

Consultation paper

11 June 2013

Proposed *Supervised practice guidelines* for medical radiation practice

About this consultation

The Medical Radiation Board of Australia (National Board) is releasing the proposed *Supervised practice guidelines* for consultation and invites comments and feedback from interested parties. The proposed guidelines are found at **Attachment A**.

The National Board has powers under the National Law¹ to develop guidelines about issues relevant to the eligibility of individuals for registration in the medical radiation practice professions.

The National Law requires the National Board to undertake wide-ranging consultation on the content of proposed guidelines.

At the completion of consultation on these proposed guidelines, the National Board will consider the feedback received (in the context of its legal obligations of the National Law), and publish *Supervised practice guidelines*.

Making a submission

The National Board invites interested parties to provide their written comments on the content of the proposed *Supervised practice guidelines* addressed to medicalradiationconsultation@ahpra.gov.au by close of business on **Monday 22 July 2013**.

Submissions by post should be addressed to the Executive Officer, Medical Radiation Practice Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The National Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

However, the National Board will not publish on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of reference.

Before publication, the National Board may remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the National Board.

The National Board also accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences

¹ Section 38 of the Health Practitioner Regulation National Law, as in force in each state and territory

or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let the National Board know if you do not want your submission published, or want all or part of it treated as confidential.

The interaction of these proposed guidelines with the draft *Professional capabilities for medical radiation practice*.

The National Board is also currently consulting on the draft *Professional capabilities for medical radiation practice* which will underpin these guidelines. The National Board recommends both documents be read in conjunction with each other.

Feedback received as part of the consultation about either of these documents may be taken into account in the National Board's consideration of possible amendments to the proposed *Supervised practice guidelines*.

Background

These guidelines set out the principles the National Board considers necessary for safe and effective supervision of practitioners:

- who hold provisional registration, or
- who have conditions on their registration, who may be directed by the National Board to undertake a program of supervised practice to:
 - further develop their capabilities following an absence from practice, or
 - to address a health, conduct or performance issue that has been assessed as impacting on safe and/or appropriate practice.

Implementation considerations

The proposed *Supervised practice guidelines* are expected to take effect on the same day as the proposed *Supervised practice registration standard* and *Provisional registration guideline* on 1 November 2013.

The guidelines will be reviewed within three years of taking effect.

Information about the guidelines, including supporting information, will be provided on the National Board's website. The forms referred to on page 11 and the reporting requirements on page 12 of this paper will be developed following this consultation and will include information from the *Professional capabilities for medical radiation practice*.

The Board also expects that education providers will provide specific information about supervised practice to students, particularly when they are nearing graduation.

In addition, before starting supervised practice, principal supervisors and supervised practitioners will be provided with the guidelines to ensure they are aware of the National Board's requirements and their obligations. Other practitioners will be notified as required.

Questions for consideration

The National Board invites comments and feedback on the *Supervised practice guidelines*, particularly on the following questions.

1. Are the principles of supervision suitable?
2. Do the principles provide sufficient capacity to supervise and assess practitioners in a range of clinical settings?
3. Are the levels of supervision appropriate?
4. Do the guidelines adequately describe the responsibilities of supervised practitioners?
5. Do the guidelines adequately describe the requirements and responsibilities of supervisors and principal supervisors?
6. Are the requirements of a supervised practice plan appropriate?
7. Should supervised practitioners be able to provide on-call and after hours services?
8. Do the guidelines adequately describe the assessment reporting requirements?
9. Are the definitions appropriate?
10. What is the likely impact of this proposal on individual registrants?
11. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if these guidelines are adopted?
12. Is 1 November 2013 a suitable date for implementation?
13. Are there implementation issues the National Board should be aware of?

Supervised practice guidelines for medical radiation practitioners

Introduction

The Medical Radiation Practice Board of Australia (the National Board) has developed these supervision guidelines under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).²

Guidelines approved by the National Board may be used as evidence of what constitutes appropriate medical radiation practice or professional conduct in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

These guidelines provide specific practical advice about the National Board's requirements for practitioners undertaking supervised practice.

The [Supervised practice registration standard and Provisional registration guideline](#) released for public consultation earlier in 2013 should be read in conjunction with these guidelines.

Purpose

Patients have the right to expect delivery of safe, competent and contemporary medical radiation services at all times, including from a medical radiation practitioner who is practising under supervision.

