged in a therapeutic relationship with the supervisor, and/or
- if the supervisor is the supervisees employer and visa sponsor.

Health service

Employers in a health service, public or private, will need to think about the following possible conflicts of interest about supervised practice arrangements between two employees:

- Whether the supervisor also oversees the employment of a supervisee as a staff member.
- If there are processes in place should employment issues interfere with the progress of the supervised practice arrangements.

Private practice

Employers in a private practice will need to think about the following possible conflicts of interest about a supervised practice arrangement if the employer is also the supervisor:

- Whether the supervisor in a dual role as an employer and supervisor can exercise objective and unbiased judgement in relation to the supervisee.
- Whether the supervised practice arrangement which is based on trust and confidence is possible if there is an unequal distribution of power or authority in the supervisor's favour.
- How possible employment issues such as pay decisions, leave and job performance evaluations are managed.
- How possible disagreements between the supervisee (employee) and supervisor (employer) in their supervisee/supervisor roles are managed as this could affect the supervisee's employment role.

Responsibilities of the employer

Employers have an obligation to make sure that the employment arrangements support a supervisee to complete their period of supervised practice. This can include facilities, scope of practice and supervised practice arrangements.

Employers also have a responsibility to advise Ahpra as soon as possible and within seven (7) calendar days, of any concerns about the supervisee if they form the opinion that there is a risk to the public.

Employers may also have responsibilities in relation to professional indemnity insurance (PII) as set out below.

Mandatory notifications

Employers have mandatory notification responsibilities under the National Law. If an employer forms a reasonable belief that a registered health practitioner has behaved in a way that meets the threshold for notifiable conduct, they must notify Ahpra. Further information about mandatory notifications is available on the [Ahpra website](#).

Professional indemnity insurance

It is the responsibility of the supervisor and supervisee to check they have the required PII arrangements in place before the supervised practice arrangement starts.

The [National Board](#)'s PII registration standard sets out the requirements for registered health practitioners to have appropriate PII arrangements in place.

Supervisees and/or supervisors may be covered by either individual or third party PII arrangements, such as via a health service and/or employer's overall insurance arrangement. Employers should check with the insurance provider to make sure the supervisor and supervisee, if covered by a third party PII arrangement, meet the minimum requirements and to see if the supervised practice arrangement affects their coverage.

How many practitioners can a supervisor supervise?

This depends on the purpose and level of supervised practice required for the supervisee(s). It is important that the supervisor has enough time to carry out the role of supervisor and that the supervisee receives the level of support as detailed in the supervised practice arrangement.

Does the supervisor get paid to be a supervisor?

It is the supervisees responsibility to bear any costs associated with the supervised practice arrangement.

Patient safety

Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.

The need for supervised practice is reflected by either one or a combination of the following a: registration requirement, notation, condition or undertaking recorded on a practitioner's registration. This information is available on the [public register](#).

When should I contact Ahpra?

An employer needs to contact Ahpra as soon as possible and within seven (7) calendar days if the:

- relationship between the supervisor and the supervisee breaks down
- employer has concerns that the supervisee's health, conduct or performance is placing the public at risk
- supervisee is not complying with the conditions or undertakings accepted
- supervisee is in breach of any requirements of the supervised practice arrangement, or
- supervisor is not carrying out their role to the requirements of the framework and supporting documents and in accordance with the approved supervised practice arrangement.

What if the supervisor cannot perform their role?

If circumstances change and the supervisor is not able to comply with the approved supervised practice arrangement the supervisor should let Ahpra know as soon as possible and within seven (7) calendar days or as stated in the condition/undertaking.

A supervisee cannot practise without the approved supervised practice arrangement in place at all times.

What if the supervisor or supervisee does not comply with the framework?

If the supervisor or supervisee does not, in good faith,⁶ practise in accordance with the supervised practice arrangement or in accordance with the requirements contained in the framework and appendices, the National Board may take disciplinary action under the National Law, including but not limited to immediate action and/or investigation for unprofessional conduct.

Primary and alternate supervisors

The National Board may approve more than one supervisor for the purpose of supervised practice.

When more than one supervisor is approved by a National Board, the alternate supervisor(s) is expected to take on the role of the primary supervisor when they are not available.

The alternate supervisor(s) is expected to give feedback to the primary supervisor about the supervisee's practice during the absence of the primary supervisor.

The alternate supervisor(s) may need to complete the supervised report in the absence of the primary supervisor.

⁶ 'Good faith' has its ordinary meaning of being well-intentioned or without malice.

Attachment 4

Supervised practice plan



The supervisee must wait until the supervised practice plan is approved, including the approval of a supervisor(s) by the National Board, before starting or restarting practice.

When is a plan required?

This form is for supervisees who need to give the National Board a proposed supervised practice arrangement as set out in the *Supervised practice framework* (framework) and supporting documents. The framework is on the relevant National Board website:

<https://www.ahpra.gov.au/National-Boards.aspx>

A plan may be required when:

- applying for provisional, limited, general or specialist registration
- at renewal of registration
- returning to practice after an absence
- changing to a different field or scope of practice (where applicable)
- needing to meet the eligibility requirements for an application for registration or endorsement, or
- an inability to meet any other requirements of a registration standard for the profession.

A new plan may also be required when there is a change in supervisor, practice or employment location.

Who completes the plan?

The supervisor completes the plan in consultation with the supervisee.

Approval of the plan

The supervisee submits the completed plan to the Board via Ahpra for consideration and approval. If changes are needed to the plan, feedback will be provided to the supervisee and supervisor.

Definitions

Information about the meaning of words used in this form such as supervisee, supervisor are in the definitions section of the framework.

Content of the plan

For help in completing the plan read:

- The framework and supporting documents which explains the principles that support supervised practice, the risk factors that inform the level of supervised practice, the expectations of supervisees, supervisors and employers, and the compliance process.
- *Appendix 1: Links to relevant National Board material* for profession specific documents such as registration standards
- *Appendix 2: Information for supervisees*
 - *Appendix 3: Information for supervisors*
 - *Appendix 4: Supervised practice levels*
 - [Notes](#) at the end of the form to help in completing the plan
 - Other profession specific requirements such as orientation to the Australian health system and cultural safety currently required by some Boards.



The framework and appendices are on the relevant National Board website: <https://www.ahpra.gov.au/National-Boards.aspx>.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at

www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at

www.ahpra.gov.au/privacy

Symbols in this form



Extra information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
 - To fill in the PDF onscreen, please ensure you download this form to your computer first, then fill it using Adobe Acrobat or Adobe Acrobat Reader.
 - To fill in the form manually, print it and fill it in using a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable **boxes**.
- **DO NOT send original documents unless specified.**

Valid signature is defined by either an official electronic signature or printing this form, signing and scanning for submission. Names that are typed in this field will not be accepted as a valid signature.

