



Credentialing and Scope of Clinical Practice

Rural and Remote Clinical Support Unit

Guidelines for Supervised Scope of Clinical Practice

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1. Scope

These guidelines apply to medical practitioners and dentists (collectively referred to as ‘practitioners’) who are granted a supervised scope of clinical practice (SoCP). A practitioner may require supervision because:

- The practitioner’s registration with the Australian Health Practitioner Regulation Agency (AHPRA) states that supervision is required.
- The practitioner is on a College training program.
- The Credentialing and SoCP Committee (the Committee) imposes supervision when the training, qualifications and/or experience of the practitioner appears to be less than that required for a practitioner to practise independently in a specific health environment.

2. Purpose of Supervision

Supervision provides assurance to the Hospital and Health Service (HHS) and the community that the practitioner’s practice is safe and is not putting the public at risk.

Supervision also monitors and supports the practitioner throughout the period of supervised SoCP. Formal supervision processes enable a clinician’s performance to be monitored and assessed over time within a structured framework of professional review and feedback.

Performance review and feedback are important components of supervision. Feedback should describe the strengths of the practitioner, areas that need development, and strategies that the practitioner might employ to improve performance. Good supervision should enable the practitioner to review and develop their practice in a constructive and supportive environment, and to develop and enhance their own knowledge, skills and professionalism.

3. Practitioners with supervision imposed on their AHPRA registration

The Medical or Dental Board (the Board) may impose supervision on a practitioner’s AHPRA registration. This is a requirement for all overseas graduates who are granted limited registration to practise in Australia. The Board may also impose supervision as part of conditions or undertakings. For example, practitioners with Limited – Area of Need or Provisional registration.

As part of the registration process the relevant Board approves a principal supervisor and may approve co-supervisors depending on the employment arrangements. Specified work performance reports are required to be submitted to the relevant Board at prescribed intervals.

In situations where a practitioner has conditions, notations or undertakings on their AHPRA registration that do not specifically include supervision requirements, it may be appropriate for supervision on SoCP to be considered as per Section 5 – *The Credentialing Committee imposes supervision on a practitioner’s scope of clinical practice.*

When considering supervision in the context of SoCP, the Committee will recommend a SoCP with supervision as per the Board’s requirements. All reporting requirements and supervision reviews will be as per the Board’s requirements. Supervision on SoCP will be consistent with supervision imposed on the practitioner’s registration.

The period of SoCP should be limited to a maximum period of two (2) years.

3.1 Process

3.1.1 Steps in the process of applying AHPRA supervision to a practitioner’s SoCP for applications reviewed by the Committee:

- 1) A copy of the approved AHPRA supervised practice plan must be included in the application for SoCP tabled before the Committee.
- 2) The Committee notes:
 - a. the type of registration
 - b. any conditions, notations or undertakings
 - c. the location/facility where the practitioner will be working

- d. the AHPRA level of supervision
 - e. the name of the principal supervisor
- 3) Should the Committee require further information, the application should be held-over pending submission of the additional information.
 - 4) The Committee should recommend supervised SoCP noting the following:
 - a. that supervision is in accordance with the AHPRA supervised practice plan
 - b. the approved facilities where the practitioner may practise
 - c. that supervision on SoCP will be reviewed in accordance with AHPRA registration

3.1.2 Steps in the process of applying AHPRA supervision to a practitioner's SoCP approved by Mutual Recognition:

- 1) A copy of the approved AHPRA supervised practice plan should be included with the documents obtained from the primary Committee.
- 2) Confirm that the facilities in the second HHS are approved by AHPRA. These facilities will be listed on the practitioner's AHPRA registration and the supervised practice plan.
- 3) The SoCP is approved as per the Mutual Recognition Process.
- 4) The second HHS must regularly monitor the practitioner's AHPRA registration status in consultation with the primary HHS.

3.2 Reporting requirements

The practitioner is responsible for notifying the Executive Director of Medical Services (EDMS), Director of Oral health (DoOH) or Principal Dentist (PD) and the Committee of any changes to their registration which may alter their SoCP.

