

Supervision Guidelines

October 2014

Supervision guidelines for Chinese medicine practitioners

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1. Authority

The Chinese Medicine Board of Australia (the Board) has developed these guidelines under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for Chinese medicine in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction. These guidelines will be considered in a range of Board related registration and notification matters resulting in supervision arrangements.

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

2. Introduction

Consumers of Chinese medicine services have the right to expect delivery of safe, competent and contemporary services at all times, including when care is being provided under supervisory arrangements. Appropriate supervision provides assurance to the Board and the community that a registrant's practice is safe and not putting the public at risk.

These 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.

Supervision may be at different levels (as outlined 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.

3. Who needs to use these guidelines?

These guidelines have been developed for a range of stakeholders including Chinese medicine practitioners requiring supervision or in the role of a supervisor, the Board and its delegates when making decisions about supervision requirements, and Australian Health Practitioner Regulation Agency (AHPRA) staff in their work managing registration and notification matters on behalf of the Board.

Key terms are defined in Appendix 2.

An overview of the process of approving a supervised practice plan is listed in Appendix 3.

4. Scope

These guidelines apply to supervision arrangements for:

- practitioners granted registration that is subject to conditions that specify a supervision requirement, and
- practitioners who, as a result of health, conduct or performance action by the Board under Part 8 of the National Law, are subject to conditions (or undertakings) that specify a supervision requirement.

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

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

The scope of these guidelines is not intended to cover:

- supervision of students

- mentoring of new graduates or less experienced practitioners
- performance review responsibilities of managers, or
- supervision for professional development purposes.

5. Principles

The following principles convey the expectations of the Board per these supervision arrangements, consistent with 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 on and determine their own learning needs. This includes the requirements of specific work positions and the purpose of the supervision.
2. The type and level of supervision must be matched to individual needs, risk associated with the position, the purpose of the supervision and the supervisee's capabilities. Supervisory arrangements need to be modified over time, in keeping with progress made and 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 agree on the duration and content of the supervised practice plan; and the reporting requirements, including the period for review if it varies from the standard periods outlined in the supervision levels below.
4. The onus rests with the supervisee to ensure the reporting requirements are met as agreed in the supervised practice plan.
5. The supervisor also has a responsibility to adhere to the agreement entered into with the Board and to appropriately oversee the practice of the supervisee.

6. 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 on a number of factors and should be considered by all parties involved in the development of a supervised practice plan. The Board will also consider these factors when initially approving and reviewing a supervised practice plan.

The factors include, but are not limited to:

1. the purpose of the supervision and the associated level of risk
2. the previous practice experience, qualifications, skills and attributes of the supervisee
3. when relevant, the requirements of the position, as outlined in the position description provided with the application
4. the level of risk associated with the purpose of supervision and the competence; and suitability of the practitioner, the position description, the location and availability of clinical and other relevant supports, and
5. when relevant, any requirements imposed by a third party under the National Law (such as a tribunal) 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 will need to commence on level one and not all supervisees will be expected to or be capable of progressing to Level 4 supervision.

Table 1: Levels of supervision summarises the four levels of supervision and the likely reporting timeframe for each level. The table also lists the possible uses for the different levels of supervision. The table refers to the usual frequency of reports but may be modified for an individual supervised practice plan. It should be noted that the Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