To check or remove documents you have digitally attached, select the arrow on the left pane of the PDF then click on the paper clip icon.

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

This form will not be considered unless it is complete and all supporting documentation has been provided.

SECTION A: Supervisee details

1. What are the personal details of the supervisee?

Family name

First given name

Date of birth / /

Health profession

<input checked="" type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice	<input checked="" type="checkbox"/> Dental Medical	<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Paramedicine
<input checked="" type="checkbox"/> Chinese Medicine Chiropractic	<input checked="" type="checkbox"/> Medical Radiation Practice	<input checked="" type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Physiotherapy
	<input checked="" type="checkbox"/> Midwifery	<input checked="" type="checkbox"/> Optometry	

Registration number (e.g. DEN000123456 - if applicable)

Monitoring and compliance number (if applicable)

Division / endorsement / specialty (if applicable)

SECTION B: Supervisor's details

The Board may approve more than one supervisor. This allows for flexibility if a supervisor is not available and for supervised practice to be relevant and suitable for the profession.

The number of supervisees a supervisor can supervise will depend on the purpose and level of supervised practice required for each supervisee. It is important the supervisor has adequate time to carry out the role of supervisor.

It is also important that employers support the supervised practice arrangement.

If more than one alternate supervisor is nominated, attach a separate sheet with the same details of the supervisor as set out below.

Appendix 3: Information for supervisors explains more information about primary and alternate supervisors.

Attach 

2. What are the personal details of the primary supervisor?

Family name

First given name

Health profession

<input checked="" type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice	<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Pharmacy
<input checked="" type="checkbox"/> Chinese Medicine	<input checked="" type="checkbox"/> Medical Radiation Practice	<input checked="" type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Physiotherapy
<input checked="" type="checkbox"/> Chiropractic Dental	<input checked="" type="checkbox"/> Midwifery	<input checked="" type="checkbox"/> Osteopathy	<input checked="" type="checkbox"/> Podiatry

Registration number (e.g. DEN000123456)

Division / endorsement / specialty (if applicable)

3. What is the primary supervisor’s experience?

Attach to the plan a **signed and dated** curriculum vitae that describes the supervisor’s full practice history, clinical or skills training, and any experience or training as a supervisor, for example how many supervisees they have supervised before.

It must also contain all the elements defined in Ahpra’s standard format for curriculum vitae which can be found at

www.ahpra.gov.au/cv

4. What are the personal details of alternate supervisor 1?

Read Appendix 3: Information for supervisors which explains information about primary and alternate supervisors

Family name

First given name

Health profession

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

Registration number (e.g. DEN000123456)

Division / endorsement / specialty (if applicable)

5. What is the experience of alternate supervisor 1?

Attach to the plan a **signed and dated** curriculum vitae that describes the supervisor’s full practice history, clinical or skills training, and any experience or training as a supervisor, for example how many supervisees they have previously supervised.

It must also contain all the elements defined in Ahpra’s standard format for curriculum vitae which can be found at

www.ahpra.gov.au/cv

SECTION C: Conflict of interest disclosure

Read Appendix 2: Information for supervisees and Appendix 3: Information for supervisors which explains information about conflicts of interest.

6. Does the supervisee have any actual or potential conflicts of interest with the proposed supervisor(s) to disclose?

YES NO

Provide details of any actual or potential conflicts of interest with the supervisor(s)



Attach a separate sheet if the conflict of interest details do not fit in the space provided.

Attach

7. Does the primary supervisor have any actual or potential conflicts of interest with the supervisee to disclose?

YES

NO

Provide details of any actual or potential conflicts of interest with the supervisee

8. Does alternate supervisor 1 have any actual or potential conflicts of interest with the supervisee to disclose?

YES

NO

Provide details of any actual or potential conflicts of interest with the supervisee

9. Is there more than one proposed alternate supervisor?

YES

NO



Attach to the plan a separate sheet that provides details of any actual or potential conflicts of interest with the supervisee.

Attach

SECTION D: Details of the supervised practice arrangement

10. What are the supervisee's proposed role and employment details?

Supervisee's proposed title/role

Describe the supervisee's proposed role


Details of proposed employer of supervisee


Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT) **Postcode**

Business phone **Email**

 Attach a separate sheet if the employer details do not fit OR if your supervised practice is to occur with more than one employer.

 Attach proof of employment documents, e.g. a signed letter of offer, contract of employment, position description for the proposed role(s) if not already provided with an application form.

11. What are the proposed workplace/locations for supervised practice?

Workplaces/location(s) where supervised practice is proposed

If supervised practice is to occur at more than one workplace/location list all workplaces/locations e.g. name of hospital, health service, unit, clinic, theatre, patient location

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT) **Postcode**

Business phone **Email**

[Empty text box]

[Empty text box]

[Empty text box]

Site/building and/or position/department (if applicable)

[Empty text box]

[Empty text box]

City/Suburb/Town

[Empty text box]

State/Territory

[Empty text box]

[Empty text box]

Postcode

Business phone

[Empty text box]

Email

[Empty text box]

Attach a separate sheet if the extra site details do not fit in the space provided.



Attach

12. What are the details of the proposed supervised practice arrangement?

Read the notes at the end of the form for help in completing the question.

Proposed date of supervised practice

To activate auto-calendar please click cursor within the date fields.

End date (if applicable)

DD / MM / YYYY

DD / MM / YYYY

Proposed starting level of supervised practice

Read [Note A](#)

Indirect 2

Remote

Reporting frequency at the proposed starting level of supervised practice

[Empty text box]

Consultation frequency between supervisee and supervisor (if applicable) at the proposed starting level of supervised practice

[Empty text box]

Hours of supervised practice or number of patient contacts (if applicable) at the proposed starting level of supervised practice

[Empty text box]

13. Describe how supervised practice is to be provided at the proposed starting level of supervised practice.

007*

Read the notes at the end of the form for help in completing the question. Read [Note D](#)

Mark all applicable options

<input type="checkbox"/>	Direct supervision of clinical care provided	<input type="checkbox"/>	Case reviews
<input type="checkbox"/>	Direct supervision of assessments	<input type="checkbox"/>	Details of frequency e.g. daily, weekly, fortnightly
<input type="checkbox"/>	Discussion of treatment plan after assessment	<input type="checkbox"/>	Teleconferences
<input type="checkbox"/>	Observation of initial consultation and treatment	<input type="checkbox"/>	Details of frequency e.g. daily, weekly, fortnightly
<input type="checkbox"/>	Review of patient records and treatment plans	<input type="checkbox"/>	Meetings
<input type="checkbox"/>	Professional education sessions	<input type="checkbox"/>	Details of frequency e.g. daily, weekly, fortnightly
<input type="checkbox"/>	Literature presentation and analysis	<input type="checkbox"/>	Other
<input type="checkbox"/>	Specific tasks set	<input type="checkbox"/>	Details of other ways supervised practice is to be provided
<input type="checkbox"/>	Group supervised practice/teaching/learning sessions		
<input type="checkbox"/>	Case presentation		

SECTION E: Anticipated progression through supervised practice levels and level requirements

Progression through supervised practice levels is required for some purposes of supervised practice.