It is the HHS's responsibility to monitor the practitioner's progress towards unrestricted registration through the AHPRA reporting process and the HHS's Performance and Development plan process. The Committee should be advised if concerns arise from these review processes which indicate that the practitioner may not be meeting the AHPRA supervision plan requirements.

Supervision on SoCP can only be removed on the submission of an application to the Committee with supporting evidence that supervision is no longer imposed on their registration.

4. Practitioners on a College approved training program

When a practitioner requests SoCP in the same field of practice in which they are a trainee, supervision will be imposed on their SoCP in accordance with the relevant training program. For example, RVTs trainees or ACRRM Provisional Fellows.

Practitioners on a College approved training program will have an approved structured supervision agreement in place for the duration of their training. The agreement includes requirements for on-site supervision, dedicated face-to-face learning time, learning activities, reporting and feedback. Assessment reports are submitted to the College on a regular basis. It is the responsibility of the HHS where the practitioner is working to ensure these supervision plans and processes are in place.

Mutual recognition is not recommended, a full new application should be tabled for review by the Committee.

The period of SoCP should be limited to a maximum of two (2) years.

4.1 Process

Steps for applying College approved supervision to a practitioner's SoCP:

- 1) Details of the College training program are included in the application form:
 - a. the College/training pathway
 - b. the training provider
 - c. the facility(ies) where the practitioner will be working
 - d. commencement date of training
 - e. planned completion date
 - f. name of the Principal Supervisor
 - g. Written confirmation from the training provider that the practitioner is formally enrolled in the training program

- 2) The Committee notes the above information in the meeting minutes.
- 3) Should the Committee require further information, the application should be held-over pending submission of the additional information.
- 4) The Committee should recommend supervised SoCP noting the following:
 - a. That Supervision is in accordance with the College training program
 - b. The approved facilities where the practitioner may practise
 - c. That supervision will be reviewed on the award of relevant qualification or Fellowship.
- 5) Supervision will be reviewed on the award of relevant qualification or Fellowship.

4.2 Reporting requirements

The practitioner is responsible for notifying the Committee of any changes to their training plan which may alter the their SoCP.

It is the HHS's responsibility to monitor the practitioner's progress towards Fellowship through the College reporting requirements and the HHS's Performance and Development plan process. The Committee should be advised if concerns arise from these review processes which indicate that the practitioner may not be meeting the College training requirements.

Supervision on SoCP can only be removed on the submission of an application to the Committee with supporting evidence that training is completed and the relevant qualification has been awarded.

5. The Credentialing Committee imposes supervision on a practitioner's scope of clinical practice

The Credentialing Committee may impose supervision on a practitioner's SoCP when the training, qualifications and experience of the practitioner appears to be less than that required for a practitioner to function independently in a specific health environment. For example: a practitioner with no rural and remote practice experience.

A level of supervision may also be imposed on a practitioner's SoCP as a recommended outcome of a formal review.

This process also applies where a practitioner has completed the examination and training requirements for a particular qualification, but has not been formally awarded that qualification. For example, DRANZCOG Adv. training has been completed and the certificate has not yet been awarded. In this scenario, a supervised practice plan will detail how the practitioner will be supported and that supervision will be reviewed on the submission of evidence of the award of the relevant qualification. There is no requirement for a work performance report in this circumstance.

A supervised practice plan is also appropriate when a practitioner requests SoCP in a different field in which they are a trainee, or when the candidate does not have a supervision plan with a training program.

A supervised practice plan should be completed if interim SoCP has to be issued prior to the application being reviewed by the Committee. The completed supervised practice plan should be included in the application pack submitted to the Committee.

Mutual recognition is not recommended, a full new application should be tabled at the next scheduled Committee meeting.

The period of SoCP should be limited to a maximum of two (2) years.

5.1 Principles

Where supervision is recommended by the Committee, a principal supervisor is appointed to oversee the supervision process and to assume responsibility for reporting to the Committee. This may be the EDMS for medical practitioners or the DoOH/PD for Dentists or another suitably qualified and experienced senior practitioner. Co-supervisors may also be appointed in some circumstances.

