

Consultation Paper

21 May 2012

Proposed supervision guidelines for occupational therapy

Introduction

The Occupational Therapy Board of Australia (the Board) is releasing for consultation its proposed supervision guidelines.

This consultation paper has been developed under the requirements of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The National Law empowers the Board to develop and approve codes and guidelines to provide guidance to the profession. The National Law requires the Board to ensure there is wide-ranging consultation on the content of any proposed code or guideline. A link to the National Law is available at www.ahpra.gov.au/Legislation-and-Publications.aspx.

Section 39 of the National Law empowers the Board to develop codes and guidelines for the profession. Section 40 of the National Law requires the Board to ensure that there is wide-ranging consultation about any registration standard that the Board develops.

At the completion of the consultation regarding the content of the supervision guidelines, the Board will consider the feedback prior to finalising its guidance.

Making a submission

The Board is now seeking feedback on the content of these draft supervision guidelines and is interested in comments from a wide range of stakeholders. It should be noted that Appendixes 3 and 4 are administrative templates in development and are therefore **not** included in this consultation document.

Electronic submissions are preferred and can be made by email marked "Supervision Guidelines" to otboardconsultation@ahpra.gov.au by close of business on **Friday 15 June**. Submissions by post should be addressed to the Executive Officer, Occupational Therapy Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.

The Board will publish the submissions on its website to encourage discussion and inform the community and stakeholders (www.occupationaltherapyboard.gov.au/News/Consultations.aspx).

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with these views, by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know in your email submission if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

DRAFT supervision guidelines for occupational therapy

21 May 2012

Introduction

These guidelines for supervision of occupational therapists have been developed by the Occupational Therapy Board of Australia (the Board) under section 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

The relevant sections of the National Law are set out in *Appendix 1*.

Guidelines approved by a National Board may be used as evidence of what constitutes appropriate professional conduct or practice for occupational therapy in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

Purpose

Consumers of occupational therapy services have the right to expect delivery of safe, competent and contemporary occupational therapy services at all times, including when care is being provided under supervisory arrangements.

Appropriate supervision provides assurance to the Board and the community that the registrant's practice is safe and is not putting the public at risk.

These guidelines set out the principles the Board considers central to safe and effective supervision for a range of regulatory needs.

Summary

Practitioners with limited or provisional registration, or with conditions or undertakings related to their registration, may be required to work under supervision. They may be directed by the Board to work under supervision to further develop their competence (for example to work towards general registration) or to address a health, conduct or performance issue that has been assessed as impacting on safe and/or appropriate practice.

Supervision requirements may be different for each practitioner. They will be tailored to the purpose of the supervision, and the practitioner's particular circumstances, experience and learning needs.

Supervision may be undertaken at different levels (as described in *Table 1: Levels of supervision*). Flexibility in supervisory arrangements is essential to ensure that diverse settings, complexities of different cases, individual capabilities and expectations can be accommodated.

These guidelines set out the:

1. principles of supervision
2. levels of supervision
3. requirements and responsibilities of a supervisor
4. responsibilities of practitioners being supervised
5. requirements of a supervision agreement and a supervised practice plan, and
6. reporting requirements, including the requirements of a supervision report

Scope

These guidelines, and the principles that underpin them, may be considered in a range of registration and notification matters resulting in supervision arrangements, including:

- practitioners returning to practice after an absence of five or more years
- practitioners who have a condition on their registration or who have entered into an undertaking that requires supervision; and
- practitioners who hold a type of limited registration where supervision is a requirement of registration.

The guidelines apply to both the practitioner providing the supervision and the supervised practitioner.

These guidelines may also inform a supervised practice plan arising out of a health, conduct or performance matter. These supervision requirements may be determined by another entity, such as a panel or tribunal.

The scope of these guidelines is not intended to cover:

- supervision of students
- mentoring of new graduates or more junior practitioners
- performance review responsibilities of managers, or
- supervision for professional development.

Supervision arrangements for staff already exist in many organisations. These guidelines are not intended to replace these arrangements. In these settings, supervisors and those being supervised may have additional requirements placed on them.

Definitions

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

Supervision, for the purposes of these guidelines, incorporates elements of direction and guidance. It is a formal process of professional support and learning which enables a practitioner (supervisee) to develop knowledge and competence, assume responsibility for their own practice, and enhance public protection and safety. Supervision may be *direct*, *indirect* or *remote* according to the context under which the practice is being supervised.