The anticipated period of time at each level of supervised practice and approval for progression between levels of supervision, may vary depending on the purpose of the supervised practice and profession specific requirements.

Ahpra will provide information to supervisees about who will authorise the progression through the supervised practice levels, for example the National Board or the supervisor and when progression can occur.

14. Is progression through the supervised practice levels required?

- YES [Go to the next question](#)
- NO [Go to Section F: Issues to be addressed during supervised practice](#)

15. Complete the details of the anticipated progression through the supervised practice levels (if known) and the details of the supervised practice at each proposed supervised practice level. Read the notes at the end of the form for help in completing the table.

Supervised practice level	Criteria to progress to the next supervised practice level E.g: demonstrated competence, hours of supervised practice, or patient contacts. Read Note E	Anticipated timeframe at this level before progression to the next level Read Note F	Reporting frequency Read Note A	Consultation frequency Read Note B	How supervised practice is to be provided Read Note D
Indirect 1					
Indirect 2					
Remote					



Attach

Attach a separate sheet if the issues to be addressed do not fit in the space provided.

SECTION F: Issues to be addressed during supervised practice

16. What issues will be addressed during supervised practice?

Issues to be addressed are related to the supervised practice requirements e.g. communication, record keeping. These issues should also be considered if completing section G if required. These issues will be reported on in question 24 of the supervised practice report.

Issue	Measures to address issue	Review date



Attach a separate sheet if the issues to be addressed do not fit in the space provided.

17. Has the National Board advised you that more profession specific information is required?

For example, to determine if the supervisee meets the relevant profession specific registration standards, capabilities, competencies, thresholds or standards for practice. This will depend on the purpose of the supervised practice.

YES [Go to Section G: Supervised practice goals and activities](#)

NO [Go to Section H: Extra requirements/documents](#)

SECTION G: Supervised practice goals and activities

The supervised practice goals and activities should reflect the issues to be addressed in supervised practice set out in Section F and be consistent with the Board's entry level standards, capabilities, competencies, thresholds, or standards for practice in Appendix 1 of the framework or other tools. These should also be consistent with the code of conduct and code of ethics (where relevant).

18. Complete the relevant sections using the Board's entry level standards, capabilities, competencies, thresholds or standards for practice in Appendix 1 of the framework. This information will be reported on in the supervised practice report at question 19.



Attach to the plan a separate sheet available on the relevant Board's website that sets out the Board's entry level standards, capabilities, competencies, thresholds, standards for practice, or other tools and complete the supervised practice goals and planned activities to meet the supervised practice goals sections of the sheet.

SECTION H: Extra requirements/documents

19. Is the supervisee required to complete additional requirements or documents during supervised practice?

Some National Boards require the supervisee to complete additional requirements such as: orientation to the Australian health system, and cultural safety. These will be detailed on the relevant National Board website.

YES

NO [Go to declarations](#)

Provide details of additional requirements or documents

Text area for providing details of additional requirements or documents.

Attach any relevant reports of evidence of completing the additional requirements.



Attach button

SECTION I: Supervisee's declaration

By signing this declaration, I acknowledge and confirm I:

- will not start practice, or restart practice, until the National Board has approved the supervisor(s) and the supervised practice plan unless otherwise agreed by the National Board
will carry out and comply with the expectations and responsibilities of supervised practice set out in the framework, supporting documents, supervised practice plan and attachments.

Name of supervisee

Text input field for Name of supervisee

Date

Date input field (DD / MM / YYYY)

Signature of supervisee

Signature input field with 'SIGN HERE' watermark

SECTION J: Primary supervisor's declaration

By signing this declaration, I acknowledge and confirm I:

- have completed this plan in consultation with the supervisee and in my professional opinion consider the contents in the supervised practice plan and attachments to be appropriate to the supervisee's identified needs
have adequate time to carry out the role of primary supervisor
will carry out the role of primary supervisor for the supervisee listed on this form to the requirements set out in the framework and supporting documents, and
have attached to this form a signed and dated CV that confirms I have suitable training, experience and/or qualifications in order to provide the supervised practice required.

Name of primary supervisor

Text input field for Name of primary supervisor

Date

Date input field (DD / MM / YYYY)

Signature of primary supervisor

Signature input field with 'SIGN HERE' watermark

SECTION K: Alternate supervisor(s) declaration


By signing this declaration, I acknowledge and confirm I:

- have adequate time to carry out the role of alternate supervisor
- will carry out the role of alternate supervisor for the supervisee listed on this form to the requirements contained in the framework and supporting documents, and
- have attached to this form a signed and dated CV that confirms I have suitable training, experience and/or qualifications in order to provide the supervised practice required.

Name of alternate supervisor 1	Signature of alternate supervisor 1
<input type="text"/>	 HERE
Date	
<input type="text"/> / <input type="text"/> / <input type="text"/>	

Name of alternate supervisor 2	Signature of alternate supervisor 2
<input type="text"/>	 HERE
Date	
<input type="text"/> / <input type="text"/> / <input type="text"/>	

If more than two alternate supervisors are nominated, attached a separate sheet with a signed and dated declaration as set out above



Attach

SECTION L: Checklist

Have the following items been attached or arranged, if required?

<i>Extra documentation</i>		Attached
Section B	If there is more than one alternate supervisor, a separate sheet with details of the other alternate supervisor(s) and the curriculum vitae for each alternate supervisor	<input type="checkbox"/>
Question 3	The primary supervisor's curriculum vitae	<input type="checkbox"/>
Question 5	The alternate supervisor's curriculum vitae	<input type="checkbox"/>
Question 6	A separate sheet with the details about any actual or potential conflicts of interest with the supervisee and each extra supervisor nominated	<input type="checkbox"/>
Question 9	A separate sheet with the details about any actual or potential conflicts of interest with the supervisee and each extra supervisor nominated	<input type="checkbox"/>
Question 10	A separate sheet with the details of extra employers (if applicable)	<input type="checkbox"/>
Question 10	The signed letter of offer and official position description for the supervisee's proposed role(s) if not already provided with an application form.	<input type="checkbox"/>
Question 11	A separate sheet with the details of extra workplaces/locations (if applicable)	<input type="checkbox"/>
Question 15	A separate sheet with the details of the anticipated progression through the supervised practice levels	<input type="checkbox"/>
Question 16	A separate sheet if the issues to be addressed do not fit in the space provided.	<input type="checkbox"/>
Question 18	The completed template of the supervised practice goals and activities (if applicable)	<input type="checkbox"/>
Question 19	Reports of evidence of completing additional requirements	<input type="checkbox"/>
Section K	If there are more than two alternate supervisors, a separate sheet with the signed and dated declaration for each extra alternate supervisor	<input type="checkbox"/>



Please check to make sure your form is fully and accurately completed.

