

Supervision Guidelines for Occupational Therapy

24 October 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).

These guidelines will be considered in a range of Board related registration and notification matters resulting in supervision arrangements. 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.

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

Purpose

Consumers of occupational therapy services have the right to expect the delivery of safe, competent and contemporary occupational therapy services at all times, including when an occupational therapist is practising while 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, settings, experience and learning needs.

The level of supervision required will be determined by the Board on a case by case basis. Typically it may commence at a higher level and progress to a lower level with an acceptable supervisor report (see 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 scope and definition of the supervision guidelines including:

1. the principles of supervision
2. developing a supervised practice plan and setting reporting requirements
3. the requirements, responsibilities and protection of supervisors
4. the responsibilities of supervisees
5. the reporting requirements

6. the requirements for changes in supervisory arrangements
7. a summary of procedures

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;
- overseas qualified practitioners;
- 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 (the supervisor) and the supervised practitioner (the supervisee).

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

The scope of these guidelines is **not intended to cover**:

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

Supervision arrangements for staff already exist in many organisations. These guidelines are not intended to replace these arrangements.

Definitions

The following definitions are provided for the purpose of these guidelines:

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 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 (Level 1) is when the supervisor takes direct and principal responsibility for the provision of the occupational therapy 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 occupational therapy service. It is the highest level of supervision and is also 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 to observe and discuss the occupational therapy services being delivered by the supervisee. It is also known as level 2 supervision (see Table 1: Levels of supervision).

Remote supervision (Level 3) 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 (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 this definition is included for clarification.

A **supervisor** is a suitably qualified and experienced occupational therapist 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 more than two years experience as an occupational therapist. Supervisors should not themselves be subject to Board related supervisory arrangements and their registration should not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee.

The Board may consider other registered health practitioners as supervisors in exceptional circumstances.

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 must 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. Prior to practice or soon after practice commences (i.e. within two weeks), a supervised practice plan must be completed and forwarded to the Board. The supervised practice plan outlines the anticipated duration of the supervision period, the nature of the supervision, and the reporting requirements,

including the period for review if it varies from the standard periods outlined in the supervision levels at Table 1 (see the supervised practice plan 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 she or he enters into with the Board, and to appropriately oversee the supervisee's practice.
6. For the purposes of these guidelines, The Australian Minimum Competency Standards for New Graduate Occupational Therapists are the measure that will be used to assess practice.
7. Should a difficulty arise between a supervisee and supervisor this may be raised by either party for resolution.

Note: Progression from provisional or 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 (prior to practice or within two weeks after practice commences).¹

Where the practitioner is applying for limited or provisional registration, the applicant must submit her/his proposed supervised practice plan on the relevant template (see Appendix 3).

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. An orientation report template can be found at Appendix 5.

Levels of supervision

The levels of supervision outlined in Table 1 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 duration of any period of absence from practising the profession, and the duration of the practice prior to the absence
- 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.

¹ The Board retains the discretion to amend any aspect of the supervised practice plan, including the nominated supervisor(s). 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.

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. Commencement level of supervision will be usually set out in any conditions to registration imposed by the Board.

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 their supervised practice at level 1 supervision, or to progress through all levels in order to complete their supervised practice. It may for instance be more typical to start at Level 2 or 3.

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.

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/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 occupational therapy service.</p> <p>The supervisee must consult the supervisor about the intended occupational therapy service (e.g. management of each patient/client) 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 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 will usually be used 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 ⁴	Example of possible use for level of supervision ⁵
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/client). 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 as specified for back up supervision in the supervised practice plan, to provide temporary oversight.</p>	<p>Reports after initial three months and then at three-monthly intervals unless set out otherwise in the supervised practice plan (or conditions of registration).</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.

⁴ The Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

⁵ 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 ⁶	Example of possible use for level of supervision ⁷
3	<p>Remote supervision</p> <p>The supervisee takes primary responsibility for their practice, (including individual patients/clients).</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>The practitioner may provide on-call and after-hours services.</p>	Report after initial three months and then at three monthly intervals – unless set out otherwise in the supervised practice plan (or conditions of registration).	<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/clients) 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>	Every three months, unless set out otherwise in the supervised practice plan (or conditions of registration).	<p>Later stages of a supervised practice plan, after the practitioner has progressed through levels 1, 2 or 3 supervision.</p>

⁶ The Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

⁷ 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.