Direct supervision is when the supervisor is actually present on the premises when the supervisee is practising. The supervisor is in a position to observe and work with the supervisee. It is also known as level 1 supervision (refer to levels of supervision in *Table 1*).

Indirect supervision is when the supervisor is easily contactable and is available to observe and discuss the occupational therapy services being delivered by the supervisee. It is also known as level 2 supervision (refer to levels of supervision in *Table 1*).

Remote supervision is when the supervisor is contactable to discuss the supervisee's occupational therapy practice (e.g. clinical activities), however the supervisor may not be on the premises or required to directly observe or participate in the provision of occupational therapy services by the supervisee. It is also known as level 3 supervision (refer to levels of supervision in *Table 1*).

Mentoring is a relationship in which the mentor facilitates the personal and professional growth and development of another practitioner (the *mentee*). Mentoring may also be relevant where a practitioner is changing their scope of practice. The mentor assists with career development and guides the mentee through professional networks. The mentor relationship is considered by the Board to be less formal than that of a supervisor role. There are elements of mentoring in supervision arrangements. These guidelines are focused on supervision, not mentoring, but this definition is included for clarification.

- A **supervisor** is a suitably qualified and experienced occupational therapist with general registration (who must usually have a minimum of two years' experience), and who has undertaken to assess, monitor and report to the Board about the performance of a practitioner undertaking supervised practice. Supervisors should not themselves be subject to supervisory arrangements and their registration should not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee. A supervisor will generally be required to provide reports to the Board at determined intervals.

The Board may consider other registered health practitioners in exceptional circumstances where appropriate.

A **supervisee** is an occupational therapist holding limited registration or registration with conditions, or who has entered into an undertaking that requires supervision, who is practising under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan.

A **supervision agreement** is a written agreement between the supervisor and the supervisee that is submitted to the Board (see template in *Appendix 2*). The supervision agreement identifies the supervisor/s and the supervisee, the place of practice and outlines the agreed responsibilities of all parties.

A **supervised practice plan** means a plan that is agreed between the Board, the supervisor and the supervisee that sets out the objectives for, levels, type and amount of supervision required and how the supervision is to occur (see template in *Appendix 3*).

The supervised practice plan should reflect a balance between the need for the supervision, the practitioner's current level of training, competence and scope of practice, and the position in which the supervisee will be practising.

A **supervision report** is a document submitted in the format approved by the Board (see template in *Appendix 4*) at intervals agreed in the supervised practice plan that details progress against the supervised practice plan. Additional supervision reports may be submitted at any time and are mandated if there are any changes proposed to the supervised practice plan or if there are concerns about the supervisee.

1. Principles

The following principles convey the expectations of the Board in regard to the supervision arrangements, pursuant to these guidelines and in consideration of the objectives and guiding principles of the National Law:

1. It is the professional responsibility of each supervisee to work within the limits of their competence and to reflect upon and determine their own learning needs, including the requirements of the specific position in which the supervisee is proposing to work and the purpose of the supervision requirements.
2. For all supervisees, the type and level of supervision must be matched to individual needs, the level of risk associated with the position, the purpose of the supervision and supervisee competency. Supervisory arrangements need to be modified over time, in keeping with progress made, and will generally need to be able to accommodate changes in supervisors (within the parameters agreed by the Board).
3. Before supervision begins, the supervisor, the supervisee and the Board need to enter into a supervision agreement that outlines the identity of the parties involved and the responsibilities of the supervisor and supervisee (see template in *Appendix 2*).
4. Soon after practice commences (i.e. within two weeks), a supervised practice plan needs to be completed and forwarded to the Board. The supervised practice plan outlines the duration of the supervision period, the supervision, and the reporting requirements, including the period for review if it varies from the standard periods outlined in the supervision levels below (see template in *Appendix 3*).
5. The onus rests with the supervisee to ensure the reporting requirements are met as agreed in the supervised practice plan. However, the supervisor also has a responsibility to adhere to the agreement he or she enters into with the Board, and to appropriately oversee the supervisee's practice.

Note: Progression from limited to general registration may only be achieved through meeting the Board's standards for general registration, which may include assessment by an outside authority such as the Occupational Therapy Council's assessment process.

2. Developing a supervised practice plan and setting reporting requirements

The supervised practice plan sets out the supervision requirements, including the expected progression through the levels of supervision and reporting to the Board or its delegate. A supervised practice plan, including the reporting requirements, will align with any conditions imposed by the Board, including review requirements.

