

These comments are provided in a personal capacity and in no way reflect the views of the organisation

Hi

Firstly I commend all those involved for the professional standard of this work and thank them for the incredible effort involved

Having read both papers with a fresh perspective having not seen them before can I offer a few minor thoughts?

I read these as a ex NMT with over 35years professional experience including as a ANZSNM mentor and Chief NMS

Professional Capabilities

Domain 2 1 f) “culturally competent communication” perhaps this could be expressed in plain English?

Domain 6B 8 b)

What does “knowing lesser used therapies” mean would substituting “understanding” or “familiar with” make this point clearer?

Supervised Practice

Supervised practitioners should be able to provide on call and after hours services in circumstances if their supervisor and principal supervisor both believe that they are competent to do so - as the paper clearly identifies supervised practitioners can be at many different levels and the guidelines need to offer the flexibility to accommodate this.

The levels of Supervision table 1. Seems to very adequately address this.

It is good to see the principal supervisor’s professional responsibility so clearly articulated.

I am a little uncomfortable with the requirement that the principal supervisor must only have held general registration for one year – this seems short to me however I can see that situations may arise in which it is appropriate – is it possible to add – “and ideally for at least 3years”

I believe November 2013 commencement is completely appropriate and possible.

Again my congratulations to all involved for both these documents and the consultation process
With best wishes

E. Croft