3. 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, within a workplace where occupational therapists of various grades are employed the approved supervisor would not normally 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 prior to commencing practice (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 prior to practice or within two weeks after commencing practice⁸ (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, supervising someone who is a close relative or friend, or where there is another potential conflict of interest, could impede objectivity and/or interfere with the supervisee's achievements of learning outcomes or relevant experience.⁹
- A supervisor will generally be required to provide reports to the Board at determined intervals

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; or
 - one supervisor across a variety of workplace settings; or
 - more than one supervisor, with same or different employers (co-supervision arrangements).
- During co-supervision arrangements, and where more than one employer is involved, it would be usual to have more than one supervised practice plan requiring approval by the Board.
- Regardless, 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 at the end of their supervision period.

Responsibilities of the supervisor are:

1. as required by the level of supervision, to 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. to 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. to ensure that the supervisee is practising in accordance with the supervised practice plan and work arrangements approved by the Board and to 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 requirements of the workplace, and the consequences if they do not;
5. to understand the significance of supervision as a professional undertaking and commit to this role including regular, 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

⁸ 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.

⁹ Occupational Therapy Board of Australia, *Code of Conduct*, available at www.occupationaltherapyboard.gov.au

under these guidelines and the supervised practice plan, the Board may consider whether the supervisor has engaged in unprofessional conduct;

6. to disclose to the Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee;¹⁰
7. to 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. to 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. to 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. to maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors; and
11. to 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 of registration
 - 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 information provided in reports 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 supervision report (Appendix 4).

4. Responsibilities of supervisees

Supervisees must:

1. complete and forward a supervision agreement prior to commencing practice (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 prior to practice or within two weeks after commencing 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;

¹⁰ 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.

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/practice 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;
11. inform the Board if the relationship with their supervisor breaks down;
12. 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
13. 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.

5. Reporting requirements

The reporting requirements for a supervisee will be outlined in the supervised practice plan and agreed to 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 (see 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 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 3 and 4 supervision would involve a report after three months and then at three-monthly intervals. If the supervisee is on level 1 for an extended period, a report after an initial one month period and then at monthly intervals is required. If the supervisee is on level 2 reports after an initial three months and then at three-monthly intervals will be required, unless set out otherwise in the supervised practice plan (or conditions of registration). See Table 1: levels of supervision.

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.¹¹

The supervision report should also include changes in supervisory arrangements over time (including changes in levels) 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.

6. 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 her or his 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 Board must be informed and a supervisee on level 1 **must cease practice immediately**.

¹¹ The *Australian Minimum Competency Standards for New Graduate Occupational Therapists* is available at www.otaus.com.au

For a practitioner on level 2 supervision, if the approved supervisor is temporarily absent during any day, the supervisor must make appropriate arrangements for alternative supervision for providing temporary oversight (as specified in the supervised practice plan).

Supervisees on levels 3 or 4 must endeavour to find an alternative supervisor within seven (7) calendar days.

The supervisee must 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.

In exceptional circumstances the Board may consider approving a registered health practitioner who is not an occupational therapist as a supervisor, for example 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 a new supervised practice plan, and
- provide to the proposed new supervisor(s) copies of:
 - previous supervisor undertakings
 - the supervised practice plan, and
 - supervision report(s).

Unsatisfactory performance

The nature, reasons and means to overcome unsatisfactory performance during the supervised practice program should be discussed and agreed between the supervisee and the supervisor. The Board should be informed by the supervisor that the supervisee is not performing satisfactorily as soon as this becomes apparent. The supervised practice plan should be revised to address the performance areas that require improvement and resubmitted to the Board for approval. The Board will determine any other requirements that the supervisee will be required to undertake to assist in the satisfactory completion of the supervised practice plan.

