

Form C: Supervision report

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 <u>not</u> 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 | | | | Planned activities: |
| 1. Demonstrates ethical, legal and culturally sensitive practice | 1 2 3 4 n/a | | | |
| 2. Demonstrates an understanding of patient/client confidentiality, rights and consent | 1 2 3 4 n/a | | | |
| Assessment, formulation, implementation and monitoring management plans consistent with Chinese medicine theory | | | | Planned activities: |
| 3. Gathers and records clinical information | 1 2 3 4 n/a | | | |
| 4. Knowledge and skills in clinical diagnosis | 1 2 3 4 n/a | | | |
| 5. Evaluates clinical information | 1 2 3 4 n/a | | | |
| Provides safe and competent practice | 1 2 3 4 n/a | | | |
| 7. Selects appropriate intervention | 1 2 3 4 n/a | | | |
| Monitors the health of a patient/client | 1 2 3 4 n/a | | | |
| 9. Selects treatment approaches | 1 2 3 4 n/a | | | |
| Deliver safe and effective collaborative healthcare | | | | Planned activities: |
| 10. Communicates effectively and appropriately | 1 2 3 4 n/a | | | |

| 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 |
| | Not yet met but achievable Not met and not achievable¹ |
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| Emerging issues or problems (if applicable) | Measures to address emerging issues or problems |
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¹ 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 <u>www.ahpra.gov.au</u>.