Appropriate supervision provides assurance to the National Board and the community that the practitioner's practice is safe and is not putting the public at risk.

These guidelines set out the principles the National Board considers central to safe and effective supervision.

Summary

Practitioners with provisional registration, or with conditions on their registration, may be required to work under supervision.

They may be directed by the National Board to undertake a program of supervised practice to further develop their capabilities or to address a health, conduct or performance issue that has been assessed as impacting on safe and/or appropriate practice.

Supervision requirements may be different for each practitioner. They will be tailored to address the reason why supervision is required, as well as the practitioner's particular circumstances, experience and learning needs. Supervision may be provided at different levels to address the different supervision requirements of individuals and arrangements should be flexible to accommodate individual capabilities and learning needs, diverse practice settings and complexity of workloads.

² The legislation can be found at www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx

These guidelines set out the:

1. principles of supervision
2. levels of supervision
3. responsibilities of supervised practitioners
4. requirements and responsibilities of supervisors and principal supervisors
5. requirements of a supervised practice plan, and
6. assessment and reporting requirements.

Scope

These guidelines apply to all practitioners who are required to complete a program of supervised practice, including:

- a. provisional registrants
- b. practitioners with conditions requiring a program of supervised practice
- c. practitioners returning to practice in accordance with the National Board's *Recency of practice registration standard* requiring a program of supervised practice
- d. practitioners holding limited registration for postgraduate training or supervised practice, and
- e. practitioners holding qualifications obtained overseas requiring a program of supervised practice.

The guidelines apply to both the practitioner/s providing the supervision (supervisors and principal supervisor) and the supervised practitioner.

Supervised practice plans that are developed further to a health, conduct or performance matter, should also be informed by these guidelines.

The scope of these guidelines is not intended to cover:

- supervision of students
- mentoring of new graduates or more junior practitioners
- performance review responsibilities of managers, nor
- supervision for continuing professional development purposes.

Requirements

1. Principles of supervision

Consistent with the objectives of the National Law, the National Board expects the following principles to be adhered to when developing supervision arrangements.

1. It is the professional responsibility of each practitioner to work within the limits of their competence and to reflect on and determine their own learning needs, including:
 - the requirements of the specific position in which the practitioner is proposing to work, and
 - the purpose of the supervision requirements.

2. For all supervised practitioners, the type and level of supervision must consider:

- individual needs
- the level of risk associated with the position
- the purpose of the supervision, and
- the practitioner's capabilities.

Supervisory arrangements need to be modified over time, in keeping with progress made, and need to be able to accommodate changes in supervisors (within the parameters agreed by the National Board).

3. Prior to the commencement of a program of supervised practice:

- a provisional registrant (or a practitioner holding limited registration) and their principal supervisor must understand and agree to the requirements of the supervised practice plan provided by the Board. The plan will identify learning outcomes, supervision levels, expected progression points and reporting requirements throughout the duration of the program.
- a practitioner with conditions, returning to practice or holding an overseas qualification and the principal supervisor need to develop and agree on the content of the supervised practice plan, including supervision levels, the frequency and duration of the reporting requirements and the period for review of the supervision arrangements. This plan must also be approved by the Board.

4. The onus rests with the supervised practitioner to ensure that reporting requirements are met as agreed in the supervised practice plan; however, the principal supervisor also has a responsibility to adhere to the agreement he or she enters into with the Board and to appropriately supervise the supervised practitioner.

5. The principal supervisor accepts a professional responsibility to the Board to properly supervise the supervised practitioner. The supervisor remains responsible for the clinical care, or oversight of the clinical care, provided by the supervised practitioner.

2. Levels of supervision

The levels of supervision outlined below are designed to assist the supervised practitioner to practise safely. It is expected that practitioners will progress through some or all levels of supervision during their program of supervised practice.

The Board will determine what level of supervision is required at the start of the supervision. This will depend on a number of factors, that may include:

- the purpose of the supervision
- the previous practice experience, qualifications, skills and attributes of the practitioner under supervision
- the requirements of the position, as outlined in the position description provided with the application for registration
- the level of risk associated with:
 - the purpose of supervision;
 - the capability and suitability of the practitioner;
 - the position description; and
 - the location and the availability of clinical and relevant supports, and

- any specific requirements imposed either by the National Board or by a third party (such as a tribunal) under the National Law.

Individual supervised practice plans should clearly identify the proposed starting level of supervision and expected progressions. *Table 1: Levels of supervision* summarises the four (4) levels of supervision.