Dispute Resolution

From time to time, and for a variety of reasons, the relationship between a supervisor and a supervisee may encounter difficulties. In the first instance, attempts should be made to resolve the matter locally at the workplace. In some workplaces, there may be organisational resources that can assist. Where issues are not able to be resolved, either the supervisor or the supervisee may contact the Board to advise them of the situation (see part 3 part 4 of these guidelines for the requirements and responsibilities of supervisors and supervisees). The Board would encourage that issues of this nature be addressed at as an early stage as possible.

7. Summary of procedures

A diagrammatic representation of the responsibilities and documents to be submitted in the supervision process is provided for reference at Appendix 6.

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 via AHPRA for its consideration:

- signed supervision agreement (see Appendix 2), and
- any other applicable documentation (e.g. registration application, position description, fees, completion of an orientation to the Australian healthcare system report).

Prior to practice or within two weeks of commencement of 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 template)

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 units that comprise the Performance Record for the Australian Competency Standards for Occupational Therapists 2010 (PRACSOT) are to be used as the basis for the assessment of competency in practice and are to be included in supervision reports (as set out in Section 3 of Appendix 3), unless otherwise agreed by the Board. The PRACSOT has been developed as a reflective tool for use in conjunction with the Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT)

References

Occupational Therapy Australia (2010). *Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT)*. Brisbane: Occupational Therapy Australia Limited.

Occupational Therapy Australia (2010) *Performance Record for Australian Minimum Competency Standards for New Graduate Occupational Therapists (PRACSOT)*. The development of the PRACSOT has been based upon the Review of the Australian OT Competency Standards: Carrick DBI Project (Review) that included recommendations that the utility of the Australian Minimum Competency Standards be improved (Rodger, Clark, Banks, O'Brien & Martinez, 2009).

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: 1 July 2012
Date of review: This guideline will be reviewed at least every three years
Last reviewed: 24 October 2012

Appendix 1: relevant sections of the National Law

Health Practitioner Regulation National Law¹²

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.

¹² Health Practitioner Regulation National Law as in force in each state and territory (the National Law) is available at www.ahpra.gov.au

Appendix 2: Supervision Agreement

This supervision agreement is to be completed by the supervisor(s) and supervisee and is to be submitted to the Occupational Therapy Board of Australia prior to commencement of practice, 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: _____
Position: _____
Employing agency: _____
Number of full-time equivalent years experience as an occupational therapist: _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____ Signature: _____ Date: _____

Supervisor 2 (if applicable):

Last name: _____ First name: _____
Position: _____
Employing agency: _____
Number of full-time equivalent years experience as an occupational therapist: _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____ Signature: _____ Date: _____

Supervisee:

Last name: _____ First name: _____
Employing agency: _____
Specify hours to be worked each week: _____
Practice address: _____
Postal address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number (if applicable): _____ Signature: _____ Date: _____

Supervision level at commencement: 1 2 3 4 (circle relevant level)

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 Supervision guidelines) • 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 Code of Conduct • 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, and is used as a reflective tool in conjunction with the Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT) • 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 Supervision guidelines • 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 arrange for 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 Supervision guidelines, 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.

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.

Agreement of supervisor

I confirm that I am/ am not (please delete as appropriate) 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 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.
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 general registration without conditions• abide by the responsibilities of supervisees as set out in the Board’s Supervision guidelines• 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 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 my 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.
I do/do not (please delete 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 supervisee: _____ Name of supervisee: _____

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
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For information on the Occupational Therapy Board of Australia refer to the website: www.occupationaltherapyboard.gov.au

Appendix 3: Supervised Practice Plan

Supervised practice plan

Objectives

The supervised practice plan is 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.

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.

Developing a supervised practice plan and setting reporting requirements

A supervised practice plan, completed by the supervisor in consultation with the occupational therapist under supervision, is to be submitted to the Board with an application for registration, or where supervision is a requirement for registration.

In completing the supervised practice plan, the individual circumstances of the occupational therapist under supervision are to be taken into account, including the anticipated duration of the supervision period, the nature of the supervision and the reporting requirements, including the period for review if it varies from the standard periods outlined in the supervision levels indicated in the guidelines.