- The principal supervisor and any co-supervisors must:
 - have general or specialist registration
 - be appropriately qualified, preferably in the same field of medicine/dentistry as the position proposed for the practitioner

- not have conditions imposed on their AHPRA registration or undertakings as a result of health, performance or conduct issues
- not have a declared conflict of interest with the practitioner or be a relative or domestic partner of the practitioner
- The Committee may withdraw support of a nominated supervisor, if it receives a notification of a serious allegation about the supervisor's health, performance or conduct.
- It is not recommended for a supervisor to have direct supervisory responsibility for more than four (4) practitioners. Any prospective supervisors who are proposing to supervise more than four (4) practitioners must provide a proposal to the Committee about how they will provide supervision to each practitioner.
- The principal supervisor must confirm their agreement to provide supervision as prescribed by the Committee for the duration of the period of supervised SoCP or until changed by the Committee.
- A work performance report is to be completed and signed jointly by the principal supervisor and any co-supervisors responsible for direct supervision during the period of supervised practice.

5.2 Responsibilities

5.2.1 Responsibilities of the practitioner include:

- Set supervision and development goals, together with the approved supervisor.
- Establish a schedule of regular meetings to review supervision and development goals, and make all reasonable efforts to ensure that these meetings take place.
- Contact their supervisor early if they have a problem.
- Recognise the limits of their professional competence and seek guidance and assistance from their supervisor.
- Inform the Committee and either the EDMS/DoOH/PD or the Health Service Chief Executive (HSCE) where the EDMS/DoOH/PD is the supervisor, if the conditions or requirements of their supervision are not being met. For example, if the supervisor is unable to provide the necessary level of supervision.

5.2.2 Responsibilities of the supervisor include:

- Agree to provide supervision at a level determined by the Committee.
- Set supervision and development goals, together with the practitioner.
- Attend regular meetings to review the practitioner's supervision and development goals, and make all reasonable efforts to ensure that these meetings take place.
- Ensure as far as is possible, that the practitioner is practising safely and is not placing the public at risk.
- Observe the practitioner's work, conduct case reviews, periodically conduct performance reviews and provide constructive feedback to the practitioner.
- Be clear about how they can be contacted by the practitioner when the practitioner is practising, during working hours and after hours.
- Address any problems that are identified.
- Notify the HSCE or delegate and the Committee immediately if they have concerns that the practitioner's performance, conduct or health is placing the public at risk.
- Verify that the practitioner is practising in accordance with approved supervision arrangements. Report to the Committee and either the EDMS/DoOH/PD or the HSCE where the EDMS/DoOH/PD is the supervisor, if the practitioner is not practising according to the supervision arrangements.
- Inform the Committee and either the EDMS/DoOH/PD or the HSCE or delegate where the EDMS/DoOH/PD is the supervisor if he or she is no longer able or willing to provide supervision.
- Ensure that when delegating day to day supervision to other medical practitioners, these supervisors have either general registration or specialist registration and have the skills and experience to supervise the practitioner effectively.
- Provide work performance reports, in the required format, to the Committee in the approved form at intervals determined by the Committee.

5.2.3 Responsibilities of the Executive Director of Medical Services, Director of Oral Health or Principal Dentist include:

- Ensure supervision is provided according to the supervision plan.
- Facilitate the provision of protected time for the practitioner and the practitioner's supervisor to enable the formal supervision requirements to be met.
- Ensure the practitioner is adequately oriented to organisational policies and procedures.
- Advise the HSCE or delegate Committee of any concerns about the practitioner if they form the opinion that there is a risk to the public that they cannot adequately address using local measures.
- Ensure the scheduled periodic review of the supervised practice plan and the completed work performance report are forwarded to the Committee for review.

5.2.4 Responsibilities of the Hospital and Health Service Chief Executive include:

- Ensure the practitioner is notified, in writing, of the approved SoCP and supervision requirements as recommended by the Committee.
- Ensure the HHS has local processes in place which support the supervision process.
- Support the provision of protected time for the practitioner and the practitioner's supervisor to enable the formal supervision requirements to be met.
- Advise the Committee of any concerns regarding the provision of a practitioner's supervision which in their opinion is a risk to the public.

