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 for consideration by the Osteopathy 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 G*uidelines for supervision of osteopaths*

Supervision report details

**1. Date of report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Name of supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Name of supervisee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4. Signature of supervisee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Reason for supervision (tick one):**

* Returning to practice after an absence of greater than three years
* Satisfying recency of practice, e.g. less than 450 hours of practice in their current domain in the previous three years
* Change to domain of practice, e.g. to clinical from non-clinical
* Provisional registration
* Condition or undertaking requiring supervision from a health, performance or conduct matter

**6. Supervisee suitable for ongoing registration:**  Yes  No

**For provisional registration for overseas qualified osteopaths only at three-month report: Supervisee suitable for ongoing provisional registration:**  Yes  No

**For provisional registration for overseas qualified osteopaths only at six-month report: Supervisee suitable for general registration:**  Yes  No (if No, is supervisee suitable for ongoing provisional registration**:**  Yes  No)

**I7. 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)*

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**Supervision report on progress**

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| **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[[1]](#footnote-1)** |
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| **Emerging issues or problems *(if applicable)*** | **Measures to address emerging issues or problems** |
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| **Other comments** |
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1. Supervisors should contact the Board as soon as practical if the learning objectives are not achievable [↑](#footnote-ref-1)