



## Consultation Paper: Public Consultation

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12 July 2013

### Revised draft *Framework: pathways for registration of overseas-trained osteopaths*

#### Important information

The Osteopathy Board of Australia (the Board) is releasing this paper for public consultation.

The Board has decided to undertake further public consultation on the *Framework: pathways for registration of overseas-trained osteopaths* because the Board has made changes to the competent authority pathway requirements after the first round of public consultations. The Board is now proposing that the initial introduction of the competent authority pathway will include a period of assessment of supervised practice. This will continue for at least six months and practitioners will be provisionally registered for this period.

This registration requirement will not apply to the standard pathway which currently involves a four stage ANZOC assessment process.

Overseas qualified osteopaths in both pathways will need to complete a module and assessment on the Australian health care system:

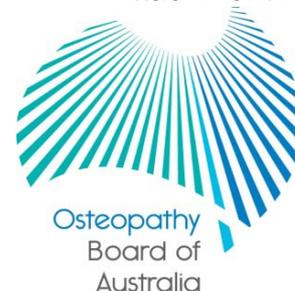
The Board is consulting on the proposed change to include an assessment of a period of provisional registration for supervised practice in the competent authority pathway, including the documents to establish the pathway,

Attachment A:	Revised Framework: pathways for registration of overseas trained osteopaths
Attachment B:	Supervision Guidelines
Attachment C:	Supervised Practice Plan
Attachment D:	Supervision Agreement
Attachment E:	Supervision Report template

Interested parties are invited to make written submissions on this proposal. Please note that your submission will generally be placed on the Board's website unless you indicate otherwise. However, the Board reserves its right not to publish submissions, for example that contain confidential, offensive or defamatory comments or which are outside the scope of the consultation.

**If you wish to provide comments on this draft paper, please provide written comments in electronic form to [osteoboardconsultation@ahpra.gov.au](mailto:osteoboardconsultation@ahpra.gov.au) by close of business on Friday 9 August 2013.**

Issued by the Osteopathy Board of Australia under the authority of Dr Robert Fendall (Osteopath), Chair, on 12 July 2013.



## Information

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### *Framework: Pathways for registration of overseas-trained osteopaths*

#### 1. Introduction

The Framework has been developed by the Osteopathy Board of Australia (the Board) to explain the assessments the Board requires of overseas qualified osteopaths seeking registration in Australia, under s. 53(c) of the *Health Practitioner Regulation National Law Act* as in force in each state and territory (the National Law).

The Framework applies to overseas qualified osteopathy practitioners, except for those registered in New Zealand who are eligible for registration in Australia under Trans Tasman Mutual Recognition arrangements.

#### 2. Summary of the Framework

Under the Framework, osteopaths who have certain qualifications recognised by the General Osteopathic Council in the United Kingdom (GOsC) will have two pathways to registration in Australia – these candidates are able to choose either the competent authority pathway or the standard pathway. Osteopaths with qualifications not specified in the Framework, will continue to be assessed through the standard pathway<sup>1</sup> for eligibility for general registration. The two pathways are summarised in the table below.

Step	Standard pathway	Competent authority pathway
Desktop assessment	Yes	Yes
Written exam	Yes	No
Portfolio assessment	Yes	No
Practical exam	Yes	No
Assessment on the Module on Australian practice	Yes	Yes
Supervised practice under provisional registration for a minimum of six months	No	Yes

<sup>1</sup> Currently a four-stage process conducted by ANZOC: [http://www.anzoc.org.au/assessment\\_for\\_registration\\_in\\_aust.html](http://www.anzoc.org.au/assessment_for_registration_in_aust.html)

On completion of the requirements for the relevant pathway, the overseas qualified osteopath will then be able to apply for general registration in Australia. Registration is subject to satisfying the requirements for general registration in the National Law, including the Osteopathy Board's five registration standards.

### 3. Assessment of overseas authorities

A key objective of the National Law is to protect the public. Section 42(c) of the National Law makes provision for an accreditation authority to assess 'authorities in other countries who conduct examinations for registration in a health profession or accredit programs of study relevant to registration, to decide whether persons who successfully complete the programs/examinations conducted or accredited by the authority have the knowledge, skills and professional attributes necessary to practice the profession in Australia'.

The Australian and New Zealand Osteopathic Council (ANZOC) is the independent authority exercising accreditation functions under the National Law for the osteopathy profession.

ANZOC has compared Australian accreditation and practice standards and the standards applied by GOsC with the recognition of Osteopathy training programs. The Board has endorsed ANZOC's recommendations that applicants registered with the GOsC who are graduates from a UK Recognised Qualification program at Australian Qualification Framework (AQF) level 7 or higher, that was recognised by the GOsC between 1999 and 2012, should be considered eligible for registration via a competent authority pathway. Applicants who do not pass the competent authority desk-top assessment by ANZOC may be eligible to apply for registration through the standard assessment pathway.