If missing information is identified your form will not be processed and will be returned to you to fill out properlyPlease send this form
with required attachments
to:The fastest way to submit this form and any supporting documents is online at **www.ahpra.gov.au/registration/** **online-upload**. If you wish to submit it via mail, please post this form and required attachments to:**Ahpra**
GPO Box 9958**IN YOUR CAPITAL CITY** (refer below)You may contact Ahpra on 1300 419 495 or you can lodge
an enquiry at **www.ahpra.gov.au**Adelaide SA 5001
Hobart TAS 7001Brisbane QLD 4001
Melbourne VIC 3001Canberra ACT 2601
Perth WA 6001Darwin NT 0801
Sydney NSW 2001**What happens next?**

Ahpra will review your form and either:

- return the form to you if it is incomplete
- request more information from you, or
- present your form for a decision.

You will be given notice of the decision.

Notes to help in completing the plan

0012*

NOTE A

Supervised practice arrangements are tailored to consider the supervisee's circumstances, experience and learning needs.

Flexibility in the supervised practice arrangement is important to make sure diverse settings, complexities of different cases, individual capabilities and expectations are accommodated.

Examples of possible uses for the supervised practice levels and likely reporting timeframe are set out below. These are examples only and may not apply to all supervised practice arrangements approved by the Board.

The supervised levels are described in section 5 of the framework and *Appendix 4 - Supervised practice levels*. The framework is available on the relevant National Board website: <https://www.ahpra.gov.au/National-Boards.aspx>

Level	Example of possible uses of supervised practice levels	Examples of possible reporting frequency for supervised practice levels (this may be determined by the Board)
Direct	To determine the level of competence of the supervisee and inform further levels of supervised practice under a plan	<ul style="list-style-type: none"> report monthly report at renewal report before progression to the next level is approved report before completion of supervised practice
Indirect 1	<ul style="list-style-type: none"> Arising from a Board registration standard To meet eligibility or suitability requirements 	<ul style="list-style-type: none"> report after the initial 3 months of practice at this level report at renewal report before progression to the next level is approved report before completion of supervised practice
Indirect 2	<ul style="list-style-type: none"> Arising from a Board registration standard To meet eligibility or suitability requirements 	<ul style="list-style-type: none"> report after the initial 3 months of practice at this level report at renewal report before progression to the next level is approved report before completion of supervised practice
Remote	<ul style="list-style-type: none"> Arising from a Board registration standard To meet eligibility or suitability requirements 	<ul style="list-style-type: none"> report after the initial 3 months of practice at this level report at renewal report before progression to the next level is approved report before completion of supervised practice

NOTE B

The frequency of consultation will depend on the level and purpose of supervised practice. For example, how many times you propose to meet with a supervisee when carrying out indirect 1, indirect 2 or remote levels of supervised practice.

NOTE C

The proposed hours of supervised practice, or number of patient contacts to be completed as part of supervised practice will depend on the level and purpose of supervised practice.

You may be required to provide proof of hours or patient contacts in the form of a de-identified log or roster.

NOTE D

How supervised practice will be provided may include: direct supervision of all assessments, discussion of treatment plan after assessment, observation of initial consultation and treatment, review of patient records and treatment plans, frequency of case reviews, teleconferences, frequency of meetings, professional education sessions, literature presentation and analysis, specific tasks set, group supervised practice/teaching/learning sessions, case presentation.

NOTE E

The criteria to progress to the next level of supervised practice should be based on competence. It may not be necessary to progress through each level of supervised practice. Examples of criteria may include:

- Demonstrates competence under direct supervision, therefore suitable to move to indirect 1 supervised practice
- Demonstrates competence under indirect supervision, therefore suitable to move to indirect 2 supervised practice
- Demonstrates competence under indirect 2 supervision, therefore suitable to move to remote supervised practice

Some Boards may also require a minimum number of supervised practice hours or patient contacts as part of the criteria to progress to another level of supervised practice.

NOTE F

Supervised practice may involve progression through levels. The time required at a supervised practice level before progression to another level will depend on the individual requirements of supervised practice and when the supervisee meets the criteria to progress, explained in Note E. You are required to give an estimate only. An example of an estimate of progression through the supervised practice levels is set out below. This is an example only and does not apply to all supervised practice arrangements approved by the National Board.

Direct: Anticipated timeframe at this level before progression to the next level if criteria to progress is met is 1 month

Indirect 1: Anticipated timeframe at this level before progression to the next level if criteria to progress is met is 5 months

Indirect 2: Anticipated timeframe at this level before progression to the next level if criteria to progress is met is 3 months

Remote: Anticipated timeframe at this level before completion of supervised practice if criteria is met is 3 months

Attachment 5

Attachment to the Supervised practice plan

Section G: Enrolled nurse supervised practice goals and activities

18. Complete the relevant sections using the NMBA Enrolled nurse standards for practice in Appendix 1 of the *Supervised practice framework*. This information will be reported on in the supervised practice report at question 19.

Please complete the relevant sections using the [Enrolled nurse standards for practice](#):

Standard 1: Functions in accordance with the law, policies and procedures affecting EN practice
1.1 Demonstrates knowledge and understanding of commonwealth, state and /or territory legislation and common law pertinent to nursing practice.
1.2 Fulfils the duty of care in the undertaking of EN practice.
1.3 Demonstrates knowledge of and implications for the NMBA standards, codes and guidelines, workplace policies and procedural guidelines applicable to enrolled nursing practice.
1.4 Provides nursing care according to the agreed plan of care, professional standards, workplace policies and procedural guidelines.
1.5 Identifies and clarifies EN responsibilities for aspects of delegated care working in collaboration with the RN and multidisciplinary health care team.
1.6 Recognises own limitations in practice and competence and seeks guidance from the RN and help as necessary.
1.7 Refrains from undertaking activities where competence has not been demonstrated and appropriate education, training and experience has not been undertaken.
1.8 Acts to ensure safe outcomes for others by recognising the need to protect people and reporting the risk of potential for harm.
1.9 When incidents of unsafe practice occur, reports immediately to the RN and other persons in authority and, where appropriate, explores ways to prevent recurrence.
1.10 Liaises and negotiates with the RN and other appropriate personnel to ensure that needs and rights of people in receipt of care are addressed and upheld.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 2: Practises nursing in a way that ensures the rights, confidentiality, dignity and respect of people are upheld.
2.1 Places the people receiving care at the centre of care and supports them to make informed choices.