Table 1: Levels of supervision

Level	Summary	Specifications	Typical reporting frequency for level ¹	Example of possible use for level of supervision ²
1	<p>Direct Supervision</p> <p>The supervisor takes direct and principal responsibility for individual patients (e.g. assessment and/or treatment of individual patients/clients).</p>	<p>The supervisor must be physically present at the workplace, and supervision must include observation of the supervisee when she/he is providing the consultation, as per the <i>Supervised practice plan</i>.</p> <p>The supervisee must consult the supervisor about the intended treatment (e.g. management of each patient) before clinical care is delivered.</p> <p>Supervision via telephone or other form of telecommunication is not permitted.</p>	<p>Report to the Board after initial one month and then at three-monthly interval/s, while the supervisee is on Level 1 supervision.</p>	<p>As the highest level of supervision, this level may be used:</p> <p>to determine the current level of competence (initial assessment of practitioner's competence and skills) and inform further levels of supervision under a <i>Supervised practice plan</i>, or</p> <p>in a <i>Supervised practice plan</i> arising from a health, conduct or performance matter, or</p> <p>a brief period (e.g. one week, eight sessions, etc), to confirm that the supervisee is able to progress to Level 2 supervision.</p>
2	<p>Indirect supervision</p> <p>The supervisor and supervisee share the responsibility for individual patients.</p>	<p>As per the <i>Supervised practice plan</i>, the supervisor must be physically present at the workplace for the majority of time, when the supervisee is providing clinical care.</p> <p>When the supervisor is not physically present, they must always be accessible by telephone 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 management of each patient; this may be after the care has been delivered.</p> <p>If the approved supervisor is temporarily absent during any day, then the supervisor must make appropriate arrangements for alternative supervision, such as another registered Chinese medicine practitioner to provide temporary oversight, as specified in the <i>Supervised practice plan</i>.</p>	<p>Report at renewal if moving from Level 1 and previous satisfactory report(s) provided.</p> <p>If practitioner is commencing at Level 2 supervision, a report must be lodged after the initial 3 months of practice under that level of supervision. A subsequent report must be lodged upon renewal.</p> <p>This reporting arrangement must be followed unless a different arrangement is outlined in either the <i>Supervised practice plan</i> or conditions placed on registration.</p>	<p>Once an initial competency assessment has been completed, and the supervisor is satisfied of practitioner's safe practice, skills and knowledge</p> <p>In a <i>Supervised practice plan</i> arising from a health, conduct or performance matter</p> <p>In a Supervised practice plan arising from the Board's Recency of practice registration standard</p>

¹ 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.

² The standards of competence and practice are determined against the Chinese Medicine Board of Australia, *Code of conduct for registered health practitioners*, available at www.chinesemedicineboard.gov.au/Codes-Requirements.aspx

Level	Summary	Specifications	Typical reporting frequency for level ¹	Example of possible use for level of supervision ²
3	<p>Remote supervision</p> <p>The supervisee takes primary responsibility for their practice, including individual patients.</p>	<p>The supervisor must ensure that there are mechanisms in place to monitor whether the supervisee is practising safely.</p> <p>The supervisee is permitted to work independently, provided the supervisor is contactable by telephone or other means of telecommunication, such as videoconference.</p> <p>The supervisor must conduct regular reviews of the supervisee's practice as specified in the plan.</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>Case reviews will generally occur after the clinical care has been provided.</p>	<p>Report at renewal if moving from a higher level of supervision and previous satisfactory reports provided.</p> <p>If practitioner is commencing at Level 3 supervision, a report must be lodged after the initial 3 months of practice under that level of supervision. A subsequent report must be lodged upon renewal.</p> <p>This reporting arrangement must be followed unless a different arrangement is outlined in either the <i>Supervised practice plan</i> or conditions placed on registration.</p>	<p>Generally a stage of a <i>Supervised practice plan</i> after the practitioner has progressed through level 1 and/or Level 2 supervision.</p>
4	<p>The supervisee takes full responsibility for their practice, including individual patients with only general oversight by the supervisor.</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>Case reviews will generally occur after the clinical care has been provided.</p> <p>The approved supervisor must conduct periodic reviews of the supervisee's practice.</p> <p>The supervisee must liaise as necessary with the approved supervisor to ensure that reporting requirements are satisfied.</p>	<p>Report at renewal if moving from a higher level of supervision and previous satisfactory reports provided.</p> <p>If practitioner is commencing at Level 4 supervision, a report must be lodged after the initial 3 months of practice under that level of supervision. A subsequent report must be lodged upon renewal.</p>	<p>Generally later stages of a <i>Supervised practice plan</i> after the practitioner has progressed through Levels 1, 2 or 3 supervision.</p>

7. Requirements and responsibilities

Requirements of supervisors

A nominated supervisor must:

1. meet the requirements specified in the definition of a 'supervisor'. It is also highly desirable that supervisors have formal experience providing supervision to practitioners.
2. be unconditionally registered by the Chinese Medicine Board of Australia in the same division in which the supervisee is to be supervised in.
3. formally consent to act as a supervisor and must be approved by the Board. A supervision agreement is to be completed and forwarded to AHPRA (see Appendix 1) within the timeframe, stated in correspondence to the supervisee from AHPRA.
4. submit their Curriculum Vitae in the AHPRA approved format³, at the same time as the supervision agreement.
5. must work with the supervisee to develop a *Supervised practice plan* for submission and approval by the Board before commencing the arrangement. The supervised practice plan *must be submitted to* AHPRA within the time frame stated in correspondence to the supervisee from AHPRA.
6. be able to comply with the requirements of the supervised practice plan and agree to terms as outlined in the supervisor/supervisee agreements and undertakings.
7. avoid any potential for conflict of interest in the supervisory relationship as recommended in the Board's *Code of conduct*. For example, avoiding supervising someone who is a relative or friend, or where there is potential conflict of interest that could impede objectivity and/or interfere with the achievement of learning outcomes or relevant experience for the supervisee (such as an employer or similar)⁴.

Different supervision arrangements

The Board appreciates that there needs to be a flexible approach to supervision arrangements. For example, a *Supervised practice plan* may involve:

- one supervisor in a single workplace setting
- one supervisor across a variety of workplace settings
- more than one supervisor, with same or different workplaces (co-supervision arrangements), or
- one supervisor for a number of practitioners under supervision.

During co-supervision arrangements it is expected to have one supervised practice plan per supervisor requiring approval by the Board.

The Board expects supervisors to provide practitioners under supervision with adequate support. It is recommended that one supervisor can supervise a maximum of three practitioners at any time (under any level of supervision). If a supervisor proposes to supervise more than three practitioners concurrently, the Board may seek assurance that the supervisor has the capacity for this responsibility and can provide appropriate support.

At the end of the supervision period, the practitioner will need to arrange the submission of the supervisors' reports, against the *Supervised practice plan*.

When the practitioner has more than one supervisor, the Board will need to consider each supervisor's report when submitted at the end of their supervision period.

When one supervisor has a number of practitioners under supervision, activities may include group supervision/teaching and learning sessions, to maximise supervision and learning opportunities. If these activities are proposed, details must be included in the *Supervision practice plan*.

Responsibilities of supervisors

Supervisors must:

³ Details of the standard format for Curriculum Vitae can be found at: www.ahpra.gov.au/Registration/Registration-Process/Standard-Format-for-Curriculum-Vitae.aspx

⁴ Chinese Medicine Board of Australia, *Code of conduct for registered health practitioners*, available at www.chinesemedicineboard.gov.au/Codes-Requirements.aspx

1. take reasonable steps to ensure that the supervisee is practising safely by measures such as conducting competency assessments, direct observation, individual case review, and remediation of identified problems.
2. provide clear direction and constructive feedback, and be clear about how the supervisor can be contacted by the supervisee whenever they are practising during work or 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 this is not the case
4. provide clear direction to the supervisee on:
 - 4.1 their legal responsibilities and the constraints within which they must operate
 - 4.2 the ethical principles that apply to the profession, and
 - 4.3 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 supervisee, which is free from interruptions and as required by the *Supervised practice plan*
6. disclose any potential conflict of interest to the Board, such as a personal relationship or business relationship with the supervisee⁵
7. complete the Board-approved templates for the supervision agreement (Appendix 4), and the Supervised practice plan (Appendix 5).
8. maintain appropriate records about the implementation of the supervision plan
9. be accountable to the Board and provide honest, accurate and responsible reports in the approved form at the determined intervals in the *Supervised practice plan*
10. understand that the responsibility for determining the type and amount of supervision required within the framework of the *Supervised practice plan* should be informed by the supervisor's assessment of the supervisee
11. 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
12. notify the Board immediately if:
 - 12.1 the relationship with the supervisee breaks down
 - 12.2 concerns arise that the clinical performance, conduct or health of the supervisee is placing the public at risk
 - 12.3 the supervisee is not complying with conditions imposed, or undertakings accepted by the Board, or is in breach of any requirements on registration
 - 12.4 the supervisee is not complying with the supervision requirements or there are any significant changes to those requirements, or
 - 12.5 the supervisor is no longer able to provide the level of supervision that is required by the Supervised practice plan

Note: Documented evidence should be provided if relevant and available.
13. understand the requirement that a supervisee must notify the Board in writing within seven calendar days if a supervisor is no longer able to discharge their duties and report on whether an approved back-up supervisor can assume supervisory responsibilities.