The supervised practice plan must be submitted to the Board for approval early into the supervisory period (no longer than two weeks after the start of practice).¹

Where the practitioner is applying for limited or provisional registration, the applicant must submit their proposed supervised practice plan on the relevant template.

The Board must approve any proposed changes to the supervised practice plan before they are implemented.

Specific requirements for those practising under supervision as a requirement for limited registration

For practitioners who have attained their primary qualifications outside Australia, their supervised practice plan must include an orientation or introduction to the Australian healthcare system, and information on cultural differences. An orientation report template is available on the Board's website, alongside this document.

3. Levels of supervision

The levels of supervision outlined below are designed to ensure that the supervisee practises safely.

The level of supervision required will depend upon a number of factors that may include:

- the purpose of supervision
- the previous practice experience, qualifications, skills and attributes of the supervisee
- the requirements of the position, as outlined in the position description provided with the application
- the level of risk associated with the purpose of supervision, the competence and suitability of the practitioner, the position description, the location and the availability of clinical and other relevant supports
- where relevant, any requirements imposed by a third party (e.g. tribunal) under the National Law or the organisation where the supervision will take place.

The starting level of supervision and the progression through the levels of supervision will be determined through the approval by the Board of the individual's supervised practice plan, and as agreed by all parties.

If concerns are raised in the supervision reports or by the supervisor directly, the supervised practice plan will be amended by the Board as necessary.

Not all supervisees are expected to start supervised practice at level 1 supervision, or to progress to level 4 prior to completion of the supervised practice.

Table 1: Levels of supervision summarises the four (4) levels of supervision and the likely reporting timeframe for each level. The table also lists the possible uses for the different levels of supervision.

¹ The Board retains the discretion to amend any aspect of the supervised practice plan, including the nominated supervisor. An early request for extension to the Board is required if the supervised practice plan cannot be completed and submitted to the Board within a two week period.

Table 1: Levels of supervision

Level	Summary	Specifications	Typical reporting frequency for level ²	Example of possible use for level of supervision ³
1	<p>Direct Supervision The supervisor takes direct and principal responsibility for the provision of the occupational therapy service (e.g. assessment and/or treatment of individual patients).</p>	<p>The supervisor must be physically present at the workplace, and must observe when the supervisee is providing the occupational therapy service.</p> <p>Supervision via telephone (indirect) is not permitted.</p> <p>The supervisee must consult the supervisor about the occupational therapy service (e.g. management of each patient) before the service is delivered.</p>	<p>Prior to progressing to level 2.</p> <p>As required by the supervised practice plan.</p> <p>If the supervisee is on level 1 for an extended period, report after initial one month and then at three-monthly intervals.</p>	<p>As the highest level of supervision, this level may be used:</p> <ul style="list-style-type: none"> to determine the current level of competence of the practitioner and inform further levels of supervision under a supervised practice plan in a supervised practice plan arising from a health, conduct or performance matter, or for a brief period (e.g. less than one week or eight sessions), to confirm that the supervisee is able to progress to level two supervision, such as in return to practice arrangements. <p>This level of supervision may not be relevant to practitioners not involved in clinical care.</p>

² The Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

³ This column lists the typical use of a supervision level. It should be noted, however, that the Board may, at any time, exercise its discretion to determine the supervision level.

Level	Summary	Specifications	Typical reporting frequency for level ²	Example of possible use for level of supervision ³
2	<p>Indirect supervision The supervisor and supervisee share the responsibility for the provision of the occupational therapy service.</p>	<p>As per the supervised practice plan, the supervisor must be physically present at the workplace for the majority of time when the supervisee is providing the occupational therapy service (e.g. clinical care).</p> <p>When the supervisor is not physically present, they must always be accessible by phone or other means of telecommunication such as videoconference, and available to observe and discuss.</p> <p>The supervisee must inform the supervisor at agreed intervals about the occupational therapy services being provided (e.g. the management of each patient); this may be after the service has been delivered.</p> <p>If the approved supervisor is temporarily absent during any day, the supervisor must make appropriate arrangements for alternative supervision, such as a practitioner with general registration providing temporary oversight.</p>	<p>Reports after initial three months and then at three-monthly intervals unless set out otherwise in the supervised practice plan.</p>	<ul style="list-style-type: none"> • Initially for limited registration for teaching or research when clinical practice is also being undertaken. • Initially for limited registration for postgraduate training or supervised practice. • In a supervised practice plan arising from a health, conduct or performance matter. • As a component of a return to practice supervision arrangement.