ANZOC will advise candidates of their eligibility to apply through either the standard or competent authority pathway at the desk-top stage of the assessment process.

In each case, the applicant's good standing with the GOsC and any other relevant regulatory authorities will be considered in the assessment of their application for general registration.

ANZOC has developed a module on the orientation to the Australian health care system. Overseas qualified osteopaths will be required to undertake an assessment based on the material in the module. ANZOC is the contact agency for questions about the module.

### 4. Qualifications, assessments and supervision

All osteopaths must have a qualification for general registration under s. 53 of the National Law. Overseas qualified osteopaths do not have a qualification from an approved program of study or a qualification that the Board has determined to be substantially equivalent or based on similar competencies to an approved program of study, and are therefore required to successfully complete an assessment under s.53(c).

Any applicant from the UK must be registered with GOsC before being assessed by ANZOC under the standard pathway or the competent authority pathway and applying to the Board for registration in Australia. This includes recent graduates who have not worked as an osteopath.

The Board does not require applicants in the competent authority pathway to undertake formal written or clinical assessments by ANZOC of their knowledge, skills or professional attributes before registration in Australia, apart from the assessment on the Module. However, these applicants will be required to undertake a period of supervised practice under provisional registration for the first six months of work as an osteopath in Australia. The supervised practice is intended to ensure that osteopaths entering through the competent authority pathway are safe practitioners oriented to the Australian health care system. A [separate fact sheet](#) 'Competent authority pathway: provisional registration and supervised practice' and relevant forms for both supervisors and supervisees are published on the Board's website. Once the period of supervised practice is satisfactorily completed, a practitioner can apply for general registration.

### 5. Summary of requirements for overseas qualified osteopaths

#### 1. Current registration as an osteopath in their own country.

2. **An overseas qualification** assessed by ANZOC as suitable for the competent authority or standard assessment pathway.
3. **Successful completion of the assessment required under s. 53(c):**
  - a. the desk-top assessment, written and clinical examination, and portfolio (standard pathway) or
  - b. desktop assessment (competent authority pathway)
  - c. completion of a module on the Australian health care system (standard and competent authority pathways).
4. **Six months work-based supervised practice** with provisional registration (competent authority pathway only).
5. **Eligibility for general registration.** All the Board's requirements for general registration as an osteopathy practitioner under the National Law must be satisfied, including the practitioner being in good standing with their regulatory authority when they are, or have been, registered (standard and competent authority pathways).

## 6. Applying for provisional registration

The application [form](#) for provisional registration is published on the Board's website and must be lodged with AHPRA. If the initial six month supervision period has not been satisfactorily completed, the practitioner can apply to the Board to renew provisional registration for supervised practice. Provisional registration may be renewed twice.

## 7. The role of the Osteopathy Board of Australia

The primary role of the Board is to protect the public by ensuring that only osteopathy practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

## 7. Acknowledgement

The Board acknowledges the considerable work undertaken by ANZOC in the development of this current Framework and in the ongoing assessment of individual applicants for registration. More information about the assessments and module are available from ANZOC.

## 8. Review

**This framework will take effect on XXXX 2013. The Board will review the Framework at least every two years.**

## Extract of relevant provisions from the National Law

### 42 Definition

In this Part—

**accreditation function** means—

...

- (c) assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia; or
- (d) overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration in a health profession under this Law and whose qualifications are not approved qualifications for the health profession; or
- (e) making recommendations and giving advice to a National Board about a matter referred to in paragraph (a), (b), (c) or (d).

### 52 Eligibility for general registration

(1) An individual is eligible for general registration in a health profession if—

- (a) the individual is qualified for general registration in the health profession; and
- (b) the individual has successfully completed—
  - (i) any period of supervised practice in the health profession required by an approved registration standard for the health profession; or
  - (ii) any examination or assessment required by an approved registration standard for the health profession to assess the individual's ability to competently and safely practise the profession; and
- (c) the individual is a suitable person to hold general registration in the health profession; and
- (d) the individual is not disqualified under this Law or a law of a co-regulatory jurisdiction from applying for registration, or being registered, in the health profession; and
- (e) the individual meets any other requirements for registration stated in an approved registration standard for the health profession.

(2) Without limiting subsection (1), the National Board established for the health profession may decide the individual is eligible for general registration in the profession by imposing conditions on the registration under section 83.

### 53 Qualifications for general registration

An individual is qualified for general registration in a health profession if—

- (a) the individual holds an approved qualification for the health profession; or
- (b) the individual holds a qualification the National Board established for the health profession considers to be substantially equivalent, or based on similar competencies, to an approved qualification; or
- (c) the individual holds a qualification, not referred to in paragraph (a) or (b), relevant to the health profession and has successfully completed an examination or other assessment required by the National Board for the purpose of general registration in the health profession; or
- (d) the individual—
  - (i) holds a qualification, not referred to in paragraph (a) or (b), that under this Law or a corresponding prior Act qualified the individual for general registration (however described) in the health profession; and
  - (ii) was previously registered under this Law or the corresponding prior Act on the basis of holding that qualification.