5.2.5 Responsibilities of the Committee include:

- Ensure that recommendations regarding supervision are made independently, consistently and there is compliance with the principles of natural justice and procedural fairness.
- Clearly document and communicate the reasons for supervision on SoCP.
- Clearly document and communicate the requirements of the supervision including:
 - the level of supervision
 - how supervision will be reviewed
 - reporting timeframes

5.3 Supervised practice plan

The supervised practice plan (refer to Appendix 4) is agreed between the Committee, the supervisor and the practitioner and sets out the objectives of the supervision, the levels, type and amount of supervision required and how the supervision is to occur.

The plan should reflect a balance between the need for the supervision, the practitioner's current level of training, competence and the positions in which the practitioner will be practising.

Overall the plan should aim to prepare the practitioner for unsupervised SoCP, and should state:

- The reason/s why supervision is required.
- Specific elements of practice requiring review and supervision.
- The objectives of the period of supervision.
- Any required further training and/or professional development for unsupervised practice to be considered.
- Frequency and type of meetings with supervisor (eg. face to face, teleconference, etc).
- Availability of other senior staff/supervisor/s for assistance and how the practitioner under supervision may seek assistance (eg face to face, telephone etc).
- How the practitioner's performance will be assessed? (eg direct observation of practice, medical record reviews, case reviews etc).
- Date of expected formal review of supervised practice plan.
- Date of expected committee review of supervised practice plan and work performance reports and accompanying EDMS/DoOH/PD recommendation.

5.4 Work performance report

The work performance report (refer to Appendix 5) details the progress against the supervised practice plan. The report, in the required format, is completed by the practitioner and their supervisor at intervals, determined by the Committee, as noted in the supervised practice plan.

Additional work performance reports may be submitted, via the EDMS/DoOH/PD at any time are required if there are any changes proposed to the supervised practice plan or if there are any concerns about the practitioner.

5.5 Reporting requirements

The Committee may recommend to the HSCE, a change the level of supervision that applies to a practitioner's SoCP at any time during a period of supervision.

The supervisor must provide a work performance report to the Committee, via the EDMS/DOH/PD at timeframes specified by the Committee and detailed in the supervised practice plan. The Committee may require more frequent reports when there are concerns about the practitioner's performance that might potentially result in risk to the safety of the public.

A final work performance report is to be provided at the time that an application is made for review of supervision or renewal of SoCP.

5.6 Supervision Levels

Direct

The Supervisor is always physically present to observe the supervisee (supervision by phone is not acceptable).

- The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.
- The practitioner under supervision must consult the supervisor about the management of each patient. This includes the process of assessment, before care is given.
- The Committee requires a work performance report at an interval to be determined.

Indirect 1 (present)

The supervisor is physically present at the workplace. The supervisor and practitioner under supervision share the responsibility for all individual patients receiving care from the practitioner under supervision.

The supervisor, in consultation with the Executive Director of Medical Services/Director of Oral Health/Principal Dentist, is responsible for ensuring that the level of responsibility which the practitioner is allowed to take for patient management is based on the supervisor's assessment of the practitioner's knowledge and competence.

- The practitioner under supervision must inform their supervisor at agreed intervals about the management of individual patients.
- Supervision is primarily in person. The practitioner under supervision is permitted to work alone provided that the supervisor is readily contactable by phone within the local area.
- On a case-by-case basis, more remote telephone supervision may be considered appropriate after there has been an adequate opportunity to review the practitioner's knowledge and competence.
- The supervisor or a practitioner with general registration and/or specialist registration must be available to provide on-site support within a maximum of 30 minutes
- If the supervisor is temporarily absent from the workplace during any day, the supervisor must make appropriate arrangements for supervision by a practitioner with general registration and/or specialist registration must provide oversight.
- The Committee requires a work performance report at an interval to be determined.

Indirect 2 (accessible)

The supervisor is accessible by phone or other means and available to physically attend the workplace.

The practitioner under supervision takes primary responsibility for individual patients.