Level	Summary	Specifications	Typical reporting frequency for level ²	Example of possible use for level of supervision ³
3	<p>Remote supervision The supervisee takes primary responsibility for their practice, (including individual patients).</p>	<p>The supervisor must ensure that there are mechanisms in place for monitoring whether the supervisee is practising safely.</p> <p>The supervisee is permitted to work independently, provided the supervisor is readily contactable by phone or other means of telecommunication such as videoconference.</p> <p>The supervisor must conduct regular reviews of the supervisee's practice.</p> <p>Practitioner may provide on-call and after-hours services.</p>	<p>Report after initial three months and then at three monthly intervals – unless set out otherwise in the supervised practice plan.</p>	<p>Stage of a supervised practice plan after the practitioner has progressed through level 1 and/or 2 supervision.</p> <p>As a component of a return to practice supervision arrangement.</p>
4	<p>The supervisee takes full responsibility for their practice, (including individual patients) within the supervisor's general oversight.</p>	<p>The supervisor must provide broad oversight of the supervisee's practice.</p> <p>The supervisor must be available for case review or consultation if the supervisee requires assistance in person or by other means of communication.</p> <p>The approved supervisor must conduct periodic reviews of the supervisee's practice.</p>	<p>Every three months, unless set out otherwise in the supervised practice plan.</p>	<p>Later stages of a supervised practice plan, after the practitioner has progressed through levels 1, 2 or 3 supervision.</p>

4. Requirements, responsibilities and protection of supervisors

Requirements of supervisors:

- A nominated supervisor must meet the requirements specified in the definition of a supervisor.
- For the Board's purposes, the approved supervisor must not hold a position that is at a lower classification or remuneration level to that held by the occupational therapist under supervision.
- The supervisor must formally consent to act as a supervisor and must be approved by the Board. A supervision agreement is to be completed and forwarded with the supervisee's application for registration (see *Appendix 2*).
- The supervisor must work with the supervisee to develop a supervised practice plan for submission and approval by the Board. The supervised practice plan must be submitted no longer than two weeks after commencing practice⁴ (see *Appendix 3*).
The relationship between supervisor and supervisee must be professional. As recommended in the Board's *Code of Conduct*, good practice involves avoiding any potential for conflict of interest in the supervisory relationship, for example, by supervising someone who is a close relative or friend, or where there is another potential conflict of interest that could impede objectivity and/or interfere with the supervisee's achievements of learning outcomes or relevant experience.⁵

Responsibilities of the supervisor include to:

1. as required by the level of supervision, take reasonable steps to ensure that the supervisee is practising safely by such measures as direct observation, individual case review, and remediation of identified problems
2. provide clear direction and constructive feedback, and be clear about how they can be contacted by the practitioner when the practitioner is practising, during working hours and after hours
3. ensure that the supervisee is practising in accordance with the supervised practice plan and work arrangements approved by the Board and report to the Board if the supervisee is not doing so
4. provide clear direction to the supervisee on their legal responsibilities and the constraints within which they must operate, the ethical principles 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
5. understand the significance of supervision as a professional undertaking and commit to this role including regular, protected, scheduled time with the supervised practitioner which is free from interruptions, as required by the supervised practice plan. Should a supervisor fail to properly discharge their obligations under these guidelines and the supervised practice plan, the Board may consider whether the supervisor has engaged in unprofessional conduct
6. disclose to the Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee⁶
7. be accountable to the Board and provide honest, accurate and responsible reports in the approved form at intervals determined by the supervised practice plan
8. understand that the responsibility for determining the type and amount of supervision required within the framework of the supervised practice plan may be informed by the supervisor's assessment of the supervised practitioner
9. only delegate tasks that are appropriate to the role of those being supervised and that are within the scope of training, competence and capability of the supervisee
10. maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors
11. notify the Board immediately if:
 - the relationship with the supervisee breaks down
 - there are concerns that the supervisee's occupational therapy practice (e.g. clinical performance), conduct or health is placing the public at risk
 - the supervisee is not complying with conditions imposed or undertakings accepted by the Board or is in breach of any requirements on registration

⁴ An early request for extension to the Board is required if the supervised practice plan cannot be completed and submitted to the Board within a two week period.