2.2 Practises in accordance with the NMBA standards codes and guidelines.

2.3 Demonstrates respect for others to whom care is provided regardless of ethnicity, culture, religion, age, gender, sexual preference, physical or mental state, differing values and beliefs.

2.4 Practises culturally safe care for (i) Aboriginal and Torres Strait Islander peoples; and (ii) people from all other cultures.

2.5 Forms therapeutic relationships with people receiving care and others recognising professional boundaries.

2.6 Maintains equitable care when addressing people’s differing values and beliefs.

2.7 Ensures privacy, dignity and confidentiality when providing care.

2.8 Clarifies with the RN and relevant members of the multi-disciplinary healthcare team when interventions or treatments appear unclear or inappropriate.

2.9 Reports incidents of unethical behaviour immediately to the person in authority and, where appropriate, explores ways to prevent recurrence.

2.10 Acknowledges and accommodates, wherever possible, preferences of people receiving nursing care.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 3: Accepts accountability and responsibility for own actions.

3.1 Practises within the EN scope of practice relevant to the context of practice, legislation, own educational preparation and experience.

3.2 Demonstrates responsibility and accountability for nursing care provided,

3.3 Recognises the RN as the person responsible to assist EN decision-making and provision of nursing care.

3.4 Collaborates with the RN to ensure delegated responsibilities are commensurate with own scope of practice.

3.5 Clarifies own role and responsibilities with supervising RN in the context of the healthcare setting within which they practice.

3.6 Consults with the RN and other members of the multidisciplinary healthcare team to facilitate the provision of accurate information, and enable informed decisions by others.

3.7 Provides care within scope of practice as part of multidisciplinary healthcare team, and with supervision of a RN.

3.8 Provides support and supervision to assistants in nursing (however titled) and to others providing care, such as EN students, to ensure care is provided as outlined within the plan of care and according to institutional policies, protocols and guidelines.

3.9 Promotes the safety of self and others in all aspects of nursing practice.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 4: Interprets information from a range of sources in order to contribute to planning appropriate care
<p>4.1 Uses a range of skills and data gathering techniques including observation, interview, physical examination and measurement.</p> <p>4.2 Accurately collects, interprets, utilises, monitors and reports information regarding the health and functional status of people receiving care to achieve identified health and care outcomes.</p> <p>4.3 Develops, monitors and maintains a plan of care in collaboration with the RN, multidisciplinary team and others.</p> <p>4.4 Uses health care technology appropriately according to workplace guidelines.</p>

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 5: Collaborates with the RN, the person receiving care and the healthcare team when developing plans of care
<p>5.1 Develops and promotes positive professional working relationships with members of the multi-disciplinary team.</p> <p>5.2 Collaborates with members of the multi-disciplinary healthcare team in the provision of nursing care.</p> <p>5.3 Contributes to the development of care plans in conjunction with the multidisciplinary healthcare team, the person receiving care and appropriate others.</p> <p>5.4 Manages and prioritises workload in accordance with people's care plans.</p> <p>5.5 Clarifies orders for nursing care with the RN when unclear.</p> <p>5.6 Contributes to and collaborates in decision-making through participation in multidisciplinary healthcare team meetings and case conferences.</p>

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 6: Provides skilled and timely care to people whilst promoting their independence and involvement in care decision-making

- 6.1 Provides care to people who are unable to meet their own physical and/or mental health needs.
- 6.2 Participates with the RN in evaluation of the person’s progress toward expected outcomes and the reformulation of plans of care.
- 6.3 Promotes active engagement and the independence of people receiving care within the health care setting by involving them as active participants in care, where appropriate.
- 6.4 Demonstrates currency and competency in the safe use of healthcare technology.
- 6.5 Exercises time management and workload prioritisation.
- 6.6 Recognises when the physical or mental health of a person receiving care is deteriorating, reports, documents and seeks appropriate assistance.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 7: Communicates and uses documentation to inform and report care

- 7.1 Collects data, reviews and documents the health and functional status of the person receiving care accurately and clearly.
- 7.2 Interprets and reports the health and functional status of people receiving care to the RN and appropriate members of the multidisciplinary healthcare team as soon as practicable.
- 7.3 Uses a variety of communication methods to engage appropriately with others and documents accordingly.
- 7.4 Prepares and delivers written and verbal care reports such as clinical handover, as a part of the multidisciplinary healthcare team.
- 7.5 Provides accurate and appropriate information to enable informed decision making by others.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 8: Provides nursing care that is informed by research evidence

- 8.1 Refers to the RN to guide decision-making.
- 8.2 Seeks additional knowledge/information when presented with unfamiliar situations.

8.3 Incorporates evidence for best practice as guided by the RN or other appropriate health professionals.

8.4 Uses problem-solving incorporating logic, analysis and a sound argument when planning and providing care.

8.5 Demonstrates analytical skills through accessing and evaluating healthcare information and quality improvement activities.

8.6 Consults with the RN and other relevant health professionals and resources to improve current practice.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 9: Practises within safety and quality improvement guidelines and standards

9.1 Participates in quality improvement programs and accreditation standards activities as relevant to the context of practice.

9.2 Within the multi-disciplinary team, contributes and consults in analysing risk and implementing strategies to minimise risk.

9.3 Reports and documents safety breaches and hazards according to legislative requirements and institutional policies and procedures.

9.4 Practises safely within legislative requirements, safety policies, protocols and guidelines.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 10: Engages in ongoing development of self as a professional

10.1 Uses EN standards for practice to assess own performance,

10.2 Recognises the need for, and participates in, continuing professional and skills development in accordance with the NMBA’s Continuing professional development registration standard.

10.3 Identifies learning needs through critical reflection and consideration of evidence-based practice in consultation with the RNs and the multidisciplinary healthcare team.

10.4 Contributes to and supports the professional development of others.

10.5 Uses professional supports and resources such as clinical supervision that facilitate professional development and personal wellbeing.

10.6 Promotes a positive professional image.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Attachment 6

Attachment to the Supervised practice plan

Section G: Registered nurse supervised practice goals and activities

18. Complete the relevant sections using the NMBA Registered nurse standards for practice in Appendix 1 of the *Supervised practice framework*. This information will be reported on in the supervised practice report at question 19.