- The supervisor must ensure that there are mechanisms in place for monitoring whether the practitioner under supervision is practising safely
- The practitioner under supervision is permitted to work alone provided that the supervisor is readily contactable by phone within the Hospital and Health Service

- The Executive Director of Medical Services/Director of Oral Health/Principal Dentist may approve a temporary suitable alternate supervisor from within the Hospital and Health Service if the primary supervisor is unavailable.
- The practitioner under supervision can provide on-call and after hours services.
- The Committee requires a work performance report at an interval to be determined.

Remote

The supervisor is not present at the workplace.

The practitioner takes full responsibility for their practice including the management of individual patients

- The approved supervisor must act as a mentor by overseeing the practise of the practitioner under supervision.
- The approved supervisor must be available for consultation if the practitioner under supervision requires assistance.
- The approved supervisor must periodically conduct a review of the practise of the practitioner under supervision
- The Committee requires a work performance report at an interval to be determined.

5.7 Process

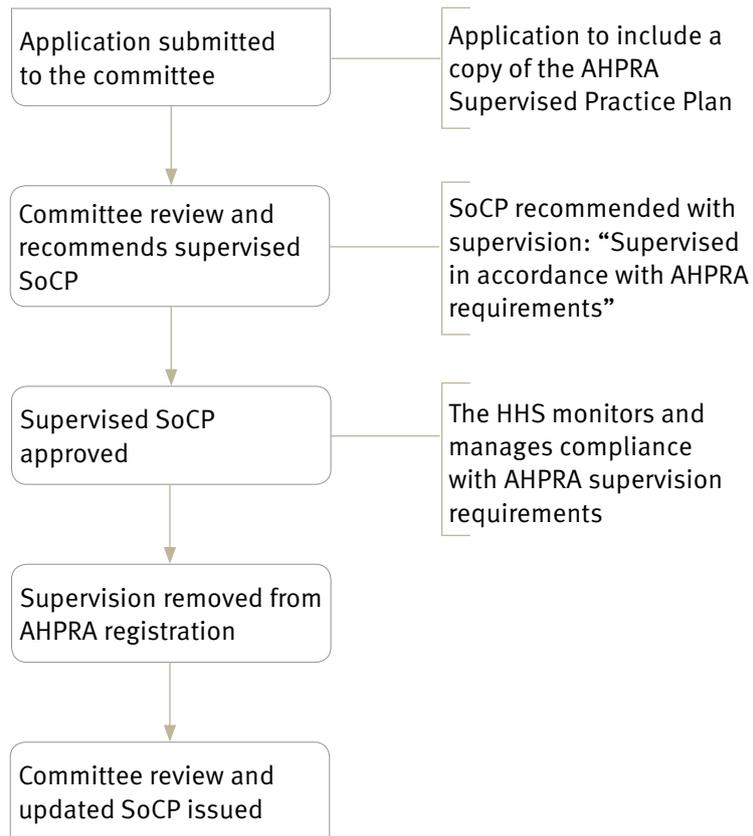
Process steps for applying supervision to a practitioner's SoCP:

- 1) Should the Committee require further information, the application should be held-over pending submission of the additional information.
- 2) A The Committee recommends supervised SoCP noting the following:
 - a) the facility(ies) where the practitioner will be working
 - b) the reason/s why supervision is required
 - c) a level of supervision
 - d) specific elements of practice requiring review
 - e) any required further training and/or professional development for unsupervised practice to be considered
 - f) frequency of ongoing performance reporting to the Committee
 - g) date of expected formal review of supervision
- 3) The supervisor and practitioner will complete and return a supervised practice plan to the EDMS/DoOH/PD. The plan is to be tabled at the next Committee meeting for endorsement.
- 4) The Committee will endorse, or otherwise, the supervised practice plan noting the details of the plan and the name of the principal supervisor.
- 5) Work performance reports are to be completed by the practitioner and the supervisor at the required time frames and forwarded to the Committee, via the EDMS/DoOH/PD, for review. Evidence of completion of any specific training should also be submitted.
- 6) At the end of the period of supervised SoCP, and after considering the SoCP Performance Report/s and any other evidence, the Committee will determine whether the practitioner is suitable for unsupervised SoCP