⁵ Occupational Therapy Board of Australia, *Code of Conduct*, available at www.occupationaltherapyboard.gov.au

⁶ A personal relationship or business partnership between the supervisee and supervisor is not encouraged but will be considered in the context of the matter under consideration by the Board.

- the supervisee is not complying with the supervision requirements or there are any significant changes to those requirements such as extended absences or periods of non-practice, or
- the supervisor is no longer able to provide the level of supervision that is required by the supervised practice plan. The supervised practice plan should indicate what, if any, leave arrangements are appropriate for the supervisor and back-up plans in the event of an unexpected absence.

It is critical that supervisors have adequate time for their supervision role. Accordingly, if a supervisor proposes to supervise multiple supervisees, the Board may seek assurance that the supervisor has the capacity for this responsibility and can provide appropriate support.

Statutory protection for approved supervisors under the National Law

A Board-approved supervisor is protected from liability in relation to providing a report to AHPRA. In order to rely on this provision under section 237 of the National Law (see *Appendix 1*) formal supervised practice arrangements must be in place. This requires completion of the Board-approved templates for the supervision agreement (*Appendix 2*), the supervised practice plan (*Appendix 3*) and the supervision report (*Appendix 4*).

5. Responsibilities of supervisees

Supervisees must:

1. complete and forward a supervision agreement with their application for registration (see *Appendix 2*).
2. work with their supervisor to develop a supervised practice plan for submission and approval by the Board. The supervised practice plan must be submitted no longer than two weeks after starting practice (see *Appendix 3*)
3. take joint responsibility for establishing a schedule of regular meetings with their supervisor and make all reasonable efforts within their control to ensure that these meetings take place
4. be adequately prepared for meetings with their supervisor
5. participate in assessments conducted by their supervisor to assist in determining future supervision needs and progress
6. recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required
7. familiarise themselves and comply with legal, regulatory and professional responsibilities applicable to their practice
8. advise their supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact on patient care
9. reflect on and respond to feedback
10. inform the Board and their supervisor if the conditions or requirements of their supervision are not being met or if the relationship with their supervisor breaks down.
11. inform their supervisor and the Board of any leave or breaks in practice that may impact on the requirements of the supervised practice plan, and
12. notify the Board in writing within seven calendar days if their approved supervisor is no longer able to provide supervision, and immediately cease practice if there is no back-up supervisor available, as specified in the supervised practice plan.

6. Reporting requirements

The reporting requirements for a supervisee will be listed in the supervised practice plan agreed by the supervisor and the supervisee (and approved by the Board), or those specified by another entity such as a tribunal. These requirements will be informed by the levels of supervision in *Table 1*. However, the Board may, at any time, exercise discretion about the frequency and structure of a report. A supervisor may at any time provide a verbal report to the Board if there are immediate concerns.

The supervised practice plan will specify:

- the frequency of reporting
- the content and supporting evidence of progress required in each report, and
- the format of the report.

Typically, levels 2, 3 and 4 supervision would involve a report after three months and then at three-monthly intervals. For level 1 supervision, if this category is going to be used beyond a brief initial check that the practitioner is able to progress to other levels of supervision, more frequent reporting would be expected.

The supervised practice plan provides additional guidance.

The supervision report should provide detail against the requirements of the supervised practice plan and explain whether or not the elements of the supervised practice plan are being achieved and, if not, the measures implemented to address those elements not achieved.

Unless otherwise agreed by the Board, the supervision report needs to be a supervisor assessment against the *Australian Minimum Competency Standards for New Graduate Occupational Therapists*.⁷

The supervision report should also include changes in supervisory arrangements (including changes in levels) over time agreed in the supervised practice plan, as well as achievements by the supervisee and any emerging issues.

A sample template for a supervision report is in *Appendix 4*.

7. Changes in supervisory arrangements

A supervisee must not practise without a supervisor approved by the Board.

It is recommended that when supervision is initially proposed, a back-up supervisor (supervisor 2) be nominated for Board approval so that in the event the initial supervisor (supervisor 1) is no longer able to discharge his or her duties, supervisor 2 can assume supervisory responsibilities. If supervisor 2 is unable to assume supervisory responsibilities, or if there is an unexpected need to change both supervisors, the supervisee **must cease practice immediately**.

Only in exceptional circumstances would a registered health practitioner who is not an occupational therapist be considered as a supervisor, e.g. as a back-up for temporary situations or in very remote locations.