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.

Section 2 of these supervision guidelines provide further details on developing a supervised practice plan and setting reporting requirements.

When does a Supervised Practice Plan need to be completed?

The supervised practice plan needs to be completed and forwarded to the Board prior to practice or within two weeks after commencing practice.

Content of a supervised practice plan

The Board may require justification of the content of a supervised practice plan within a prescribed period after the start of supervised practice through completion of a competency assessment against the Australian Minimum Competency Standards for New Graduate Occupational Therapists tool, or other report determined by the Board to be appropriate.

The supervisor can submit to the Board proposed modifications to the supervised practice plan during the period of supervision, supported by a competency assessment against the Australian Minimum Competency Standards for New Graduate Occupational Therapists tool.

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.

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.

Supervision requirements beyond registration

A supervised practice plan may also arise out of a health, conduct or performance matter. Supervision requirements relating to such matters may be determined by another entity, such as a panel or tribunal.

Who is responsible for the supervised practice plan?

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 she or he enters into with the Board, and to appropriately oversee the supervisee's practice.

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; or
- one supervisor across a variety of workplace settings; or
- more than one supervisor, with same or different employers (co-supervision arrangements).

During co-supervision arrangements, and where more than one employer is involved, it would be usual to have more than one supervised practice plan requiring approval by the Board.

Regardless, 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 at the end of their supervision period.

What other documents need to be completed?

This form needs to be submitted with the following documents:

- the relevant registration application form and all associated documents
- a CV in the Australian Health Practitioner Regulation Agency (AHPRA) standard format, detailing any gaps in your practice history of more than three months from the date you obtained your qualification¹³ (if not already attached to the registration application form)
- a signed supervision agreement
- 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 to Australian culture. An orientation report template can be found at Appendix 5
- a supervised practice plan.

¹³ The AHPRA standard CV format guideline may be found under *Registration* on the AHPRA website at www.ahpra.gov.au

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	
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Supervised Practice Plan

Supervisee

Last name of supervisee:	
First (given) name of supervisee:	
Registration number (if applicable):	
Reason for supervision (e.g. recency of practice)	

Supervisor(s)

Name of Supervisor 1:	
Registration number:	
Name of Supervisor 2 (if applicable):	
Registration number:	

Purpose of supervision (tick one)

- Limited registration for postgraduate training or supervised practice
- Limited registration for teaching or research
- Returning to practice after an absence of five or more years
- Significant change to scope of practice
- Condition or undertaking requiring supervision from a health, performance or conduct matter

Purpose of supervision (specify)

Frequency of supervision (eg daily, weekly, fortnightly, monthly): _____

Nature of supervision (eg face-to-face, telephone, skype etc) _____

Section 1 – Supervision arrangements

Proposed position:	
Proposed employer:	
Location(s) where supervised practice is proposed:	
Anticipated supervision commencement date:	
Anticipated supervision completion date: ¹⁴	
Nominate proposed commencement level of supervision and expected progressions: (Refer to the 'Levels of supervision' described in the Board's Supervision guidelines for occupational therapists)	
Levels	Proposed reporting frequency
Level 1:	
Level 2:	
Level 3:	
Level 4:	
<p>Describe how supervision is to be provided, including, where relevant, practice areas that will be directly observed. :</p> <p>e.g. Direct supervision of all assessments, discussion of treatment plan after assessment, observation of initial treatment, review of progress notes and reports, frequency of case reviews, teleconferences, in-service sessions etc.</p>	

¹⁴ This should correlate to the period of limited registration if applicable

Section 2 – Capabilities and issues specific to supervisee

Strengths of supervisee	Weaknesses of supervisee

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

Issue	Measures to address issue	Review date

Section 3 – Supervision goals and plan

Please **complete relevant sections** as informed by the **relevant units** in the Australian Minimum Competency Standards for New Graduate Occupational Therapists tool:

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
Specific supervision requirement	
(List the individual learning objectives)	(List planned activities)
Unit 1 Occupational Therapy Professional Attitudes and Behaviour	
(List the individual learning objectives)	(List planned activities)
Unit 2 Occupational Therapy Information Gathering and Collaborative Goal Setting	
(List the individual learning objectives)	(List planned activities)

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
Unit 3 Occupational Therapy Intervention and Service Implementation	
(List the individual learning objectives)	(List planned activities)
Unit 4 Occupational Therapy Service Evaluation	
(List the individual learning objectives)	(List planned activities)
Unit 5 Occupational Therapy Professional Communication	
(List the individual learning objectives)	(List planned activities)
Unit 6 Occupational Therapy Professional Education and Development	
(List the individual learning objectives)	(List planned activities)
Unit 7 Occupational Therapy Professional Practice Responsibilities	

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

Additional requirements/documents¹⁵

¹⁵ For example, a log book of care provided

Section 4 – Declaration

I have completed this supervised practice plan in consultation with the supervisee 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 supervisee: _____ Date: _____

Name of supervisee: _____

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	
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Appendix 4: Supervisor's Report Template

The supervisor's report template details, at intervals agreed in the supervised practice plan, the progress against the supervised practice plan.

Supervision report template

Supervision reports, completed by the supervisor in consultation with the supervisee, are to be submitted to the Australian Health Practitioner Regulation Agency (AHPRA) for consideration by the Occupational Therapy 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 supervisee; and
- on conclusion of supervised practice.

For information on reports and reporting requirements, please refer to the Board's Supervision guidelines for occupational therapists.

Supervision report details

Date of report: _____

Name of supervisor: _____

Signature of supervisor: _____

Name of supervisee: _____

Signature of supervisee: _____

5. Reason for supervision (tick one):

- Limited registration for postgraduate training or supervised practice
- Limited registration for teaching or research
- Returning to practice after an absence of five or more years
- Significant change to scope of practice
- Condition or undertaking requiring supervision from a health, performance or conduct matter

6. Supervisee suitable for ongoing registration: Yes No

7. Level of supervision: Level 1 2 3 4 (please circle level of supervision at time of report)

8. Anticipated supervision completion date: _____

9. 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

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 ¹⁶
Emerging issues or problems (if applicable)	Measures to address emerging issues or problems

¹⁶ 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

Supervisor declaration (tick as appropriate) and signature:

Based on my observation and knowledge of the practitioner's practice in the profession I attest to the competency of the supervisee:

Name of supervisor: _____ **Signature of supervisor:** _____

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	
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Appendix 5: Orientation to the Australian healthcare system

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.

Orientation to the Australian healthcare system

For practitioners who have attained their primary qualifications outside of Australia, their supervised practice plan must include an orientation or introduction to the Australian healthcare system, and information on Australian culture.

Practitioners who have attained their primary qualifications outside of Australia are required to:

- complete this orientation report (self-directed, with support from the supervisor)
- submit it to the Board, with the supervised practice plan, for approval early in the supervisory period (prior to practice or within two weeks after commencing practice)

Name of registrant:	
Registration number:	
Dated commenced in approved position:	

Mark off (with a cross) each section when covered

General

Occupational therapists should be familiar with the structure of the Australian healthcare system and the roles of the various bodies with which contact will occur or which have particular areas of responsibility.

Orientation to the Australian healthcare system

- Structure and funding of the Australian healthcare system, interface between private and public health services
- Federal and /or State or Territory Department of Health, Department of Veterans Affairs, Medicare , WorkCover or similar authority (where applicable)
- Occupational therapy Board of Australia — registration, professional performance, conduct and health assessment and monitoring relevant under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law)
- Provider and prescriber numbers (if applicable)
- Prescribing (if applicable) — Pharmaceutical Benefits Scheme, National Prescribing Service, therapeutic guidelines
- Referral system – (eg pathology, radiology, other specialists, allied health services, hospital emergency departments, Ambulance Service, community services, local support groups) the employer should provide a list of service providers and their contact details
- Other contact phone numbers — supervisors, interpreter service, drugs and poisons information service and so forth