In most cases, supervised practitioners will commence on level one. As the highest level of supervision, this level would typically be used while determining the practitioner's capability. Assessment conducted during the program should inform changes in the level of supervision.

Levels of supervision, both starting and progressions, remain subject to Board approval. During the period of supervision, the Board is reliant on reports from the principal supervisor. If concerns are raised in the supervision reports, the supervised practice plan will be amended as necessary.

Table 1: Levels of supervision

Level	Summary	Specifications
1	The supervisor takes direct and principal responsibility for individual patients	<ul style="list-style-type: none"> • A supervisor must be physically present at the workplace and observing at all times when the supervised practitioner is providing clinical care • The supervised practitioner must consult the supervisor about the management of each patient before care is delivered • Supervision via telephone (indirect) is not permitted
2	The supervisor and supervised practitioner share the responsibility for individual patients	<ul style="list-style-type: none"> • A supervisor must be physically present at the workplace for the majority of time when the supervised practitioner is providing clinical care • The supervised practitioner must inform the supervisor at agreed intervals about the management of each patient; this may be after the care has been delivered • Supervision must be primarily in person (direct); when the supervisor is not physically present, they must be always be accessible by telephone or other means of telecommunication such as videoconference and available to observe and discuss (indirect) •
3	The supervised practitioner takes primary responsibility for their practice, including individual patients	<ul style="list-style-type: none"> • The principal supervisor must ensure that there are mechanisms in place for monitoring whether the supervised practitioner is practising safely • The supervised practitioner is permitted to work independently, provided a supervisor is contactable by telephone or other means of telecommunication such as videoconference • The supervised practitioner may provide on-call and after hours services
4	The supervised practitioner takes full responsibility for their practice, including individual patients with general oversight provided by a supervisor	<ul style="list-style-type: none"> • The principal supervisor must oversee the supervised practitioner's practice • A supervisor must be available for consultation if the supervised practitioner requires assistance • The principal supervisor must conduct periodic reviews of the supervisee's practice

3. Responsibilities of supervised practitioners

Supervised practitioners must:

1. identify a suitable position and principal supervisor to enable them to undertake and complete a supervised practice program
2. obtain relevant registration from the National Board
3. establish at the outset, in conjunction with the principal supervisor:
 - their learning needs
 - the context relevant to the need for supervision, and
 - any other issues that may affect an effective supervisory arrangement
4. if trained overseas, participate in an orientation or introduction to the Australian healthcare system and be informed on culturally appropriate care
5. take joint responsibility for establishing a schedule of regular meetings with the principal supervisor and make all reasonable efforts within their control to ensure that these meetings take place
6. be adequately prepared for meetings with their principal supervisor
7. participate in assessments conducted by the principal supervisor and other supervisors to assist in determining progress and future supervision needs
8. recognise the limits of their professional capability and seek guidance and assistance from their supervisor/s as required
9. familiarise themselves and comply with regulatory, professional and other legal responsibilities applicable to their practice
10. advise the principal supervisor immediately of issues or clinical incidents applicable to their practice
11. reflect on and respond to feedback
12. inform the National Board and their principal supervisor if the conditions or requirements of their supervision are not being met or if the relationship with a supervisor breaks down, and
13. notify the National Board within seven days if a principal supervisor is no longer able to fulfil their obligations and report on whether an approved alternative supervisor can take on the principal supervisor role. Supervised practitioners are required to **immediately cease practice** if a supervisor cannot fulfil his or her responsibilities and alternative arrangements are not available.

4. Requirements and responsibilities of supervisors

4.1. All supervisors must:

1. ensure supervision arrangements are appropriate and take into account the principles of supervision
2. establish and maintain a professional relationship with the supervised practitioner
3. avoid any potential for conflict of interest in the supervisory relationship that could impede objectivity and/or interfere with the supervised practitioner's achievements of learning outcomes or relevant experience (this includes avoiding supervising someone who is a close relative or friend or where there is another potential conflict of interest)
4. take adequate steps to ensure that the supervised practitioner is practising safely

5. observe supervised practitioner's work, conduct case reviews and provide constructive feedback and address any identified problems
6. understand their legal responsibilities and act accordingly, following the ethical principles that apply to the profession
7. understand that the provision of supervision and sharing their experience is a professional responsibility and commit to this role including providing regular feedback to the supervised practitioner and the principal supervisor
8. maintain supervision and assessment integrity for supervision of a supervised practitioner by not accepting payment or reward, either directly or indirectly (other than workplace agreement or award entitlements)
9. take responsibility for the practice carried out by the supervised practitioner as well as for their own practice
10. ensure they are not subject to supervisory arrangements nor have conditions or undertakings on their registration that would impact on their ability to supervise
11. only delegate tasks that are appropriate to the role of those being supervised and that are within the scope of training and capability of the individual
12. provide clear direction, and
13. be clear about how they can be contacted by the supervised practitioner if indirect or remote supervision is occurring.