### 54 Examination or assessment for general registration

For the purposes of section 52(1)(b)(ii), if a National Board requires an individual to undertake an examination or assessment, the examination or assessment must be conducted by an accreditation authority for the health profession, unless the Board decides otherwise.

### 62 Eligibility for provisional registration

(1) An individual is eligible for provisional registration in a health profession, to enable the individual to complete a period of supervised practice that the individual requires to be eligible for general registration in the health profession, if—

- (a) the individual is qualified for general registration in the profession; and
- (b) the individual is a suitable person to hold provisional registration in the profession; and
- (c) the individual is not disqualified under this Law or a law of a co-regulatory jurisdiction from applying for, or being registered in, the profession; and
- (d) the individual meets any other requirements for registration stated in an approved registration standard for the health profession.

(2) Without limiting subsection (1), the National Board established for the health profession may decide the individual is eligible for provisional registration in the health profession by imposing conditions on the registration under section 83.



## Guidelines for supervision of osteopaths

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**XXXX 2013**

### Authority

These guidelines for supervision of osteopaths have been developed by the Osteopathy Board of Australia under section 39 of the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory<sup>1</sup>.

Guidelines approved by a National Board may be used as evidence of what constitutes appropriate professional conduct or practice for osteopaths in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction. The Guidelines apply to registered practitioners being supervised and registered practitioners who agree to provide supervision, consistent with these guidelines.

### Purpose

These guidelines have been developed to assist osteopaths to deliver service consistent with best practice.

Patients have the right to expect delivery of safe, competent and contemporary osteopathic services at all times, including when care is being provided under supervisory arrangements.

Appropriate supervision provides assurance to the Osteopathy Board of Australia (the Board) and the community that the registered osteopath'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 in a range of clinical contexts.

### Summary

Osteopaths 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 returning to practice or satisfying recency of practice) or to address a conduct, performance or health issue that has been assessed as impacting on safe and/or appropriate practice.

Supervision requirements may be different for each osteopath. They will be tailored to the purpose of supervision, the practitioner's particular circumstances, experience and learning needs.

Supervision may be set at different levels (as described 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.

These guidelines set out:

- Principles of supervision

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<sup>1</sup> See the legislation at [www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx](http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx)

- Levels of supervision
- The requirements and responsibilities of a supervisor
- The responsibilities of an osteopath being supervised
- The requirements of a supervised practice plan and
- Reporting requirements including the requirements of a supervision report.

## 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:

- Osteopaths returning to practice after an absence of more than three years, or who have less than 400 hours of practice in their current domain in the previous three years
- Osteopaths changing their domain of practice <sup>2</sup>
- Osteopaths who have a condition on their registration or who have entered into an undertaking that requires supervision
- Osteopaths moving back into a clinical role from a non-clinical role
- Osteopaths from overseas who have been assessed under a competent authority pathway and are required to satisfactorily undertake a period of supervised practice under provisional registration

The guidelines apply to both the practitioner providing the supervision (supervisor) and the supervised practitioner (supervisee).

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

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
- supervision for professional development, or
- limited registration solely for the purposes of sitting an examination conducted by the Australian and New Zealand Osteopathic Council (ANZOC)

## 1. Principles

The following principles convey the expectations of the Board in the supervisory arrangements, under these guidelines and considering the objectives and guiding principles of the National Law:

- 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

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<sup>2</sup> The Recency of Practice Registration Standard at [www.osteopathyboard.gov.au/Registration-Standards.aspx](http://www.osteopathyboard.gov.au/Registration-Standards.aspx) sets out the requirement for practicing for 400 hours in the current domain of practice. A domain of practice can include clinical practice, academic practice, or another domain that involves the use of osteopathic knowledge and skill.

specific position in which the supervisee is proposing to work and the purpose of the supervision requirements.

- 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's capabilities. 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).
- 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 table of supervision levels below.
- 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 he or she enters into with the Board and to appropriately oversee the supervisee's practice.
- A supervisor accepts a professional responsibility to the Osteopathy Board to properly supervise the supervisee. A supervisor remains responsible for the clinical care, or oversight of the clinical care, provided by the supervisee, depending on the level of supervision.

## 2. Developing a supervised practice plan and setting reporting requirements

The supervised practice plan, as described in this document, sets out the supervision requirements, including the expected progression through the levels of supervision and reporting to the Board or its delegate. The supervised practice plan may be required by a registration standard, for example relating to recency of practice, or by a condition imposed on the practitioner's registration, where supervision arises from an action relating to the practitioner's health, performance or conduct. A supervision plan, including the reporting requirements, will align with any conditions imposed by the relevant National Board, including review requirements (see information about developing a supervised practice plan below).

It is critical that supervisors have adequate time for their supervision role. Accordingly, if a supervisor proposes to supervise several supervisees, the Board may seek assurance that the supervisor has the capacity for this responsibility and can provide appropriate support to multiple supervisees. Consideration can be given to co-supervision arrangements if supervisors work part-time hours.