Please complete the relevant sections using the [Registered nurse standards for practice](#):

Standard 1: Thinks critically and analyses nursing practice	
The registered nurse:	
1.1	accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice
1.2	develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice
1.3	respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures
1.4	complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions
1.5	uses ethical frameworks when making decisions
1.6	maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations, and
1.7	contributes to quality improvement and relevant research.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 2: Engages in therapeutic and professional relationships	
The registered nurse:	
2.1	establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships
2.2	communicates effectively, and is respectful of a person’s dignity, culture, values, beliefs and Rights
2.3	recognises that people are the experts in the experience of their life

2.4	provides support and directs people to resources to optimise health-related decisions
2.5	advocates on behalf of people in a manner that respects the person’s autonomy and legal capacity
2.6	uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes
2.7	actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care
2.8	participates in and/or leads collaborative practice, and
2.9	reports notifiable conduct of health professionals, health workers and others.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 3: Maintains the capability for practice
<p>The registered nurse:</p> <p>3.1 considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice</p> <p>3.2 provides the information and education required to enhance people’s control over health</p> <p>3.3 uses a lifelong learning approach for continuing professional development of self and others</p> <p>3.4 accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities</p> <p>3.5 seeks and responds to practice review and feedback</p> <p>3.6 actively engages with the profession, and</p> <p>3.7 identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people.</p>

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 4: Comprehensively conducts assessments
<p>The registered nurse:</p> <p>4.1 conducts assessments that are holistic as well as culturally appropriate</p> <p>4.2 uses a range of assessment techniques to systematically collect relevant and accurate</p>

- 4.3 works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/or for referral, and
- 4.4 assesses the resources available to inform planning.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 5: Develops a plan for nursing practice
<p>The registered nurse:</p> <ul style="list-style-type: none"> 5.1 uses assessment data and best available evidence to develop a plan 5.2 collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons 5.3 documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes 5.4 plans and negotiates how practice will be evaluated and the time frame of engagement, and 5.5 coordinates resources effectively and efficiently for planned actions.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 6: Provides safe, appropriate and responsive quality nursing practice
<p>The registered nurse:</p> <ul style="list-style-type: none"> 6.1 provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people 6.2 practises within their scope of practice 6.3 appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles 6.4 provides effective timely direction and supervision to ensure that delegated practice is safe and Correct 6.5 practises in accordance with relevant policies, guidelines, standards, regulations and legislation, and 6.6 uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 7: Evaluates outcomes to inform nursing practice
<p>The registered nurse:</p> <p>7.1 evaluates and monitors progress towards the expected goals and outcomes</p> <p>7.2 revises the plan based on the evaluation, and</p> <p>7.3 determines, documents and communicates further priorities, goals and outcomes with the relevant persons.</p>

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

ATTACHMENT TO THE SUPERVISED PRACTICE PLAN

Section G: Midwife supervised practice goals and activities

18. Complete the relevant sections using NMBA Midwife standards for practice in Appendix 1 of the *Supervised practice framework*. This information will be reported on in the supervised practice report at question 19.

Please complete the relevant sections using the [Midwife standards for practice](#):

Standard 1: Promotes health and wellbeing through evidence-based midwifery practice

The midwife:

- 1.1 identifies what is important to women as the foundation for using evidence to promote informed decision-making, participation in care, and self-determination
- 1.2 accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality midwifery practice
- 1.3 uses health assessment and health education to support birth and reproductive health, and minimise the potential for complications
- 1.4 undertakes ongoing processes of reflection to ensure professional judgements acknowledge how personal culture impacts on practice
- 1.5 supports access to maternity care for the woman
- 1.6 supports the development, implementation and evaluation of evidenced-based health initiatives and programs, and
- 1.7 identifies and promotes the role of midwifery practice and the midwifery profession in influencing better health outcomes for women.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 2: Engages in professional relationships and respectful partnerships

The midwife:

- 2.1 supports the choices of the woman, with respect for families and communities in relation to maternity care
- 2.2 partners with women to strengthen women's capabilities and confidence to care for themselves and their families
- 2.3 practises ethically, with respect for dignity, privacy, confidentiality, equity and justice
- 2.4 practises without the discrimination that may be associated with race, age, disability, sexuality, gender identity, relationship status, power relations and/or social disadvantage
- 2.5 practises cultural safety that is holistic, free of bias and exposes racism
- 2.6 practises in a way that respects that family and community underpin the health of Aboriginal and/or Torres Strait Islander Peoples
- 2.7 develops, maintains and concludes professional relationships in a way that differentiates the boundaries between professional and personal relationships, and
- 2.8 participates in and/or leads collaborative practice.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 3: Demonstrates the capability and accountability for midwifery practice

The midwife:

- 3.1 understands their scope of practice
- 3.2 practises within relevant legal parameters and professional standards, codes and guidelines
- 3.3 participates in own continuing professional development to maintain the required knowledge and skill base for safe and effective practice
- 3.4 contributes to a culture that supports learning, teaching, knowledge transfer and critical reflection
- 3.5 engages in timely consultation, referral and documentation
- 3.6 uses relevant processes to identify, document and manage complexity and risk
- 3.7 recognises and responds appropriately where safe and quality practice may be compromised, and
- 3.8 considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 4: Undertakes comprehensive assessments

The midwife:

- 4.1 works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of women, communities and populations
- 4.2 uses assessment techniques to systematically collect relevant and accurate information
- 4.3 analyses information and data and communicates assessments and anticipated outcomes as the basis for midwifery practice, and
- 4.4 assesses the resources that are available to inform planning.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Standard 5: Develops a plan for midwifery practice

The midwife:

- 5.1 interprets assessment data and best available evidence to develop a plan for practice
- 5.2 collaboratively develops plans until options, priorities, goals, actions, anticipated outcomes and timeframes are agreed with the woman, and/or relevant others
- 5.3 co-ordinates resources effectively and efficiently for planned actions, and
- 5.4 documents, evaluates and modifies plans to facilitate the anticipated outcomes.

Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal
Standard 6: Provides safety and quality in midwifery practice	
<p>The midwife:</p> <p>6.1 actively contributes to quality improvement and research activities</p> <p>6.2 practises to achieve the agreed goals and anticipated outcomes that meet the needs of the woman</p> <p>6.3 is responsible for consultation and referral and/or escalation in situations that are outside the individual's scope of practice, and</p> <p>6.4 provides and accepts effective and timely direction, allocation, delegation, teaching and supervision.</p>	
Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal
Standard 7: Evaluates outcomes to improve midwifery practice	
<p>The midwife:</p> <p>7.1 evaluates and monitors progress towards planned goals and anticipated outcomes</p> <p>7.2 revises plan and actions based on evidence and what is learned from evaluation</p> <p>7.3 uses evaluation and reflection to inform future practice and professional development.</p>	
Supervised practice goals (individual objectives)	Planned activities to meet the supervised practice goal

Attachment 8

Supervised practice report



Ahpra
& National
Boards

Who completes the report?

It is the responsibility of the supervisee to make sure the report is completed and submitted to the National Board via the Australian Health Practitioner Regulation Agency (Ahpra).