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.

⁵ The relationship between a 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. The relationship will also be considered in the context of the supervisory arrangement, by the Board.

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.

Responsibilities of supervisees

Supervisees must:

1. not practise prior to approval of the supervisor/s and supervised practice plan
2. complete, and forward to AHPRA, a supervision agreement (see template on the Board's website) within the timeframe stated in correspondence from AHPRA
3. at the outset establish their learning needs, the context relevant to the need for supervision and any other issues that may affect an effective supervisory arrangement in conjunction with the supervisor, and record these in a draft *Supervised practice plan* for approval by the Board
4. submit the *Supervised practice plan* (see Appendix 5) to AHPRA within the timeframe stated in correspondence from AHPRA
5. take joint responsibility for establishing a schedule of regular meetings with the supervisor and make all reasonable efforts within their control to ensure that these meetings take place
6. be prepared for meetings with their supervisor
7. participate in assessments conducted by the supervisor to assist in determining future supervision needs and progress
8. recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required
9. familiarise themselves and comply with regulatory, professional and other legal responsibilities applicable to their practice, including holding professional indemnity insurance
10. advise their supervisor immediately of any issues or clinical incidents during the period of supervision which could have an adverse impact
11. reflect on, and respond to, feedback
12. inform the Board and supervisor if the conditions or requirements of their supervision are not being met, or if the relationship with the supervisor breaks down
13. inform the supervisor and Board of any leave or breaks in practice that may impact on the requirements of the *Supervised practice plan*, and
14. **cease** practice immediately if the approved supervisor is no longer available to provide supervision.

In the event of a need to change a supervisor, the supervisee must:

- notify the Board in writing within seven calendar days of any planned or unexpected supervisor changes (such as due to illness)
- submit proposed new supervision arrangements to the Board for consideration including a new signed agreement and new supervised practice plan⁶, and
- provide to the proposed new supervisor(s) copies of:
 - previous supervisor agreement(s)
 - supervised practice plan(s)
 - other relevant information (e.g. tribunal decision, AHPRA/Board correspondence etc.), and
 - supervision report(s).

8. Selecting a supervisor

Unless instructed by the Board or another entity through a health, performance or conduct matter, the supervisee is responsible for nominating a suitable supervisor for approval by the Board.

The supervisee needs to consider the responsibilities and requirements of supervisors in selecting and approaching potential supervisors.

The supervisee may seek advice from the following groups when making this selection:

- prospective, current and past employers
- past supervisors
- education providers

⁶ This should be consistent with that already approved by the Board and may only require a change to the supervisor details

- professional associations, and/or
- colleagues and mentors.

It is recommended that when supervision is initially proposed, a secondary supervisor (supervisor 2) be nominated for Board approval so that if the primary supervisor (supervisor 1) is no longer able to discharge his or her duties, supervisor 2 can assume supervisory responsibilities.

There is no provision under the National Law for payment for supervisors by the Board or AHPRA, and neither the Board nor AHPRA will enter into a contract with a supervisor. Supervisees are responsible for the costs of compliance with registration and notification matters. The Board will not intervene with these arrangements between the supervisee and supervisor.

9. Supervised practice plan

The *Supervised practice plan* is a plan that is agreed between the Board, the supervisor and supervisee that sets out the objectives for, levels, type and amount of supervision required and how the supervision is to occur. The plan will include the supervision requirements, including the expected progression through the levels of supervision and report to the Board.

The supervised practice plan, including the reporting requirements, will align with any conditions of registration including review requirements.

It should indicate what, if any, leave arrangements are appropriate for the supervisor and backup plans in the event of an unexpected absence.

The supervised practice plan **must** be approved by the Board prior to commencement of the supervisory period and be accompanied by the proposed supervisor's formal agreement to provide supervision as determined by the Board⁷.

Any proposed changes to the plan must be submitted to the Board and approved before being implemented.

A sample template for a supervised practice plan and supervisor agreement is available in Appendices 5 and 4.