## 3. 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 upon a number of factors, listed below. These factors 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:

- The purpose of supervision
- The previous practice experience, qualifications, skills and attributes of the supervisee
- Where relevant, 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 and the competence and suitability of the practitioner, the position description, the location and the availability of clinical and other relevant supports, and
- 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.

The commencement level of supervision and the progression through the levels of supervision will be determined by the Board's approval 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 1 and not all supervisees will be expected to or be required to progress to level 4 supervision.

*Table 1: Levels of supervision* summarises the four (4) levels of supervision and the likely reporting timeframe for each level, with Level 1 the highest and most intensive supervision and Level 4 the lowest and least intensive level of supervision. 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, taking into account that it is competence-based rather than strictly time-based. 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	Example of possible use for level of supervision <sup>3</sup>
1	The supervisor takes direct and principal responsibility for individual patients	<p>The supervisor must be physically present at the workplace, when the supervisee is providing clinical care, as per the supervised practice plan.</p> <p>Supervision via telephone (indirect) is not permitted.</p> <p>The supervisee must consult the supervisor about the management of each patient before care is delivered.</p>	<p>Report after initial one month and then at three-monthly interval/s, while the supervisee is on Level 1 supervision.</p> <p>If the supervisee is only expected to be at level one for less than one month, the Supervision Practice Plan could specify a report (e.g verbal) <i>by exception</i> and the first written report according to the requirements for subsequent levels</p>	<p>As the highest level of supervision, this level may be used:</p> <ul style="list-style-type: none"> <li>to determine the current level of competence<sup>4</sup> of the practitioner and inform further levels of supervision under a supervised practice plan, or</li> <li>In a supervised practice plan arising from a health, conduct or performance matter and may be specified in an undertaking or condition</li> <li>For a brief period (eg one week, 8 sessions etc), to confirm that the supervisee is able to progress to level two supervision</li> </ul>

<sup>3</sup> 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.

<sup>4</sup> Refer to the current *Capabilities for Osteopathic Practice* at [www.anzoc.org.au/qualifications & skills\\_assessment.html](http://www.anzoc.org.au/qualifications & skills_assessment.html) that are undergoing revision for experienced osteopaths

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision <sup>3</sup>
2	The supervisor and supervisee share the responsibility for individual patients	<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 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 a practitioner with general registration providing temporary oversight.</p>	<p>Report at renewal if moving from level 1 and previous satisfactory report(s) provided.</p> <p>If commencing at level 2 supervision, a report after initial 3 months and then at renewal.</p>	<ul style="list-style-type: none"> <li>• In a supervised practice plan arising from a health, conduct or performance matter</li> <li>• In a supervised practice plan arising from the Board's <i>Recency of practice registration standard</i></li> </ul>
3	The supervisee takes primary responsibility for their practice, including individual patients	<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 telephone or other means of telecommunication such as videoconference.</p> <p>The supervisor must conduct regular reviews of the supervisee's practice.</p>	<p>Report at renewal if moving from a higher level of supervision and previous satisfactory reports provided.</p> <p>If commencing at level 3 supervision, a report after initial three months and then on renewal.</p>	<ul style="list-style-type: none"> <li>• Generally used at second stages of a supervised practice plan after the practitioner has progressed through level 1 or 2 supervision</li> </ul>

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision <sup>3</sup>
4	The supervisee takes full responsibility for their practice, including individual patients within the supervisor's general oversight	<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>	<p>Report at renewal if moving from a higher level of supervision and previous satisfactory reports provided.</p> <p>If commencing at level 4 supervision, a report after initial three months and then on renewal</p>	<ul style="list-style-type: none"> <li>• Later stages of a supervised practice plan after the practitioner has progressed through level 1, 2 or 3 supervision</li> <li>• Please note, it is possible to start at level 4 supervision</li> <li>•</li> </ul>

#### 4. Requirements and responsibilities of supervisors

Requirements for supervisors:

- A nominated supervisor must meet the requirements specified in the definition of a supervisor.
- The supervisor must formally consent to act as a supervisor and must be approved by the Board. The supervisor must be able to comply with the requirements of the supervised practice plan.
- The relationship between supervisor and supervisee must be professional. As recommended in the Osteopathy Board's *Code of Conduct* (at 10.2), good practice involves avoiding any potential for conflict of interest in the supervisory relationship, for example, by supervising someone who is a partner, close relative or friend, or where there is another potential conflict of interest that could impede objectivity and/or interfere with the supervisee's achievements of learning outcomes or relevant experience.<sup>5</sup>

Responsibilities of the supervisor include:

- 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 as required by the level of supervision.
- 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.
- 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 the supervisee is not doing so.
- 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 consequences if they do not.
- Understand the significance of supervision as a professional undertaking, and commit to this role including regular, one-on-one, scheduled time with the supervised practitioner which is free from interruptions as required by the supervised practice plan.