4.2. Requirements and responsibilities of principal supervisors

In addition to the requirements and responsibilities of supervisors described above, the following requirements and responsibilities also apply to the principal supervisor.

The principal supervisor must:

1. hold general registration with the Medical Radiation Practice Board of Australia
2. have held that general registration for at least one year
3. hold a position which is at the same, or higher, classification/remuneration level or responsibility as the supervised practitioner's position
4. formally agree to act as a supervisor and be approved by the National Board
5. comply with the requirements of the supervised practice plan and agree to the terms outlined in the supervision agreement and supervised practice plan
6. if proposing to be responsible for more than one practitioner requiring supervision, identify additional supervisors to ensure that there is at least one supervisor for every supervised practitioner at all times
7. ensure that when delegating day to day supervision to other practitioners, these supervisors have appropriate skills and experience to supervise the supervised practitioner effectively
8. provide clear direction to additional supervisors to ensure supervised practitioners are provided with consistent supervision
9. ensure feedback is obtained from supervisors and that this feedback is considered in formal and informal reviews
10. conduct periodic performance reviews of the supervised practitioner and provide constructive feedback and remediation of identified problems

11. ensure that the supervised practitioner is provided with a practice induction/orientation program which, when necessary (such as overseas qualified practitioners or practitioners returning to practice), includes an overview of the health system in Australia
12. understand that the responsibility for determining the level of supervision required is informed by their assessment of the supervised practitioner and act accordingly
13. ensure to schedule, and hold, regular uninterrupted meetings with the supervised practitioner
14. obtain approval of the National Board for any proposed changes to the supervised practice plan before they are implemented
15. be accountable to the National Board and provide reports to the Board which are:
 - honest
 - accurate, and
 - responsibly prepared (keeping in mind the importance of the supervisory arrangements in training the supervised practitioner as well as in keeping the public safe)
16. notify the National Board immediately if:
 - the relationship between the principal supervisor and the supervised practitioner breaks down
 - there are concerns that the supervised practitioner's conduct, clinical performance or health is placing the public at risk, and
 - the supervised practitioner is not complying with conditions imposed or undertakings accepted by the Board, or is in breach of any requirements of the supervised practice plan.

4.3. Skills and experience of supervisors

The effectiveness of a supervised practice program depends on the capacity of supervisors to provide adequate supervision.

That is why, in addition to the supervisors' professional qualification and clinical skills, it is recommended supervisors also demonstrate:

- an understanding of adult learning principles
- an understanding of the theory underpinning, and techniques required for, effective clinical supervision
- experience in, or an understanding of the principles of, assessment, and
- knowledge and understanding of the capability statements issued by the Board.

When appropriate, supervisors can undertake professional development to enhance their knowledge of good practice in clinical supervision and develop their clinical supervision skills. Clinical supervision resources and examples of available programs will be provided on the National Board's website alongside this document.

5. Supervised practice plan

The supervised practice plan must detail the type and amount of supervision that all supervisors will provide.

The National Board will provide a standard supervised practice plan to provisional registrants which will provide sufficient flexibility to apply in a range of clinical settings. The plan will identify the knowledge, skills and professional attributes required of an entry level practitioner as identified in the *Professional capabilities for medical radiation practitioners*.

Examples of plans will also be provided for:

- practitioners with conditions on their registration who require supervision
- overseas qualified practitioners, and
- practitioners returning to practice.

The supervised practice plan for these practitioners must be submitted to the National Board for approval before the supervisory period begins.³ The plan should reflect a balance between the practitioner's current level of training, competence and scope of practice and the supervised practice role.

For practitioners who have attained their primary qualifications outside Australia, a supervised practice plan must include training/instruction on the Australian healthcare system, and information on cultural differences. An orientation report template is available on the National Board's website alongside this document.