10. Reporting requirements

These are listed in the supervised practice plan, and will be agreed to by the supervisor, the supervisee and the Board, or as specified by another entity such as a tribunal. These requirements should specify the purpose of the supervising activity (e.g. whether the practitioner is subject to a decision made by the Board, or an order made by a tribunal, etc.).

The reporting requirements will be informed by the levels of supervision in *Table 1: Levels of supervision*. 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 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.

If Level 1 supervision will be used for an extended period (that is, beyond a brief initial check that the Chinese medicine health practitioner is able to progress to subsequent levels of supervision), a higher frequency of reporting may be required.

Typically, level 2 to 4 supervision would involve a report after three months and then at renewal of registration or to fit in with the 'review period' (as required by s.83(2)).

⁷ The Board retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

11. Supervision report

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.

It 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 provided in Appendix 6.

12. References

Health Workforce Australia is undertaking a range of work on clinical supervision which may include some useful references. Further information is available via www.hwa.gov.au/work-programs/clinical-training-reform/clinical-supervisionsupport-program.

Code of conduct for registered health practitioners, Chinese Medicine Board of Australia, June 2012

13. Review

These guidelines will be reviewed at least every three years.

Effective from: 31 October 2014

Appendix 1: Relevant sections of the National Law

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, 178, 191, 196 and 237.

35 – Functions of National Boards

- (1) The functions of a National Board established for a health profession are as follows—
 - (b) to decide the requirements for registration or endorsement of registration in the health profession, including the arrangements for supervised practice in the profession;

Appendix 2: Definitions

Direct supervision (Level 1) is when the supervisor takes direct and principal responsibility for the provision of the Chinese medicine service (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 she/he is providing the Chinese medicine service. It is the highest level of supervision and is known as level 1 supervision (see *Table 1: Levels of supervision*).

Indirect supervision (Level 2) is when the supervisor is easily contactable and is available on a regular basis, to observe and discuss Chinese medicine service being delivered by the supervisee. It is also known as level 2 supervision (see *Table 1: Levels of supervision*).

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 his definition is included for clarification.

Practice means any role, whether remunerated or not, in which the individual uses his or her skills and knowledge as a health practitioner in the 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 patients/clients; working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Remote supervision (Level 3) is when the supervisor is contactable to discuss the supervisee's Chinese medicine 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 Chinese medicine services by the supervisee. It is also known as level 3 supervision (see *Table 1: Levels of supervision*).

A **supervisee** is a registered Chinese medicine practitioner who is practising under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan as a requirement of registration.

Supervision 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 in which practice is being supervised.

A **supervision agreement** is a written agreement between the supervisor and the supervisee that is submitted to the Board (see Appendix 4). 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** is a plan agreed between the Board, the supervisor and supervisee that sets out the objectives, levels, type and amount of supervision required and how the supervision is to occur (see Appendix 5).

The supervised practice plan should reflect a balance between the need for 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 Appendix 6). The supervision agreement identifies the supervisor/s and the supervisee, the place of practice and outlines) at intervals agreed in the supervised practice plan that details progress against the supervised practice plan. Supervision reports include information about whether or not the elements of the supervised practice plan are being achieved and, if not, measures to address them.

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 any concerns about the supervisee.

A **supervisor** is a suitably qualified and experienced Chinese Medicine practitioner with general registration and who has undertaken to assess, monitor and report to the Board about the performance of a practitioner undertaking supervised practice. Preferably, supervisors will have formal qualifications and more than 5 years

equivalent full time experience working in Australia. It is desirable that the nominated supervisor have experience as a clinical supervisor with an educational institute.

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 usually be nominated by the supervisee. The Board will review the suitability of a supervisor in line with the purpose of the supervision and the individual circumstances under consideration. The Board-approved supervisor will be listed in the supervised practice plan.

Appendix 3: Summary of processes

The following table outlines who is responsible and what documents to be submitted in the process of developing and approving a supervised practice plan.

AHPRA will process all documentation and liaise with the supervisee/supervisor as required. The Board will consider the documentation and approve or recommend amendments. AHPRA will be the ongoing liaison point for the supervisee and supervisor during the period of supervision.