<sup>5</sup> Osteopathy Board of Australia, Code of Conduct, available at [www.osteopathyboard.gov.au/Codes-Guidelines.aspx](http://www.osteopathyboard.gov.au/Codes-Guidelines.aspx)

- Ensure that they hold adequate professional indemnity insurance in accordance with the Board's *Professional insurance indemnity arrangements registration standard*<sup>6</sup>.
- Disclose to the Board any potential or perceived conflict of interest, for example a personal relationship or business partnership with the supervisee<sup>7</sup>.
- Be accountable to the Osteopathy Board of Australia and provide honest, accurate and responsible reports in the approved form at intervals determined by the supervised practice plan.
- 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.
- 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.
- Maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors.
- Notify the Board immediately if:
  - the relationship with the supervisee breaks down
  - there are concerns that the supervisee's 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 on registration
  - the supervisee is not complying with the supervision requirements or if there are any significant changes to those requirements such as extended absences or periods of non-practice
  - 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 backup plans in the event of an unexpected absence.

Should a supervisor fail to properly discharge their obligations under these guidelines and the supervised practice plan, the Board may consider whether the supervisor has engaged in unprofessional conduct.

## 5. Responsibilities of supervisees

Supervisees must:

- in conjunction with the supervisor, 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

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<sup>6</sup> Refer to the Board's *Professional insurance indemnity arrangements registration standard* at [www.osteopathyboard.gov.au/Registration-Standards.aspx](http://www.osteopathyboard.gov.au/Registration-Standards.aspx)

<sup>7</sup> A personal relationship or business partnership between the supervisee and supervisor is not encouraged but must be declared and then considered in the context of the matter under consideration by the Board.

- take joint responsibility for establishing a schedule of regular meetings with the supervisor and make all reasonable efforts within the supervisee's control to ensure that these meetings take place
- be adequately prepared for meetings with their supervisor
- participate in assessments conducted by the supervisor to assist in determining future supervision needs and progress
- recognise the limits of their professional competence, and seek guidance and assistance, and follow directions and instructions from their supervisor as required
- familiarise themselves and comply with legal, regulatory and professional responsibilities applicable to their practice
- ensure that they hold adequate professional indemnity insurance in accordance with the Board's *Professional insurance indemnity arrangements registration standard*<sup>8</sup>
- advise the supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact patient care
- reflect on and respond to feedback
- inform the Board and supervisor if the conditions or the requirements of their supervision are not being met or if the relationship with the supervisor breaks down
- inform the supervisor and Board of any leave or breaks in practice that may impact on the requirements of the supervised practice plan
- notify the Board in writing within seven calendar days if the approved supervisor is no longer able to provide supervision, and immediately notify AHPRA if there is no back up supervisor available as specified in the supervised practice plan.

Should a supervisee fail to properly discharge their obligations under these guidelines and the supervised practice plan, the Board may consider whether the supervisee has engaged in unprofessional conduct.

## 6. Supervised practice plan

The supervised practice plan must be approved by the Board before the commencement of the supervisory period and be accompanied by the proposed supervisor's formal agreement to provide supervision as determined by the Board.<sup>9</sup>

The supervisor must obtain approval of the Board for any proposed changes to the supervised practice plan before they are implemented. A sample template for a supervised practice plan and supervisor agreement is available on the Board's website with this document.

For osteopaths returning to practice after an absence of greater than three years, or who do not satisfy the recency of practice registration standard of 400 hours of practice in their current domain in the past three years – or who want to change their current domain of practice - a professional development plan should be submitted with the supervised practice plan.

## 7. Reporting requirements

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<sup>8</sup> Refer to the Board's *Professional insurance indemnity arrangements registration standard* at [www.osteopathyboard.gov.au/Registration-Standards.aspx](http://www.osteopathyboard.gov.au/Registration-Standards.aspx)

<sup>9</sup> The Board retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

The reporting requirements for a supervisee will be listed in the supervised practice plan agreed by the Board, the supervisor and the supervisee, or those specified by another entity such as a tribunal. These requirements will be informed by the levels of supervision in *Table 1*. 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.

### Supervised practice plan

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, level 2 – 4 supervision would involve a report after three months and then at renewal of registration. For level 1 supervision, if this category is going to be used beyond a brief initial check that the practitioner is able to progress to lower levels of supervision, more frequent reporting would be expected.

For overseas qualified osteopaths in the assessment of supervised practice as part of the competent authority pathway, reporting will be after three months and then at the end of the six months supervised practice. If the supervisee is not performing satisfactorily at the end of six months supervised practice, then reports will be required every three months during any further period of supervised practice.

A template for a supervision practice plan is available on the Board's website alongside this document.

### Supervision report

The supervision report should provide detail in accordance with 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.

The supervision report should also include changes in supervisory arrangements (including changes in levels) over time as agreed by the Board in the supervised practice plan, as well as achievements by the supervisee and any emerging issues

A template for a supervision report is available on the Board's website alongside this document.

