

Form B: Supervised practice plan

Practitioner under supervision

Family name of practitioner under supervision:	
First (given) name of practitioner under supervision:	
Registration number <i>(if applicable)</i> :	
Reason for supervision (e.g. registration condition)	
Date submitting supervision plan:	

Supervisor(s)

Name of Supervisor 1:	
Registration number:	
Name of Supervisor 2 <i>(if applicable)</i> :	
Registration number:	

Section 1 – Supervision arrangements

Proposed position:			
Proposed employer:			
Location(s) where supervised practice is proposed:			
Anticipated supervision commencement date:			
Anticipated supervision completion date:			
Nominate proposed commencement level of supervision and expected progressions: (see 'Levels of supervision' described in the Board's Supervision requirements)			
Example 1:		Example 2:	
Level 1: <i>proposed starting level</i>	<i>Report at 1 month</i>	Level 1: ---	
Level 2: <i>proposed progression if justified after assessment</i>	<i>Report at 6 months</i>	Level 2: <i>proposed starting level</i>	<i>Report at 3 months</i>
Level 3: <i>proposed progression if justified after assessment</i>	<i>Report at 9 months</i>	Level 3: <i>continue if justified after assessment</i>	<i>Report at 6 months</i>
Level 4: <i>proposed progression if justified after assessment</i>	<i>Final report 12 mths</i>	Level 4: <i>proposed progression if justified after assessment</i>	<i>Final report 9 mths</i>
Levels			Proposed reporting frequency
Level 1:			
Level 2:			
Level 3:			
Level 4:			
Describe how supervision is to be provided, including, where relevant, practice areas that will be directly observed.			
e.g. Direct supervision of all patient 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 supervision/teaching/learning sessions, case presentations, etc.			

Section 2 – Capabilities and issues specific to practitioner under supervision

Strengths of practitioner under supervision	Areas requiring development of practitioner under supervision

Issues to be addressed during supervision (e.g. related to supervision requirements, identified areas for development, knowledge deficits, etc)

Issue	Measures to address issue	Review date

Name of Supervisor: _____

Name of Practitioner under supervision: _____

Section 3 – Supervision goals and plan

Please **complete relevant sections**. Progress to be measured through completion of competency assessment using the Supervision report template.

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
Professional behaviour	
(List the individual learning objectives)	(List planned activities)

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
Assessment, formulation, implementation and monitoring management plans	
(List the individual learning objectives)	(List planned activities)

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
Deliver safe and effective collaborative healthcare	
(List the individual learning objectives)	(List planned activities)

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
Reflect on current skills, knowledge and attitudes, and plan ongoing personal and professional development	
(List the individual learning objectives)	(List planned activities)

Additional requirements/documents¹

¹ For example: a log book of care provided, log of hours, evidence of professional development activities, evidence of further education, de-identified case records, etc.

Section 4 – Declaration

I have completed this supervised practice plan in consultation with the practitioner under supervision and in my professional opinion consider the goals and planned activities to be appropriate to the identified needs.

Signature of supervisor: _____

Date: _____

Name of supervisor: _____

I have read, understand and agree to all the goals and planned activities included in this supervised practice plan.

Signature of practitioner under supervision: _____

Date: _____

Name of practitioner under supervision: _____