Supervisees and supervisors should review the table below prior to submitting any documentation. All templates referred to in this document will be published on the Board's website www.chinesemedicineboard.gov.au/Codes-Guidelines alongside the guidelines.

Supervisee	Supervisor
Pre-approval application stage	
Review supervision guidelines for Chinese Medicine practitioners and other relevant Board registration standards and guidelines Select supervisor(s) ⁸ If applicable, complete relevant application form ⁹ including the required evidentiary documents Complete supervision agreement as per template Complete supervised practice plan as per template Sign and submit supervised practice plan Wait for Board approval before commencing the arrangement	Review supervision guidelines for Chinese Medicine practitioners Complete supervision agreement as per template Assist in drafting the supervised practice plan Sign supervised practice plan
Post-approval of the supervised practice plan by the Board	
Practise within the approved supervised practice plan	Provide supervision reports, as per template, at the required frequency in accordance with the supervised practice plan
In the event of a need to change a supervisor	
Notify the Board in writing within seven (7) calendar days of any planned or unexpected supervisor changes (e.g. due to illness) Cease practice immediately if the approved supervisor is no longer available to provide supervision. Submit proposed new supervision arrangements to the Board for consideration, including a new supervision agreement and	

⁸ For health, performance or conduct matters, the Board or other entity may nominate a supervisor

⁹ This means an application for general registration if returning to the register, if returning to practice after a break of greater than three years, or at the time of registration renewal.

<p>new supervised practice plan</p> <p>Provide to the proposed new supervisor(s) copies of:</p> <ul style="list-style-type: none">• previous supervisor undertakings• supervised practice plan(s), and• supervision report(s)	
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Appendix 4: Template for supervision agreement – Form A

A supervision agreement, completed by the supervisor(s) and practitioner under supervision, is to be submitted to the Board with an application where supervision is a requirement for registration.

Section 1 – Details and commitment of supervisor and practitioner under supervision

We agree to be engaged with each other in a supervisor/Chinese medicine practitioner under supervision relationship:

Supervisor 1:

Family name: _____ First name: _____

Registration number: _____

Practice name: _____

Practice address: _____

Phone work: _____ Mobile: _____

Email: _____ Preferred method of contact: _____

Signature: _____ Date: _____

Supervisor 2 (if applicable):

Family name: _____ First name: _____

Registration number: _____

Practice name: _____

Practice address: _____

Phone work: _____ Mobile: _____

Email: _____ Preferred method of contact: _____

Signature: _____ Date: _____

Practitioner under supervision:

Family name: _____ First name: _____

Registration number: _____

Practice name: _____

Practice address: _____

Phone work: _____ Mobile: _____

Email: _____ Preferred method of contact: _____

Signature: _____ Date: _____

The supervision is to commence on: _____

The supervision is expected to be completed by: _____

Section 2 – Agreement of supervisor

Agreement of supervisor
I have read and agree to comply with the responsibilities of supervisors.
I understand: <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 Supervision requirements)• that I must make every effort to ensure that the practitioner under supervision 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 Code of Conduct• the responsibility for determining the supervised practice plan and supervision reports must be informed by my assessment of the practitioner under supervision and I agree to undertake and document assessments as required• that I must only delegate tasks that are appropriate to the role of the practitioner under supervision 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 competency assessment format, set out in the Supervision practice plan and Supervision report, is a combination of items from the graduates at professional entry-level mapping for Traditional Chinese medicine, contained in the Learning and Teaching Academic Standards Project (June 2011), and the Chinese Medicine Board of Australia <i>Code of conduct for registered health practitioners</i>, and provides a consistent and objective approach to assess a practitioner’s level of competence• that I must take responsibility for the interventions carried out by practitioner under supervision working under my supervision to the extent described in the ‘Levels of supervision’ section in the Supervision requirements• that I must provide clear direction to the practitioner under supervision, and• that I must provide honest and responsible reports as required by the Board
I have read and understand: <ul style="list-style-type: none">• the Chinese Medicine Board of Australia’s Supervision requirements, and• the Chinese Medicine Board of Australia’s Code of conduct for registered health practitioners.

For information on the Chinese Medicine Board of Australia refer to the website: www.chinesemedicineboard.gov.au

The Supervision requirements and the Code of Conduct, are available at this website.