### Changes in Supervisory Arrangements

A supervisee must not practise without a supervisor approved by the Osteopathy Board and in accordance with any approved supervision plan.

It is recommended that where practicable, when supervision is initially proposed, alternative supervision arrangements are included. For example, it is helpful to nominate an alternate supervisor (Supervisor 2) for Board approval so that in the event that the initial supervisor (Supervisor 1) is no longer able to discharge his or her duties, Supervisor 2 can assume supervisory responsibilities. Supervisor 2 should also have a minimum of five years experience with general registration, and they 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. If Supervisor 2 is unable to assume supervisory responsibilities, or if there is an unexpected need to change both supervisors, the supervisee must contact AHPRA immediately and may have to cease practice.

Only in appropriate or extenuating circumstances would a health practitioner who is not an osteopath be considered as a supervisor e.g. as an alternate supervisor for temporary situations or in very remote locations.

The supervisee must:

- notify the Board in writing of their intent to change supervisors no less than seven calendar days before the proposed date of change or within seven calendar days of any unexpected supervisor changes (e.g. due to illness).
- at the same time, submit proposed new supervision arrangements to the Board for consideration, including the name and contact details of the proposed new supervisor(s), the new signed supervisor and supervisee agreements and undertakings and a new supervised practice plan.
- provide to the proposed new supervisor(s) copies of:
  - Previous supervisor undertakings.
  - Supervised practice plan(s).
  - Supervision report(s).

**References**

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](http://www.hwa.gov.au/work-programs/clinical-training-reform/clinical-supervision-support-program) )

<b>Date of issue:</b> XXX 2013
<b>Date of review:</b> This guideline will be reviewed at least every three years
<b>Last reviewed:</b>

## Appendix 1: Definitions

**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 the registration standard on recency of practice, practice is not restricted to the provision of direct clinical care. It also includes working 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 and/or uses the individual's professional skills.

**Clinical practice** means direct clinical care of patients, using the current knowledge, skill and attributes of the osteopathic profession, whether remunerated or not, and regardless of job title. NOTE: A registered practitioner must undertake at least 400 hours of **clinical practice** in the previous three years in order to maintain recency of practice in the clinical domain.

**Nonclinical practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession, except for the provision of direct clinical care. It includes working in a direct nonclinical 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 and/or use their professional skills.

**Supervision, for the purposes of these guidelines, could** incorporate elements of direction and guidance. It is a formal process of professional support and learning which enables a practitioner (supervisee) to develop and demonstrate 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 nature of context under which the practice is being supervised. A supervisor in the context of a re-entry to practice plan will generally be required to provide reports to the Board at determined intervals.

**Direct supervision** is when the supervisor is actually present on the premises when the supervisee is practising; observes and works with the supervisee; refer to levels of supervision contained in *Table 1*.

**Indirect supervision** is when the supervisor is easily contactable and is available to observe and discuss clinical management with the supervisee in the presence of the patient/client; refer to levels of supervision contained in *Table 1*.

**Remote supervision** is when the supervisor is contactable to discuss clinical activities however is not on the premises or required to directly observe or participate in the clinical management; refer to levels of supervision contained in *Table 1*.

A **supervisor** is a suitably qualified and experienced osteopath (who must usually have a minimum of five years experience with general registration), who has undertaken to assess, monitor and report to the Osteopathy Board of Australia, about the performance of a practitioner undertaking supervised practice. Supervisors must be registered practitioners and 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. The Board may consider other practitioners in exceptional circumstances where appropriate.

A **supervisee** is an osteopath returning to practice or holding registration with conditions or undertakings, or who has entered into an undertaking that requires supervision, practising under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan.

A **supervised practice plan** means a plan that is agreed between the Osteopathy Board of Australia, 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 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 attachment C) at the intervals agreed in the supervised practice plan and details the 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 (as described in the supervised plan) or if there are concerns about the supervisee.

## Appendix 2 Summary of processes

The following diagram outlines the key responsibilities and 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 are published on the Board's website ([www.osteopathyboard.gov.au](http://www.osteopathyboard.gov.au)), alongside the guidelines.