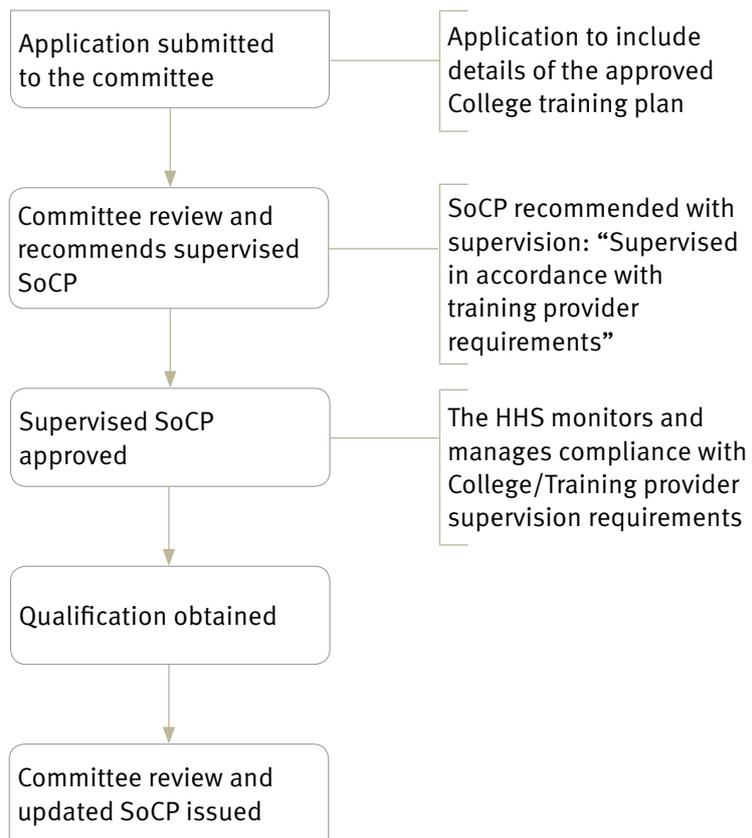
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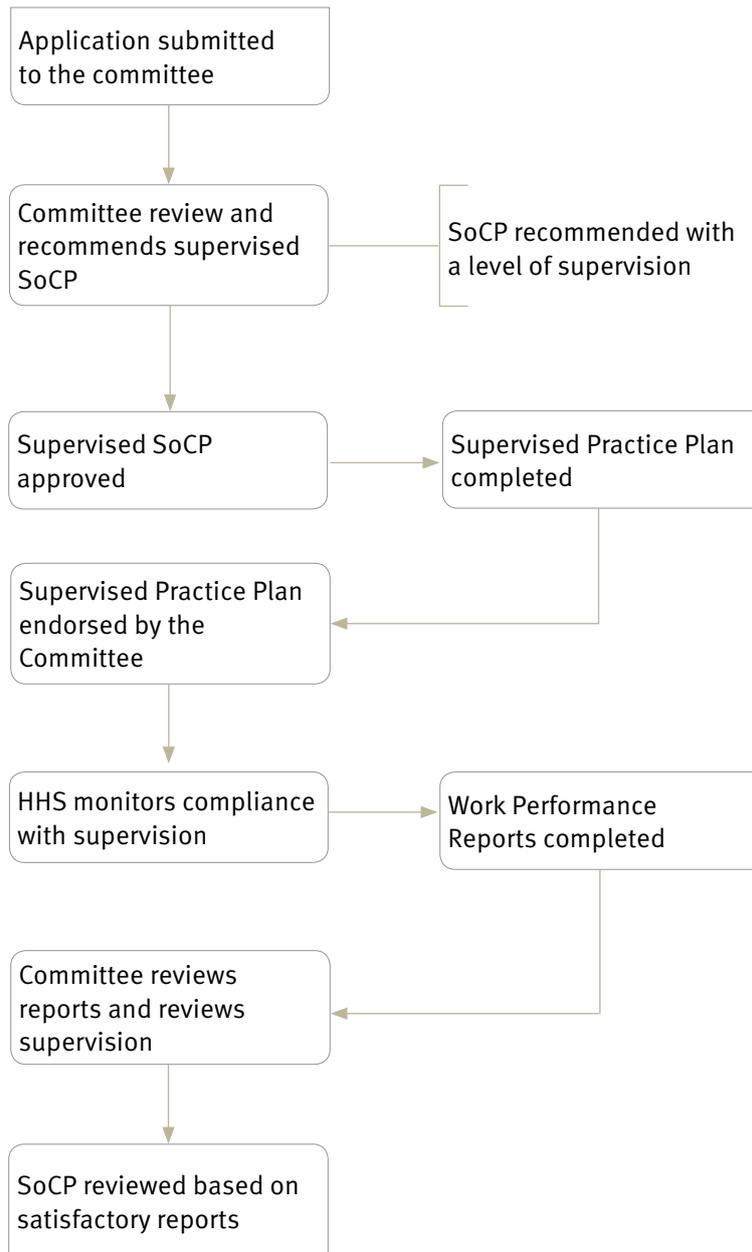
Appendix 1: AHPRA Supervision Flow Chart