If supervised practice is required as a result of a complaint (notification) only the supervisor is required to complete and sign the report. For all other purposes of supervised practice, the report is completed by the supervisor in consultation with the supervisee.

Purpose of the report

The report is a tool to provide progress or monitoring updates and/or as a final assessment report. The purpose of the report will depend on the purpose for supervised practice, e.g. for a registration requirement, eligibility and suitability requirement or as a result of a complaint.

Supervised practice reports are required:

- at the timeframe set out in the conditions or undertakings on registration
- at the timeframes set out in the supervised practice plan, e.g. after one month, three months, six months etc.
- to recommend changes in the supervised practice plan, e.g. a progression in the level of supervised practice
- with applications for renewal of registration by a supervisee
- at the end of supervised practice (where required), and
- at any other time required by the Board.

Definitions

For information about the meaning of words used in this form such as supervisee, supervisor and patient please refer to the definitions section of the *Supervised practice framework* (framework) on the relevant National Board website:

<https://www.ahpra.gov.au/National-Boards.aspx>

How will this report be used?

The supervisor's report will be used by the Board to decide whether the supervisee is:

- practising in a safe, competent and ethical manner
- complying with the approved supervised practice arrangement
- progressing toward eligibility to hold an unrestricted type of registration (where relevant)
- complying with the condition or undertaking on their registration (where relevant).

Depending on the purpose of the supervised practice the report may not be routinely given to the supervisee. However, if the National Board relies on the report to take any further regulatory action in relation to the supervisee, it will need to give the supervisee a copy of the report. Ahpra and the Board may also have to disclose a report if required by law.

Further information regarding Ahpra's privacy policy is available at www.ahpra.gov.au/About-Ahpra/Privacy-Freedom-of-information-and-Information-publication-scheme/Privacy. The privacy policy explains:

- how you may access and seek correction of your personal information held by Ahpra or a National Board
- how to complain about a breach of your privacy, and
- how your complaint will be dealt with.

How to complete the report

This report can be used as:

- an interim report on progress or monitoring, or
- a final assessment report.

PLEASE READ THE SECTIONS OF THE REPORT CAREFULLY. The sections of the report that need completing will depend on the purpose of the supervised practice (e.g. registration, eligibility or suitability requirement, following a complaint) and the

reason for the report (e.g. an interim report on progress and monitoring or a final assessment report).

An interim report on progress and monitoring details the progress of the supervisee against the supervised practice plan or supervised practice arrangement. Additional reports may be required if there are proposed changes to the supervised practice plan or supervised practice arrangement or if there are concerns about the supervisee.

A final assessment report is made against the supervised practice plan, or supervised practice arrangement and the profession specific registration standards, capabilities, competencies, thresholds, or standards for practice or other tool (if relevant).

For help when completing the report read:

- The framework explains the principles that support supervised practice, the risk factors that will inform the level of supervised practice, the expectations of supervisees, supervisors and employers, and the compliance process.
- *Appendix 2: Information for supervisees* about the expectations of supervisees
- *Appendix 3: Information for supervisors* about the responsibilities of supervisors
- *Appendix 4: Supervised practice levels* for a full description of the supervised practice levels.

The framework and appendices are on the relevant National Board website:

<https://www.ahpra.gov.au/National-Boards.aspx>

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- To fill in the PDF onscreen, please ensure you download this form to your computer first, then fill it using Adobe Acrobat or Adobe Acrobat Reader.
- To fill in the form manually, print it and fill it in using a **black or blue** pen only.
- Print clearly in **BLOCK LETTERS**

Valid signature is defined by either an official electronic signature or printing this form, signing and scanning for submission. Names that are typed in this field will not be accepted as a valid signature.

To check or remove documents you have digitally attached, select the arrow on the left pane of the PDF then click on the paper clip icon.

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



Place X in **all** applicable boxes:

DO NOT send original documents unless specified.

SECTION A: Supervised practice report details

1. Is this an interim report on progress or monitoring or a final assessment report?

Interim report on progress or monitoring

Final assessment report

2. What are the supervisee's details?

Family name

First given name

Date of birth

DD / MM / YYYY

Health profession

Aboriginal and Torres Strait Islander Health Practice

Chinese Medicine Chiropractic

Dental Medical

Medical Radiation Practice

Midwifery

Nursing

Occupational Therapy

Optometry

Paramedicine

Physiotherapy

Registration number (e.g. DEN000123456 - if applicable)

Division / endorsement / specialty (if applicable)

Monitoring and compliance number (if applicable)

3. What are the supervisors' details?

Primary supervisor's details

First given name

Email

Health profession

Aboriginal and Torres Strait Islander Health Practice

Chinese Medicine

Chiropractic Dental

Medical

Medical Radiation Practice

Midwifery

Occupational Therapy

Optometry

Osteopathy

Pharmacy

Physiotherapy

Podiatry

Registration number (e.g. DEN000123456)

Division / endorsement / specialty (if applicable)



Alternate supervisor 1

[Empty text box]

[Empty text box]

Health profession

[Empty text box]

Islander Health Practice

Medical Radiation Practice

Optometry

Physiotherapy

Chinese Medicine

Midwifery

Osteopathy

Podiatry

Chiropractic Dental

Registration number (e.g. DEN000123456)

Division / endorsement / specialty (if applicable)

[Empty text box]

[Empty grid of 10 boxes]



Attach a separate sheet with details of additional alternate supervisors that do not fit in the space provided.

Attach

4. What was the start date of the supervised practice plan or arrangement?

Start date

DD / MM / YYYY

5. What is the supervisee's level of supervised practice at the time of this report?

For information about the levels of supervised practice please refer to the section 5 of the framework and Appendix 4: Supervised practice levels.

Direct

Indirect 1

Indirect 2

Remote

6. What is the expected date of the next report?

Expected date of next report

DD / MM / YYYY



SECTION B: Reason for report

7. What is the reason for this report?

To meet the timeframe set out in the plan or condition or undertaking at:

1 month 3 month 6 month 9 month

Other timeframe (*specify below*)

With a new application for registration, e.g. application for general or limited registration, change of employer, exhausted renewal To

recommend changes in the supervised practice plan, e.g. a progression in the level of supervised practice

With an application for renewal of registration by a supervisee As all

requirements of supervised practice have been fulfilled At the end

date for supervised practice

As requested by the Board

8. Was the supervisee required to complete supervised practice as a result of a complaint (notification)?

- YES [Go to the next question](#)
- NO [Go to Section D: Supervisor's report on progress or monitoring](#)

SECTION C: Supervised practice resulting from a complaint (notification)

A supervisor only needs to complete Section C if the supervisee is carrying out supervised practice as a result of a decision made following a complaint.