Orientation to the practice

- Policy and procedures manual — including infection control, patient confidentiality, clinical records, complaint processes
- Information technology (IT) systems
- Profession specific bodies (eg Occupational therapy Association of Australia, Occupational Therapy Council)
- Occupational health and safety

Orientation to legislation and professional practice

- Mandatory requirements under the National Law
- Legislative framework governing practice in state or territory, including drugs and poisons legislation if applicable
- Litigation and indemnity
- Patient privacy, rights and responsibilities, patient complaints
- Patient consent
- Access to health/medical records

Professional development

- Occupational therapy education and training and access to clinical publications
- Therapeutic guidelines, Australian Medicines Handbook, Occupational therapists guidelines and practice standards (where applicable)

Cultural diversity and social context of care

- Cultural awareness and respect
- Australian society, including multiculturalism, the status of women, children and older persons
- Aboriginal and Torres Strait Islander cultures
- Reporting responsibilities for suspected child abuse and domestic violence
- Health practitioner / patient relationship

Other topics included in initial orientation:

Signatures

Applicant's / registrant's signature:		Date:	
			(day/month/year)
Applicant's / registrant's name:			
	(please print)		
Principal supervisor's signature:		Date:	
			(day/month/year)
Principal supervisor's name:			
	(please print)		

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	
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Appendix 6: Diagrammatic Summary

A diagrammatic representation of the responsibilities and documents to be submitted in the supervision process is provided below for reference.

AHPRA will process all documentation on behalf of the Board 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 are published on the Board's website, alongside the guidelines (refer to www.occupationaltherapboard.gov.au).

Supervisee		Supervisor
<ul style="list-style-type: none"> Review supervision guidelines for occupational therapists and other relevant Board registration standards and guidelines Where applicable, complete relevant registration application form including the required evidentiary documents and other documentation as required (eg position description, CV, fees etc) Select supervisor(s). Inform supervisor of experience, needs and circumstances/incidents relevant to the requirement that I practice under supervision With supervisor(s), complete supervision agreement (see template) and forward to the Board prior to commencing practice With supervisor(s), complete and sign the supervised practice plan(s) (see template) and forward to the Board prior to practice or within two weeks of practice commencing. 	<div style="border: 1px solid black; padding: 5px; background-color: #ADD8E6; width: fit-content; margin: 0 auto;">Application Stage</div>	<ul style="list-style-type: none"> Review supervision guidelines for occupational therapists Discuss the type and level of supervision required to match individual needs (see supervision guidelines) Complete supervision agreement with the supervisee (see template) Assist in drafting the supervised practice plan and sign when complete Work with supervisee to submit an early request for extension to the Board if the supervised practice plan cannot be completed and submitted to the Board with a two week period of commencing practice Disclose with the supervisee any potential conflict of interest
<ul style="list-style-type: none"> Where applicable, complete an orientation report to the Australian healthcare system (see template) Practice within the approved supervised practice plan 	<div style="border: 1px solid black; padding: 5px; background-color: #ADD8E6; width: fit-content; margin: 0 auto;">Post-approval by the Board</div>	<ul style="list-style-type: none"> Provide supervision reports (see template) at the required frequency in accordance with the supervised practice plan
<ul style="list-style-type: none"> Notify the Board within seven (7) calendar days of any planned or unexpected supervisor changes (eg due to illness) and as indicated, cease practice Submit proposed new supervision agreements to the Board for consideration including a new supervision agreement and new supervised practice plan Provide to the proposed new supervisor(s) copies of: <ul style="list-style-type: none"> Previous supervisor undertakings Supervised practice plan(s); and Supervision report(s) 	<div style="border: 1px solid black; padding: 5px; background-color: #ADD8E6; width: fit-content; margin: 0 auto;">Changing a supervisor or issues arising</div>	<ul style="list-style-type: none"> Notify the Board immediately if: <ul style="list-style-type: none"> the relationship with the supervisee breaks down there are concerns that practice, conduct or health is placing the public at risk the supervisee is not complying with the supervision requirements or there are any significant changes the supervisor is no longer able to provide the level of supervision required by the supervised practice plan