The supervisee must:

- notify the Board in writing of intent to change supervisors no less than seven (7) calendar days before the proposed date of change or within seven (7) calendar days of any unexpected supervisor changes (e.g. due to illness)
- submit proposed new supervision arrangements to the Board for consideration, including name and contact details of proposed new supervisor(s), new signed agreements and undertakings and new supervised practice plan, and
- provide to the proposed new supervisor(s) copies of:
 - previous supervisor undertakings
 - supervised practice plan, and
 - supervision report(s).

Supervisors and supervisees are referred to the *Supervision flowchart*, a diagrammatic representation of the procedures (see *Appendix 5*).

Summary of procedures

Where supervision is a registration requirement, e.g. for limited or provisional registration, the following procedures apply:

Before starting supervised practice

The prospective supervisor and supervisee must provide to the Board for its consideration:

- signed supervision agreement (see *Appendix 2*), and
- any other applicable documentation (e.g. registration application, position description, fees).

⁷ The *Australian Minimum Competency Standards for New Graduate Occupational Therapists* is available at www.otaus.com.au

At two weeks after the start of supervised practice

The supervisor and supervisee must provide to the Board for its consideration:

- a supervised practice plan setting out objectives, levels, type and amount of supervision proposed, and how the supervision is to occur (see *Appendix 3*). **Supervised practice plan**

The Board may exercise its discretion in requiring different levels of supervision to those proposed in the supervised practice plan and make any other amendments to the plan as it sees fit.

The Board may exercise its discretion in requiring different levels of supervision to those proposed in the supervised practice plan and make any other amendments to the plan as it sees fit.

8. Assessment and reporting requirements

It is expected that supervisors will monitor and assess supervisees on an ongoing basis.

The Performance Record for the Australian Competency Standards for Occupational Therapists 2010 (PRACSOT) is to be used to assess competence in practice in a consistent and objective manner and is included in supervision Reports, unless otherwise agreed by the Board.

References

Rodger S, Springfield L, Banks B and Ryan S (2010) *Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT) 2010*. Fitzroy, OT Australia Ltd.

Health Workforce Australia is undertaking a range of work on clinical supervision which may include some useful references (www.hwa.gov.au/work-programs/clinical-training-reform/clinical-supervision-support-program).

Date of issue:
Date of review: This guideline will be reviewed at least every three years
Last reviewed:

Appendix 1: relevant sections of the National Law

Health Practitioner Regulation National Law⁸

General provisions

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example: A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website —
 - (a) a registration standard developed by the Board and approved by the Ministerial Council;
 - (b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect —
 - (a) on the day it is published on the National Board's website; or
 - (b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

Provisions of the National Law that refer to supervised practice are sections 35, 62, 66, 178, 191, 196, 237 and 271.

⁸ Health Practitioner Regulation National Law (the National Law) as in force in each state and territory is available at www.ahpra.gov.au

Appendix 2: Supervision Agreement – Form A

A supervision agreement, completed by the supervisor(s) and supervisee, is to be submitted to the Occupational Therapy Board of Australia with an application for registration where supervision is a requirement for registration.

Section 1 – Details and commitment of supervisor and supervisee

We agree to be engaged with each other in a supervisor/supervisee relationship:

Supervisor 1:

Last name: _____ First name: _____
 Employing agency: _____
 Practice address: _____
 Phone work: _____ Mobile: _____
 Fax: _____ Email: _____
 Registration number: _____ Signature: _____ Date: _____

Supervisor 2 (if applicable):

Last name: _____ First name: _____
 Employing agency: _____
 Practice address: _____
 Phone work: _____ Mobile: _____
 Fax: _____ Email: _____
 Registration number: _____ Signature: _____ Date: _____

Supervisee:

Last name: _____ First name: _____
Employing agency: _____
Practice address: _____
Postal address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number (if applicable): _____ Signature: _____ Date: _____