Agreement of supervisor

I confirm that I am/ am not currently supervising more than three practitioners under supervision for the Chinese Medicine 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 previously provided supervision for Chinese medicine practitioners. Please list names of previous Chinese medicine practitioners you have supervised.

I do/do not have a potential conflict of interest, such as a personal or business relationship with the practitioner under supervision. 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: _____ **Date:** _____

Name of supervisor 1: _____

Signature of supervisor 2: _____ **Date:** _____

Name of supervisor 2: _____

Name of practitioner under supervision: _____

Section 3 – Agreement of practitioner under supervision

Agreement of practitioner under supervision
I have read and agree to comply with the responsibilities of practitioner under supervision.
I understand that I must: <ul style="list-style-type: none">• familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to being a registered practitioner• abide by the responsibilities of practitioners under supervision as set out in the Board's Supervision requirements• 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 in the determination of my capabilities, needs and progress• familiarise myself with policies and procedures relevant to my supervised practice and comply with such• 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 my practice during the period of supervision• reflect on and respond to feedback• provide honest and responsible information as required by the Chinese Medicine Board of Australia, and• if practicing under Level 1 supervision, immediately cease practice in the event of supervision becoming unavailable and notify the Chinese Medicine Board of Australia in writing within seven days
I do/do not (please indicate as appropriate) have a potential conflict of interest, such as a personal or business relationship with my supervisor. Please detail any potential conflict of interest: _____ _____ _____

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

Signature of practitioner under supervision: _____ **Date:** _____

Name of practitioner under supervision: _____

Name of supervisor(s): _____

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed on Contact us section of the AHPRA website (www.ahpra.gov.au)

AHPRA, GPO Box 9958 In your capital city (refer below)			You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au				
Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 8001

Appendix 5: Template for supervised practice plan – Form B

Who needs to complete this form?

The practitioner under supervision needs to submit a supervised practice plan (based on this template) where supervision is a registration requirement imposed by the Chinese Medicine Board of Australia.

When do they complete it?

When the Board has imposed supervision conditions on registration, the supervision plan needs to be submitted within the time frame specified in correspondence from AHPRA.

Associated documents to be read prior to completing

- Supervision requirements for Chinese Medicine¹⁰
- The Board's other registration standards, code and guidelines, published on its website <http://www.chinesemedicineboard.gov.au/>

What to consider in developing a supervised practice plan

In completing the supervised practice plan, the individual circumstances of the practitioner under supervision should be taken into account, including the purpose of supervision, the practitioner's qualifications, experience, and capabilities and the demands of the proposed position/location.

The *Supervision requirements for Chinese Medicine* list some key factors that should be taken into consideration when developing a supervised practice plan and the levels of supervision in this plan.

The supervised practice plan will list the frequency of reporting, the content and supporting evidence of progress required in each report.

The supervisor can submit to the Board proposed modifications to the supervised practice plan during the period of supervision. The Board must approve any proposed changes to the supervised practice plan before they are implemented. 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.

Examples of supervision activities which can be included in the Supervised practice plan

The supervision activities agreed to by the supervisor and practitioner under supervision can include a number of methods to deliver the supervision.

Some examples include, but are not limited to: literature presentation analysis, specific tasks set, group supervision/teaching/learning, case presentations, direct supervision of consultations, review of patient records and treatment plans, competency assessment conducted over four consultations, competency assessment conducted by supervisor and another practitioner/supervisor, etc.

What happens to the plan after it is submitted?

¹⁰ Published on the Board's website under Policies, Codes and Guidelines.

AHPRA will prepare and collate the submitted documents and present it to the Board. The Board will consider the proposed supervised practice plan and approve with or without modification. The Board may propose changes, before they are implemented.

At the end of the supervision period, the practitioner will need to submit the supervisors' reports, against the supervised practice plan. Where the practitioner will have more than one supervisor, the Board will need to consider each supervisor's report when submitted.

Who should the practitioner under supervision and supervisor contact with any queries?

The Australian Health Practitioner Regulation Agency (AHPRA) office in the relevant state or territory will be the ongoing liaison point in the approval of the supervised practice plan and during the period of supervision. Contact details are listed on the AHPRA website at www.ahpra.gov.au.