Supervisee	Supervisor
<b>Application stage<sup>10</sup></b>	
<ul style="list-style-type: none"> <li>Review supervision guidelines for osteopaths and other relevant Board registration standards and guidelines</li> <li>Select supervisor(s)<sup>11</sup></li> <li>If applicable, complete relevant application form<sup>12</sup> including the required evidentiary documents</li> <li>Complete supervision agreement as per template</li> <li>Complete supervised practice plan as per template,</li> <li>Sign supervised practice plan</li> </ul>	<ul style="list-style-type: none"> <li>Review supervision guidelines for osteopaths</li> <li>Discuss supervisee learning needs and supervision requirements</li> <li>Complete <b>supervision agreement</b> as per template</li> <li>Assist in drafting the <b>supervised practice plan</b></li> <li>Sign <b>supervised practice plan</b></li> </ul>
<b>Post-approval of the supervised practice plan by the Board</b>	
<ul style="list-style-type: none"> <li>Practice within the approved supervised practice plan</li> </ul>	<ul style="list-style-type: none"> <li>Provide <b>supervision reports</b>, as per template, at the required frequency in accordance with the <b>supervised practice plan</b></li> </ul>
<b>In the event of a need to change a supervisor</b>	
<ul style="list-style-type: none"> <li>Notify the Board in writing within seven (7) calendar days of any planned or unexpected supervisor changes (e.g. due to illness)</li> <li>Submit proposed new supervision arrangements to the Board for consideration, including a new supervision agreement and new supervised practice plan</li> <li>Provide to the proposed new supervisor(s) copies of: <ul style="list-style-type: none"> <li>- previous supervisor undertakings</li> <li>- supervised practice plan(s), and</li> <li>- supervision report(s)</li> </ul> </li> </ul>	

<sup>10</sup> All documentation should be sent to the AHPRA office, as listed on *Contact us* section of the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au)).

<sup>11</sup> For health, performance or conduct matters, the Board or another entity may nominate a supervisor.

<sup>12</sup> This means the application for general registration if returning to practice after a break of greater than 3 years or significantly changing domain of practice.

## Supervised practice plan template

### Who needs to complete this form?

The supervisee needs to submit a supervised practice plan (based on this template) with any applicable registration application forms<sup>1</sup> for situations when supervision is required:

- Returning to practice after an absence of greater than three years
- Satisfying recency of practice, e.g. less than 400 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 for overseas qualified osteopath in competent authority pathway
- Condition or undertaking requiring supervision

The Board may also require a supervised practice plan be developed in conjunction with conditions or undertakings arising from a health, performance or conduct matter. In this situation, the Board or another entity will direct the timing of the development of a supervised practice plan.

### When do they complete it?

When applying for provisional or general registration OR at renewal of provisional or general registration, as required by the relevant application form. The supervised practice plan should be attached and all documentation sent to the AHPRA office<sup>2</sup>

### Associated documents to be read prior to completing this form

- *Recency of practice registration standard*<sup>3</sup> including information on domains of practice and number of hours
- *Guidelines for supervision of osteopaths*<sup>4</sup>
- *Information for Osteopaths: Satisfying recency of practice and returning to practice for osteopaths*<sup>5</sup>
- *Framework: pathways for registration of overseas trained osteopaths*
- The Board's other registration standards, code and guidelines, published on its website

<sup>1</sup> Available under the Registration section of the Board's website.

<sup>2</sup> As listed on *Contact us* section of the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au))

<sup>3</sup> Available under the Registration Standards section of the Board's website.

<sup>4</sup> Published on Policies, Codes and Guidelines section of the Board's website.

<sup>5</sup> Published under the FAQ and Fact Sheets section of the Board's website.

### **What to consider in developing a supervised practice plan**

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

The *Guidelines for supervision of osteopaths* 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, and the format of the report.

The supervisor can submit to the Board proposed modifications to the supervised practice plan during the period of supervision.

### **What happens to the plan after it is submitted?**

The Board will consider the proposed supervised practice plan and approve with or without modification.

### **Who should the supervisee 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](http://www.ahpra.gov.au).

# Supervised practice plan

## Supervisee

Last name of supervisee:	
First (given) name of supervisee:	
Address of supervisee	
Telephone and email details	
Registration number <i>(if applicable)</i> :	
Reason for supervision <i>(e.g. recency of practice)</i>	

## Supervisor(s)

Name of Supervisor 1:	
Registration number:	
Address of supervisee	
Telephone and email details	
Name of Supervisor 2 <i>(if applicable)</i> :	
Registration number:	

## Purpose of supervision (tick one)

- Returning to practice after an absence of greater than three years
- Satisfying recency of practice, e.g. less than 400 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 for overseas qualified osteopath
- Condition or undertaking requiring supervision from a health, performance or conduct matter

## Section 1 – Supervision arrangements

Proposed position:	
Proposed employer:	
Location(s) where supervised practice is proposed:	
Anticipated supervision commencement date:	
Anticipated supervision completion date:	
<p><b>Nominate</b> proposed commencement level of supervision and expected progressions:  <i>(Refer to the 'Levels of supervision' described in the Board's Supervision guidelines for osteopathy.)</i></p>	
<b>Levels</b>	<b>Proposed reporting frequency</b>
Level 1:	
Level 2:	
Level 3:	
Level 4:	
<p><b>Describe</b> how supervision is to be provided:  <i>e.g. Direct supervision of all assessments, discussion of treatment plan after assessment, observation of initial treatment, frequency of case reviews, teleconferences, in –service sessions etc.</i></p>	

## 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 ‘Domains/Elements/Criteria’ in the *Capabilities for Osteopathic Practice*<sup>6</sup>

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
<b>Specific supervision requirement</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities )</i>
<b>Clinical Analysis</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Patient-Centred Care and Communication</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>

<sup>6</sup> Refer to the current *Capabilities for Osteopathic Practice* at <http://www.anzoc.org.au/publications.html> This document is undergoing revision for experienced osteopaths.