Appendix 2: Training Program Supervision Flow Chart



Appendix 3: Committee Imposed Supervision Flow Chart



Appendix 4: Supervised Practice Plan

Practitioner Name	
Full Name	
Registration Number	

Principal Supervisor Details	
Full Name	
Registration Number	
Job Title	
Contact Details	

Secondary Supervisor Details	
Full Name	
Registration Number	
Job Title	
Contact Details	

Details of Position	
Location	
Hospital and Health Service	
Description of the practitioner's role	

Details of Supervision Arrangement	
Supervision Level	
Describe the areas of practice that will be supervised	
Will a log book be used?	Yes No
Date of initial review	
Date of formal review	

Evaluation		
<i>If there is insufficient space in the table below please attach a separate sheet</i>		
Learning Objective/Type of Supervision e.g. case review, chart audit	Method of Supervision e.g. face to face	Supervision Schedule Describe the frequency, e.g. weekly

Agreement	
In signing the plan the practitioner and the supervisor agree to the requirements and details outlined in the plan	
Practitioner Name	
Signature	
Date	

Supervisor Name	
Signature	
Date	

Endorsement	
In signing the plan the practitioner and the supervisor agree to the requirements and details outlined in the plan	
Name:	
Position:	
Signature	
Date	

Appendix 5: Work Performance Report

Practitioner Name	
Full Name	
Registration Number	

Principal Supervisor Details	
Full Name	
Registration Number	
Job Title	
Contact Details	

Secondary Supervisor Details	
Full Name	
Registration Number	
Job Title	
Contact Details	

Details of Position	
Location	
Hospital and Health Service	
Description of the practitioner's role	

Details of Supervision Arrangement	
Supervision level	
Describe the areas of practice that were supervised	
Was a log book used?	Yes (submit a copy with the report) No
Date of initial review	
Date of formal review	

Evaluation

From the Supervision Plan, provide feedback on the practitioner's performance against the agreed Learning Objectives/Types of Supervision. *If there is insufficient space in the table below please attach a separate sheet.*

Learning Objective/Type of Supervision e.g. case review, chart audit	Practitioner's Comments	Supervisor's Comments

Comments and future development plans

Strengths	
Areas for improvement	

Issues to be Addressed		
The principal supervisor must complete this section addressing weaknesses and development needs. <i>If there is insufficient space in the table below please attach a separate sheet.</i>		
Learning Objective/Type of Supervision	Practitioner's Comments	Supervisor's Comments
e.g. case review, chart audit	e.g. face to face	Describe the frequency, e.g. weekly

Recommendation

Supervision level
Is a change of supervision level proposed?
No Yes – from level _____ to level _____

Agreement	
In signing the Work Performance Report the Practitioner and the Supervisor agree to the details outlined in the Report.	
Practitioner Name	
Signature	
Date	

Supervisor Name	
Signature	
Date	

Endorsement	
The Work Performance Report, the details and recommendations of the report are endorsed.	
Name:	
Position:	
Signature	
Date	