There are three forms outlining the requirements of the supervised practice plan, forms A, B and C. All forms are available on the National Board's website alongside this document.

Form A

The following practitioners must sign the agreement provided as *Form A* to acknowledge their responsibilities in the supervisory arrangements:

- principal supervisor, and
- supervised practitioner.

Form B

The following practitioners must complete the supervised practice plan provided as *Form B*:

- practitioners with conditions requiring a program of supervised practice
- practitioners returning to practice, and
- practitioners holding qualifications obtained overseas requiring a program of supervised practice.

Form C

The following practitioners must agree to adhere to the supervised practice plan provided as *Form C*:

- provisional registrants undertaking a program of supervised practice, and
- practitioners holding limited registration for postgraduate training or supervised practice.

4.4. Assessment and reporting requirements

The reporting requirements will be described in the supervised practice plan that is agreed to by all parties, or those laid down in the direction from another entity (such as the National Board, a panel or tribunal).

These requirements are developed using the information contained in these guidelines. However, the National Board may, at any time, exercise discretion about the frequency and structure of a report.

³ The Board retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

The supervised practice plan should stipulate the following reporting requirements when it is first developed:

- the frequency of reporting
- the content and supporting evidence of progress required in each report, and
- the format of the report.

Supervision report

The supervision report must include:

- the requirements of the supervised practice plan and what level of supervision is taking place (written out against the requirements)
- an evaluation of whether the elements of the supervised practice plan are being achieved
 - if they are not being achieved, the report must include the measures implemented to address the elements that are not being achieved
- any changes in supervisory arrangements over time (including changes in levels) as agreed in the supervised practice plan
- the achievements of the supervised practitioner, and
- any emerging issues.

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

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

Appendix 1

Definitions

Not all of these definitions may be required

Continuing professional development means those activities defined in the approved *Continuing professional development registration standard* and accompanying guidelines.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of 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 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.

Practitioner means a medical radiation practitioner.

Principal supervisor means the practitioner designated to provide or coordinate formal supervision and evaluation to a supervised practitioner, including ensuring appropriate learning experiences and opportunities are offered throughout the prescribed program of supervision.

Program of supervised practice means the formal program of supervision and evaluation to be undertaken by the supervised practitioner and may include requirements relating to content, time or any other requisite considered necessary by the National Board.

Provisional registration means that which is determined by Division 3 of the National Law.

Supervised practice plan means a plan that is agreed between the National Board, the principal supervisor and the supervised practitioner that sets out the objectives for, levels, type and amount of supervision required and how the supervision is to occur. It includes a written agreement between the principal supervisor and the supervised practitioner that identifies the principal practicing supervisor, any other supervisors and the supervised practitioner, the place of practice and the agreed responsibilities of all parties.

Supervised practitioner means a medical radiation practitioner who holds:

- a. provisional registration
- b. limited registration for postgraduate training or supervised practice, or
- c. general registration with conditions requiring supervised practice who must practice under the supervision of a medical radiation practitioner holding general registration without conditions that would impact on the provision of supervised practice.

Supervision means the formal process of professional support and learning which enables a practitioner under supervision to develop knowledge, skills and professional attributes, assume responsibility for their own practice, and enhance public protection and safety. Supervision of the supervised practitioner can be provided by more than one supervisor.

As the supervised practitioner gains competence, the level of supervision can change as determined appropriate by the principal supervisor and in accordance with the supervised practice plan.

Levels of supervised practice may include:

- a. *direct supervision*: when the supervisor is present on the premises, observes and works with the supervised practitioner and takes direct and principal responsibility for individual patients

- b. *indirect supervision*: when the supervisor is easily contactable and is available to observe and discuss clinical management with the supervised practitioner in the presence of the patient/client, with the supervised practitioner progressing to independent practice
- c. *remote/off site supervision*: when the supervisor is contactable to discuss clinical activities however is not on the premises or required to directly observe or participate in patient clinical management and where the supervised practitioner takes increasing responsibility for their practice.

Supervision report means the document submitted in the format approved by the National Board (see template) at intervals agreed in the supervised practice plan that details the progress against the plan. Additional supervision reports may be submitted at any time and are required if there are any changes proposed to the supervised practice plan or if the principal supervisor has concerns about the supervised practitioner.

Supervisor means any practitioner holding general registration without conditions that would impact on the provision of supervised practice. All supervisors must provide supervision in accordance with these guidelines.