

Explanatory Statement

22 September 2014

Supervision guidelines for Chinese medicine practitioners: Explanatory Statement from the Board

Background

In June 2014 the Chinese Medicine Board of Australia (the Board) released a consultation draft guideline on supervised practice. The guidelines set out what the Board considers central to safe and effective supervision for a range of regulatory needs, including:

- principles of supervision
- levels of supervision
- the requirements and responsibilities of a supervisor
- the responsibilities of practitioners being supervised
- the requirements of a supervised practice plan, and
- reporting requirements including the requirements of a supervision report.

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

Developing a guideline provides an opportunity for the Board to be very clear about its expectations of both supervisors and supervisees, of the minimal requirements for tailored supervision plans, and to ensure there is a nationally consistent approach to supervision and assessment of supervision plans, which is also streamlined per the use of template supporting documents.

On 5 June 2014 the guidelines went out for public consultation, closing on 31 July 2014.

Response to specific queries or concerns

Clarification

Under "Requirements of supervisors" it has been made clear that a nominated supervisor must be unconditionally registered by the Chinese Medicine Board of Australia in the same division in which the supervisee is to be supervised in.

Insurance coverage for supervisors

The consultation guidelines stated:

Statutory protection for approved supervisors under the National Law

Under section 237 of the National Law, a person who, in good faith makes a notification under the National Law or gives information in the course of an investigation or for another purpose under the National Law to a person exercising functions under the National Law is not liable, civilly, criminally or under an administrative process for giving the information. Further, the making of a notification or the giving of the information does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct and no liability for defamation is incurred by the person because of the making of the notification or giving of the information.

Where a Board approved supervisor satisfies the requirements of section 237 of the National Law, he or she would be protected from liability in relation to information provided in reports to AHPRA.

Concerns were raised about the adequacy of this.

Decision

The protection available under section 237 is in limited circumstances and therefore, it is preferable if the guidelines capture the requirement to obtain sufficient PII to cover for circumstances of supervision. In most instances, insurance cover already obtained by a health practitioner would cover for circumstances of supervision or similar incidental activity. However, in the interests of certainty, the following wording has been added to the guidelines:

A supervisor may however notify their professional indemnity insurer of the supervision undertaken and extend cover for supervision of a practitioner, if this is not already covered in the supervisor's professional indemnity cover.

Supervisor training and development of a list of approved supervisors

The qualifications/experience of the supervisors and whether supervisors should be required to undergo some form of supervisor training was considered by the Board before the paper was released. The Board noted that:

- unfortunately no such training was available
- this might impact on availability of supervisors if mandated.

The requirements specified in the definition of a 'supervisor' are:

- suitably qualified and experienced Chinese Medicine practitioner with general registration
- has undertaken to assess, monitor and report to the Board about the performance of a practitioner undertaking supervised practice
- preferably has formal qualifications and more than 5 years equivalent full time experience working in Australia
- desirably has experience as a clinical supervisor with an educational institute.

The guidelines also state, "It is also highly desirable that supervisors have formal experience providing supervision to practitioners."

We are dealing with quite low numbers. As of September 2014:

1. For grandparenting initial registration applications - of 38 persons who have had supervision-related conditions of registration, 27 have met the conditions with 11 still undergoing supervision.
2. For re-entry plans due to lack of recency, of 19 persons who have had supervision-related conditions, 11 have met the condition with a further 8 still undergoing their re-entry plans

Grandparenting ends on 30 June 2015 and the incidence of supervision-related conditions of registration is expected to diminish.

Whilst it may be possible to develop a 'list' of approved supervisors, location is often a key factor in identifying a suitable person, especially when levels 1 and 2 are involved in the plan. In addition, if a applicant has difficulty finding a suitable and suitably located supervisor an alternate condition such as completion of a clinical practice unit may be considered.

Despite the above the Board believes supervision should be more robust and has decided to explore options for arranging for supervisor training and will provide further information at a later date.

Request for more detailed guidance

The guideline is consistent with similar guidelines issued for other regulated professions and overall feedback was that it was appropriately pitched.

To date the experience of the Board has been that similar, interim guidelines have provided sufficient guidance to person involved in supervised practice arrangements.

AHPRA monitors queries received and creates and publishes "Frequently Asked Questions" to provide additional guidance where required.

The Board intends to revise these guidelines in three years' time, or earlier if necessary.