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/documents¹¹

¹¹ 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: _____

Appendix 6: Template for supervision report – Form C

Supervision reports, completed by the supervisor in consultation with the practitioner under supervision, are to be submitted to the Australian Health Practitioner Regulation Agency (AHPRA) for consideration by the Chinese Medicine Board of Australia:

- as stipulated by the Board on approval of a supervised practice plan and otherwise as required by the Board
- to propose or justify changes in supervision, including level of supervision
- with applications for renewal of registration by a practitioner under supervision; and
- on conclusion of supervised practice.

For information on reports and reporting requirements, please refer to the *Supervision requirements for Chinese Medicine*.

Supervision report details

Date of report:	
Name of practitioner under supervision:	
Signature of practitioner under supervision:	
Name of supervisor:	
Signature of supervisor:	
Reason for supervision:	

Practitioner under supervision suitable for ongoing registration: Yes No

Level of supervision (at time of report): Level 1 2 3 (please circle level of supervision at time of report)

Proposed date for next supervision report, or anticipated supervision completion date: _____

Changes recommended to the previously agreed supervised practice plan, if any, and reasons for changes: (please attach separate sheets if necessary)

Supervision report on progress

Please complete, after conducting a competency assessment.

Competency assessment

There are 4 domains. These are not graded. Only the 15 items assembled with each domain are graded. The domains are: 1. Professional behaviour, 2. Assessment, formulation, implementation and monitoring of management plans 3. Deliver safe and effective collaborative healthcare, and 4. Professional development.

Key:

- 1 = Performance is consistently below standard
- 2 = Performance is occasionally below standard
- 3 = Performance is at expected standard
- 4 = Performance is above expected standard
- n/a = not assessed

Note: a rating of 1 or 2 indicates that minimum acceptable competency has not been achieved

Scoring rules:

- Circle n/a (not assessed) only if the practitioner has not had the opportunity to demonstrate the behaviour
- If an item is not assessed it is not scored and the total score is adjusted for the missing item
- Circle only one number for each item
- If a score falls between numbers on the scale the higher number will be used to calculate a total
- Evaluate the practitioner's performance against the minimum competency level expected for a beginning/entry level practitioner

Competency	Score	Evidence in support of score	Goals of supervision	Supervision plan
Professional Behaviour 1. Demonstrates ethical, legal and culturally sensitive practice 2. Demonstrates an understanding of patient/client confidentiality, rights and consent	1 2 3 4 n/a 1 2 3 4 n/a			Planned activities:
Assessment, formulation, implementation and monitoring management plans consistent with Chinese medicine theory 3. Gathers and records clinical information 4. Knowledge and skills in clinical diagnosis 5. Evaluates clinical information 6. Provides safe and competent practice 7. Selects appropriate intervention 8. Monitors the health of a patient/client 9. Selects treatment approaches	1 2 3 4 n/a 1 2 3 4 n/a			Planned activities:
Deliver safe and effective collaborative healthcare 10. Communicates effectively and appropriately	1 2 3 4 n/a			Planned activities:

Competency	Score	Evidence in support of score	Goals of supervision	Supervision plan
11. Demonstrates clear and accurate documentation	1 2 3 4 n/a			
12. Appropriately refers to other health professionals	1 2 3 4 n/a			
13. Minimises and manages risk	1 2 3 4 n/a			
Professional development				Planned activities:
14. Applies evidence based practice in patient care	1 2 3 4 n/a			
15. Demonstrates commitment to learning	1 2 3 4 n/a			

Learning objectives listed in supervised practice plan	Progress in achieving goals 1. Met 2. Not yet met but achievable 3. Not met and not achievable ¹²
Emerging issues or problems (if applicable)	Measures to address emerging issues or problems

¹² Supervisors should contact the Board as soon as practical if the learning objectives are not achievable

Summary statement on performance during this period of supervision and ongoing recommendations for further supervision

Who should the practitioner under supervision and supervisor contact with any queries?

The Australian Health Practitioner Regulation Agency (AHPRA) office in the relevant state or territory will be the ongoing liaison point in the approval of the supervised practice plan and during the period of supervision. Contact details are listed on the AHPRA website at www.ahpra.gov.au.