



Consultation Paper: Public Consultation

17 December 2012

Draft guidelines for supervision of osteopaths

Important information

This draft consultation paper is for public consultation

Interested parties are invited to make written submissions on this proposal. Please note that your submission will be placed on the Board's website unless you indicate otherwise. However, unless it is confidential the Board will exercise its absolute discretion in the publication of a submission.

If you wish to provide comments on this draft paper, please provide written comments in electronic form to osteoboardconsultation@ahpra.gov.au by close of business on Friday 15 February 2013.

Issued by the Osteopathy Board of Australia under the authority of Dr Robert Fendall, Chair, on 17 December 2012.

Draft guidelines for supervision of osteopaths

Date

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 territory¹.

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 that agree to provide supervision, consistent with these guidelines.

Purpose

These Guidelines have been developed to assist osteopaths to deliver service in accordance 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 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:

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

1. Principles of supervision
2. Levels of supervision
3. The requirements and responsibilities of a supervisor
4. The responsibilities of osteopaths being supervised
5. The requirements of a supervised practice plan; and
6. 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 greater 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 practice²
- 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

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:

- provisional registration,
- supervision of students
- mentoring of new graduates or less experienced practitioners
- performance review responsibilities of managers
- supervision for professional development,
- 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 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 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).

² The Recency of Practice Registration Standard at <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.

3. Before supervision begins, the supervisor, the supervisee and the Board need to agree on the duration and content of the supervised practice plan, and the reporting requirements, including the period for review if it varies from the standard periods outlined in the supervision levels below.
4. The onus rests with the supervisee to ensure the reporting requirements are met as agreed in the supervised practice plan; however, the supervisor also has a responsibility to adhere to the agreement he or she enters into with the Board and appropriately oversee the supervisee's practice.
5. 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 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. 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 as 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:

1. the purpose of supervision
2. the previous practice experience, qualifications, skills and attributes of the supervisee
3. where relevant, the requirements of the position, as outlined in the position description provided with the application and
4. the level of risk associated with the purpose of supervision and the competence and suitability of the practitioner, the position description, the location and the availability of clinical and other relevant supports.
5. 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 through the approval by the Board of the individual's supervised practice plan, and as agreed by all parties. If concerns are raised in the supervision reports or by the supervisor directly, the supervised practice plan will be amended by the Board as necessary. Not all supervisees will need to commence on level 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 more intensive supervision and Level 4 the lowest and less 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 and 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 ³
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"> • to determine the current level of competence⁴ of the practitioner and inform further levels of supervision under a supervised practice plan, or • In a supervised practice plan arising from a health, conduct or performance matter and may be specified in an undertaking or condition • For a brief period (eg one week, 8 sessions etc), to confirm that the supervisee is able to progress to level two supervision •

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.

⁴ Refer to the current *Capabilities for Osteopathic Practice* at http://www.anzoc.org.au/qualifications & skills_assessment.html that are undergoing revision for experienced osteopaths and will be released in 2013

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision ³
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 or specialist 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"> • In a supervised practice plan arising from a health, conduct or performance matter • In a supervised practice plan arising from the Board's <i>Recency of practice registration standard</i>
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>	Generally used at second stages of a supervised practice plan after the practitioner has progressed through level 1 or 2 supervision

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision ³
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>	<p>Later stages of a supervised practice plan after the practitioner has progressed through level 1, 2 or 3 supervision</p> <p>Please note, it is possible to start at level 4 supervision</p>

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.⁵

Responsibilities of the supervisor include:

1. 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
2. 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. 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
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 consequences if they do not
5. 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.

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

6. disclose to the Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee⁶
7. 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
8. 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. 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. maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors
11. notify the Board immediately if:
 - the relationship with the supervisee breaks down
 - there are concerns that the supervisees' 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.
12. 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:

1. 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
2. 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
3. be adequately prepared for meetings with their supervisor
4. participate in assessments conducted by the supervisor to assist in determining future supervision needs and progress
5. recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required

⁶ 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.

6. familiarise themselves and comply with legal, regulatory and professional responsibilities applicable to their practice
7. advise the supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact patient care
8. reflect on and respond to feedback
9. 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
10. inform the supervisor and Board of any leave or breaks in practice that may impact on the requirements of the supervised practice plan
11. notify the Board in writing within 7 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
12. 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 prior to commencement of the supervisory period and be accompanied by the proposed supervisor's formal agreement to provide supervision as determined by the Board.⁷

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 alongside this document.

7. Reporting requirements

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 one 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.

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

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

Supervision report

The supervision report should provide detail against the requirements of the supervised practice plan and explain whether or not the elements of the supervised practice plan are being achieved and if not, the measures implemented to address those elements not achieved.

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

A sample 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 the initial supervisor (Supervisor 1) is no longer able to discharge his or her duties, Supervisor 2 can assume supervisory responsibilities. Supervisor 2 should have the same minimum of five years experience with general registration, 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. 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 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 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 (<http://www.hwa.gov.au/work-programs/clinical-training-reform/clinical-supervision-support-program>)

Date of issue:
Date of review: This guideline will be reviewed at least every three years
Last reviewed:

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), alongside the guidelines.

Supervisee	Supervisor
Application stage ⁸	
<ul style="list-style-type: none"> Review supervision guidelines for osteopaths and other relevant Board registration standards and guidelines Select supervisor(s)⁹ If applicable, complete relevant application form¹⁰ including the required evidentiary documents Complete supervision agreement as per template Complete supervised practice plan as per template, Sign supervised practice plan 	<ul style="list-style-type: none"> Review supervision guidelines for osteopaths Discuss supervisee learning needs and supervision requirements Complete supervision agreement as per template Assist in drafting the supervised practice plan Sign supervised practice plan
Post-approval of the supervised practice plan by the Board	
<ul style="list-style-type: none"> Practice within the approved supervised practice plan 	<ul style="list-style-type: none"> Provide supervision reports, as per template, at the required frequency in accordance with the supervised practice plan
In the event of a need to change a supervisor	
<ul style="list-style-type: none"> Notify the Board in writing within seven (7) calendar days of any planned or unexpected supervisor changes (e.g. due to illness) Submit proposed new supervision arrangements 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) 	

⁸ All documentation should be sent to the AHPRA office, as listed on *Contact us* section of the AHPRA website (www.ahpra.gov.au).

⁹ For health, performance or conduct matters, the Board or another entity may nominate a supervisor.

¹⁰ 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.