9. Have you supervised the supervisee for the entire period of supervised practice?

- YES NO

Provide a brief summary of details

10. Have you been supervising the supervisee at the required level of supervised practice?



YES

NO

Supervised practice framework

Provide a brief summary of details



11. Are there any issues or concerns that you have observed or become aware of since supervised practice started or since the last report?

YES NO *Go to the next question*

Provide a brief summary of details



Supervisors should contact Ahpra as soon as practicable if there are issues or concerns about the supervisee.

If this has not already occurred, Ahpra will contact the supervisor.

12. Is this an interim or final report?

Interim report – [Go to Section G: Declaration for an interim report](#)

Final report – [Go to Section I: Declaration for a final report](#)



SECTION D: Supervisor's report on progress or monitoring

13. Have you discussed this supervised practice report with the supervisee?

YES NO

You must discuss the report with the supervisee before submitting the report. If you are not in a position to do so, please contact Ahpra

14. Is the supervisee required to complete a minimum number of practice hours or patient contacts in the supervised practice plan?

This question relates to question 12 and question 15 of the supervised practice plan

YES [Go to the next question](#)

NO [Go to question 16](#)

15. How many hours of supervised practice or patient contacts has the supervisee completed (if applicable)?

Supervised practice hours completed or number of patient contacts

16. Is the supervisee required to complete additional requirements or documents during supervised practice? 006*

Some National Boards require the supervisee to complete additional requirements such as: orientation to the Australian health system, and cultural safety. These will be detailed on the relevant National Board website.

YES

Provide details of additional requirements or documents

Text area with horizontal lines for providing details of additional requirements or documents.

Attach any relevant reports of evidence of completing the additional requirements.



Attach

YES Already provided with a previous report – Go to the next question

NO Go to the next question

17. Have you identified any new issues or problems?

YES

NO Go to the next question

New issues or problems	Measures to address new issues or problems

18. Do you have any other concerns about the supervisee's progress or performance?

YES

NO Go to the next question

Provide a brief summary of details

Text area with horizontal lines for providing a brief summary of details.



SECTION E: Supervisor’s assessment

19. Complete your assessment of the supervisee’s competence development against the relevant profession specific standards/competencies/capabilities/standards for practice using the table below.

This question relates to question 18 of the supervised practice plan.

Step 1 – Copy the headings from the relevant profession specific standards/competencies/capabilities/standards for practice into the table rows. These can be found using the links in Appendix 1 of the framework and on the relevant National Board website.

Step 2 – Assess the supervisee’s competence development against the headings copied from the relevant profession specific standards/competencies/capabilities/standards for practice.

Supervisors should contact the Board as soon as practical if the goals are not achievable.

List below the headings of the relevant profession standards/competencies/capabilities/thresholds/standards for practice	Competent	Not yet competent but achievable	Not competent and not achievable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Is this assessment an interim progress assessment or a final assessment?

- Interim progress or monitoring report – *Go to the next question*
- Final assessment report – [Go to Section H: Supervisor’s final assessment](#)

21. Do you agree to continue with the existing supervised practice plan or supervised practice arrangement?

YES **Mark only one box**

- I agree and have no changes to recommend – [Go to Section G: Declaration for an interim report](#)
- I agree but with recommended changes – *Go to the next question*

If a supervisee holds limited or provisional registration they may need to complete a request for changes in circumstances form. Please refer to the relevant

NO **Provide a brief summary of details**

SECTION F: Supervisor's recommendations

A supervisor only needs to complete Section F if they are recommending changes to the approved supervised practice arrangement and the National Board does not require the completion of a change in circumstances form. Please refer to the relevant National Board website for further information. If you do not need to complete Section F, go to [Section G: Declaration for an interim report](#).

22. Is a change in the supervised practice level recommended?
The supervised levels are described in section 5 of the framework and [Appendix 4: Supervised practice levels](#).

YES **Provide details below**

Existing level
Direct Indirect 1 Indirect 2 Remote

Recommended level

Direct Indirect 1 Indirect 2 Remote Not applicable

Describe how the supervisee's performance has been evaluated and the key outcomes of that assessment in relation to the recommended supervised practice level



Attach Attach a separate sheet with additional details that do not fit in the space provided.

NO **Go to the next question**

N/A **Go to the next question**

23. What changes are you recommending to the approved supervised practice arrangement?

Include the reasons for the recommended changes.
Provide details



Attach Attach a separate sheet with additional details that do not fit in the space provided.



SECTION G: Declaration for an interim report



Supervisees who are carrying out supervised practice as the result of a notification are **not** required to sign the report.

I declare that the information contained in the supervised practice report about the work of the supervisee is true and correct.

Name of principal supervisor <input type="text"/>	Signature of principal supervisor
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

Name of supervisee <input type="text"/>	Signature of supervisee
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

Please send this form with required attachments to:

The fastest way to submit this form and any supporting documents is online at www.ahpra.gov.au/registration/online-upload
 If you wish to submit it via mail, please post this form and required attachments to:
Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

Adelaide SA 5001	Brisbane QLD 4001	Canberra ACT 2601	Darwin NT 0801
Hobart TAS 7001	Melbourne VIC 3001	Perth WA 6001	Sydney NSW 2001

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

SECTION H: Supervisor's final assessment

24. Have issues or problems to be addressed in supervised practice been resolved?

Have any problems or issues raised in the supervised practice plan or interim reports on progress and monitoring been resolved?

N/A No issues or problems were noted in the supervised practice plan or in the interim progress report(s) – **Go to the next question**

YES **Go to the next question**

NO

Im
Pr



Attach a separate sheet with additional details of unresolved issues or problems that do not fit in the space provided.

Attach

25. Complete an overall final assessment against the relevant profession specific registration standards/competencies/capabilities/ thresholds/standards for practice (if relevant).

Competent

Not yet competent

Evidence in support

SECTION I: Declaration for a final report



Supervisees who are carrying out supervised practice as the result of a notification are **not** required to sign the report.

I declare that the supervisee named in this document (*mark only one option below*):

has successfully completed supervised practice as set out in the framework, the supervised practice plan or supervised practice arrangement specified by the Board, and achieved the objectives of the supervised practice.

has NOT completed supervised practice as set out in the framework, the supervised practice plan or supervised practice arrangement specified by the Board, and has not achieved the objectives of the supervised practice.

Name of principal supervisor

Date / /

Signature of principal supervisor

Name of supervisee

Date / /

Signature of supervisee



Please check to make sure your form is fully and accurately completed.

If missing information is identified your form will not be processed and will be returned to you to fill out properly

Please send this form with required attachments



The fastest way to submit this form and any supporting documents is online at www.ahpra.gov.au/registration/online-upload

If you wish to submit it via mail, please post this form and required attachments to:

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Melbourne VIC 3001

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Perth WA 6001

Darwin NT 0801
Sydney NSW 2001