<b>Supervision goals</b> <i>(individual learning objectives)</i>	<b>Supervision plan</b> <i>(planned activities)</i>
<b>Osteopathic Care and Scope of Practice</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Primary Healthcare Responsibilities</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Professional Relationships and Behaviour</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Professional and Business Activities</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>

**Additional requirements/documents<sup>7</sup>**

## 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: \_\_\_\_\_

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<sup>7</sup> For example, .a de-identified log book of care provided.



## Supervision agreement

A supervision agreement, completed by the supervisor(s) and supervisee, is to be submitted to the Australian Health Practitioner Regulation Agency with an application for registration or when supervision is a requirement for registration. All parties should read the Board's *Guidelines for supervision of osteopaths* before completing this agreement.

### Section 1 – Details of supervisor and supervisee

#### Supervisor 1:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Practice address: \_\_\_\_\_  
 Phone (work): \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Registration number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Supervisor 2 (if applicable):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Practice address: \_\_\_\_\_  
 Phone (work): \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Registration number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisee:**

Purpose of supervision (tick one):

- Returning to practice after an absence of greater than three years
- Satisfying recency of practice, e.g. less than 400 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 for overseas qualified osteopaths in the competent authority pathway
- Condition or undertaking requiring supervision from a health, performance or conduct matter.

Last name:	_____	First name:	_____		
Postal address:	_____				
Telephone work:	_____	Mobile:	_____		
Fax:	_____	Email:	_____		
Registration number (if applicable):	_____	Signature:	_____	Date:	_____

## Section 2 – Agreement of supervisor

### Agreement of supervisor

I have read the Osteopathy Board of Australia (the Board) *Guidelines for supervision of osteopaths* and agree to comply with the responsibilities of supervisors.

I understand:

- 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
- 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 principles listed in the Board *Code of Conduct for Osteopaths*
- 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 reassessment of competency and review of the supervised practice plan must occur regularly and that supervision reports on progress must be provided as listed in the supervised practice plan approved by the Board
- that I will use the *Capabilities for Osteopathic Practice* for the assessment of the supervisee for the purpose of reports to the Board
- that I must take responsibility for the interventions carried out by the supervisee under my supervision to the extent described in the 'Levels of supervision' section in the *Guidelines for supervision of osteopaths*
- that I must provide clear direction to the supervisee
- that I must provide honest and responsible reports as required by the Board

I have attached to this agreement a current CV that confirms I have the expertise required to provide the necessary supervision.

**Agreement of supervisor(s)** to be completed by each supervisor and included as separate pages with that supervisor's signature only

I confirm that I am already currently supervising the following number of supervisees for the Osteopathy Board of Australia (in addition to this application): \_\_\_\_\_  
Please list names of current supervisees (if applicable):

\_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

I have/have not (please delete as appropriate) previously provided satisfactory supervision for osteopaths where supervision is a requirement for registration. Please list names of previous practitioners you have supervised on behalf of the Osteopathy Board of Australia.

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_

I do/do not (please delete as appropriate) have a personal relationship (other than supervision) that may create a perceived potential conflict of interest, such as a personal or business relationship with the Supervisee. Please detail your relationship to the supervisee 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

<b>Agreement of supervisee</b>
I have read the Osteopathy Board of Australia (the Board) <i>Guidelines for Supervision of osteopaths</i> and agree to comply with the responsibilities of supervisees.
I understand that: <ul style="list-style-type: none"><li>▪ I must familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to general registration without conditions</li><li>▪ I must 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</li><li>▪ I must participate in assessments undertaken by my supervisor to assist determination of my capabilities, needs and progress</li><li>▪ I must familiarise myself with safety policies and procedures relevant to my supervised practice and comply with these at all times</li><li>▪ I must follow directions and instruction from my supervisor and ask questions to clarify where necessary</li><li>▪ I must advise my supervisor of any uncertainties and incidents in relation to clinical practice during the period of supervision</li><li>▪ I must reflect on and respond to feedback</li><li>▪ I must provide honest and responsible information as required by the Board</li><li>▪ I must notify the Board in writing within seven days in the event supervision from one supervisor becomes unavailable and must immediately notify AHPRA if both supervisors are unavailable as I may have to cease practice immediately.</li></ul>
I do/do not ( <i>please delete as appropriate</i> ) have a potential conflict of interest, such as a personal or business relationship with my supervisor. Please detail any potential conflict of interest.  <hr/>

**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): \_\_\_\_\_

## 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 *Guidelines 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 400 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)

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 <sup>1</sup>

<sup>1</sup> Supervisors should contact the Board as soon as practical if the learning objectives are not achievable

Emerging issues or problems <i>(if applicable)</i>	Measures to address emerging issues or problems

Other comments