Commencing at supervision level: 1 2 3 4 *(circle relevant level)*

Public Consultation Draft

Section 2 – Agreement of supervisor

Agreement of supervisor
I have read and agree to comply with the responsibilities of supervisors.
<p>I understand:</p> <ul style="list-style-type: none">• the significance of supervision as a professional undertaking and commit to this role• my legal and professional responsibilities generally, and in relation to supervision, and will act accordingly (see the responsibilities of supervisors as set out in the Board's <i>Supervision guidelines</i>)• that I must make every effort to ensure that the supervisee has read and agrees to comply with his/her responsibilities; understands legal responsibilities and constraints within which he/she must operate; and follows the Board's <i>Code of Conduct</i>• the responsibility for determining the supervised practice plan and supervision reports must be informed by my assessment of the supervisee and I agree to undertake and document assessments as required• that I must only delegate tasks that are appropriate to the role of the supervisee and are within the competence of the individual• that re-assessment of competency and review of the supervised practice plan must occur regularly and that supervision reports on progress must be provided as stipulated by the Board• that the Performance Record for the Australian Competency Standards for Occupational Therapists (PRACSOT) 2010 provides a standardised assessment instrument that allows assessment of level of competence that is relevant for individuals where supervision is a requirement for registration• that I must take responsibility for the interventions carried out by occupational therapists working under my supervision to the extent described in the 'Levels of supervision' section in the <i>Supervision guidelines</i>• that I must provide clear direction to the supervisee• that I must provide honest and responsible reports as required by the Board, and• that overseas-trained occupational therapists under my supervision must be orientated to the Australian healthcare system and I will develop a program which addresses this requirement as part of the supervised practice plan.
<p>I have read and understand:</p> <ul style="list-style-type: none">• the Occupational Therapy Board of Australia's <i>Supervision guidelines</i>, and• the Performance Record for the Australian Competency Standards for Occupational Therapists (PRACSOT) 2010 and know that PRACSOT is to be used to assess competency of the supervisee and develop individual supervised practice plans and supervision reports on progress, unless otherwise agreed by the Board.

Agreement of supervisor

I confirm that I am not currently supervising more than three supervisees for the Occupational Therapy Board of Australia.

(Please provide details of how adequate supervision is to be provided for all supervisees if proposing to supervise more than three)

I have/have not *(please delete as appropriate)* previously provided satisfactory supervision for occupational therapists where supervision is a requirement for registration. Please list names of previous occupational therapists you have supervised.

I do/do not *(please delete as appropriate)* have a potential conflict of interest, such as a personal or business relationship with the supervisee. Please detail any potential conflict of interest.

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisor 1: _____

Signature of supervisor 2: _____

Name of supervisor 1: _____

Name of supervisor 2: _____

Name of supervisee: _____

Section 3 – Agreement of supervisee

Agreement of supervisee
I have read and agree to comply with the responsibilities of supervisees.
<p>I understand that I must:</p> <ul style="list-style-type: none"> • familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to general registration without conditions • abide by the responsibilities of supervisees as set out in the Board's <i>Supervision guidelines</i> • inform my supervisor(s) at the outset of the supervision period of my experience, needs and circumstances/incidents relevant to the requirement that I practise under supervision • participate in assessments undertaken by my supervisor to assist determination of my capabilities, needs and progress • familiarise myself with safety policies and procedures relevant to my supervised practice and comply with these • follow directions and instruction from my supervisor and ask questions to clarify where necessary • advise my supervisor of any uncertainties and incidents in relation to clinical practice during the period of supervision • reflect on and respond to feedback • provide honest and responsible information as required by the Occupational Therapy Board of Australia • immediately cease practice in the event of supervision becoming unavailable and notify the Occupational Therapy Board of Australia in writing within seven days, and • if I am an overseas-trained occupational therapist, ensure I become familiar with the Australian healthcare system and that strategies which specifically address this requirement will be included in my supervised practice plan.
<p>I do/do not (<i>please delete as appropriate</i>) have a potential conflict of interest, such as a personal or business relationship with my supervisor. Please detail any potential conflict of interest.</p> <hr/>

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisee: _____ Name of supervisee: _____

Name of supervisor(s): _____

Note: Some statutory protection for supervisors exists according to the Health Practitioner Regulation National Law (section 237). See the Occupational Therapy Board of Australia's Supervision guidelines.

Appendix 3: Supervised Practice Plan

The supervised practice plan is in development so is not included in this consultation draft.

The supervised practice plan will be a plan that is agreed between the Board, the supervisor and the supervisee that sets out the objectives for, levels, type and amount of supervision required and how the supervision is to occur, as detailed in these guidelines.

Public Consultation Draft

Appendix 4: Supervisor's Report

The supervisor's report is in development so is not included in this consultation draft.

The supervisor's report will be a template, which at intervals agreed in the supervised practice plan will detail progress against the supervised practice plan. Details of the supervisor's report requirements are outlined in these guidelines.

Public Consultation Draft