



Medical Radiation Practice  
Board of  
Australia

# **SUPERVISED PRACTICE GUIDELINES**

June 2014

# SUPERVISED PRACTICE GUIDELINES

## Introduction

The Medical Radiation Practice Board of Australia (the 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).<sup>1</sup>

Guidelines approved by the 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 Board's requirements for practitioners undertaking supervised practice.

## 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 Board and the community that the practitioner's practice is safe and is not putting anyone at risk.

These guidelines set out the principles the Board considers central to safe and effective supervision and are to be read in conjunction with the *Supervised practice registration standard*.

## Summary

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

They may be directed by the 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 and arrangements should be flexible to accommodate individual capabilities and learning needs, diverse practice settings and complexity of workloads.

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 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.

<sup>1</sup> The legislation can be found at [www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx](http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx)

# SUPERVISED PRACTICE GUIDELINES

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.

These guidelines do not directly cover students on clinical placements as education providers are required to have effective arrangements to assure the quality of student clinical placements. However, some of the principles of supervision outlined in these guidelines may be applicable in circumstances where supervisors are responsible for the supervision of both students and supervised practitioners.

## Requirements

### 1 Principles of supervision

Consistent with the objectives of the National Law, the 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 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 Board).
3. Before the start 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 or returning to practice and the principal supervisor need to adapt the relevant supervised practice plan example provided by the Board and agree on the requirements 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 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. The principal supervisor also has responsibility to adhere to the agreement entered into with the Board and to properly supervise the supervised practitioner.
5. The principal supervisor accepts a professional responsibility to the Board to properly supervise the supervised practitioner. At all times the principal supervisor will be responsible for ensuring

# SUPERVISED PRACTICE GUIDELINES

appropriate arrangements are in place to enable the provision of safe health services by a supervised practitioner and will ensure that the needs of the supervised practitioner are paramount in determining the level of supervision.

## 2 Levels of supervision

*Table 1: Levels of supervision* summarises the four (4) levels of supervision. The levels of supervision 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 Board or by a third party (such as a tribunal) under the National Law.

Individual supervised practice plans must clearly identify the proposed starting level of supervision and expected progressions.

In most cases, supervised practitioners will commence on level one. More experienced practitioners and those returning to practice may commence at a higher level.

As the closest level of supervision, level one would typically be used while determining the practitioner's capability.

During the period of supervision, the Board is reliant on reports from the principal supervisor. Assessment conducted during the program should inform changes in the level of supervision. If concerns are raised in the supervision reports, the supervised practice plan should be amended as necessary, with changes requiring approval of the Board.

**Table 1: Levels of supervision**

Level	Summary	Specifications
1	The supervisor takes direct and principal responsibility for individual patients	<p>A supervisor must be physically present at the workplace and observing at all times when the supervised practitioner is providing clinical care</p> <p>The supervised practitioner must consult the supervisor about the management of each patient before care is delivered</p> <p>Supervision via telephone (indirect) is not permitted</p>
2	The supervisor and supervised practitioner share the responsibility for individual patients	<p>A supervisor must be physically present at the workplace for the majority of time when the supervised practitioner is providing clinical care</p> <p>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</p> <p>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)</p>

# SUPERVISED PRACTICE GUIDELINES

Level	Summary	Specifications
3	The supervised practitioner takes primary responsibility for their practice, including individual patients	<p>The principal supervisor must ensure that there are mechanisms in place for monitoring whether the supervised practitioner is practising safely</p> <p>The supervised practitioner is permitted to work independently, provided a supervisor is contactable by telephone or other means of telecommunication such as videoconference</p> <p>The supervised practitioner may provide on-call and after hours services</p> <p>Where required by the supervised practitioner, a supervisor must be able to attend in person, in a timely manner</p>
4	The supervised practitioner takes full responsibility for their practice, including individual patients with general oversight provided by a supervisor	<p>The principal supervisor must oversee the supervised practitioner's practice</p> <p>A supervisor must be available for consultation if the supervised practitioner requires assistance</p> <p>The principal supervisor must conduct periodic reviews of the supervised practitioner</p> <p>The supervised practitioner must not practice as a sole practitioner</p>

## 3 Responsibilities of supervised practitioners

Supervised practitioners must:

1. obtain relevant registration from the Board
2. identify a suitable position and principal supervisor to enable them to undertake and complete a supervised practice program
3. discuss 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 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 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 their responsibilities and alternative arrangements are not available.

The supervised practitioner must sign an agreement to acknowledge their responsibilities in the supervisory arrangements.<sup>2</sup>

<sup>2</sup> The supervised practitioner agreement will be published before these guidelines take effect

# SUPERVISED PRACTICE GUIDELINES

## 4 Requirements and responsibilities of supervisors

### 4.1 All supervisors must:

1. hold general registration with the Medical Radiation Practice Board of Australia
2. ensure supervision arrangements are appropriate and take into account the principles of supervision
3. establish and maintain a professional relationship with the supervised practitioner
4. 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)
5. take adequate steps to ensure that the supervised practitioner is practising safely
6. observe supervised practitioner's work, conduct case reviews and provide constructive feedback and address any identified problems
7. understand their legal responsibilities and act accordingly, following the ethical principles that apply to the profession
8. 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
9. 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)
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 assign 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. have held general registration for at least two years
2. hold a position which is at the same, or higher, classification/remuneration level or responsibility as the supervised practitioner's position
3. formally agree to act as a supervisor and be approved by the Board
4. comply with the requirements of the supervised practice plan and agree to the terms outlined in the supervision agreement and supervised practice plan
5. if proposing to be responsible for more than one practitioner requiring supervision, identify additional supervisors to ensure that the supervision provided is appropriate to the skills and experience of the supervised practitioner
6. ensure that when delegating day-to-day supervision to other practitioners, these supervisors have appropriate skills and experience to effectively supervise the supervised practitioner
7. provide clear direction to additional supervisors to ensure supervised practitioners are provided with consistent supervision
8. ensure feedback is obtained from supervisors and that this feedback is considered in formal and informal reviews
9. conduct periodic performance reviews of the supervised practitioner and provide constructive feedback and remediation of identified problems

# SUPERVISED PRACTICE GUIDELINES

10. 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 relevant aspects of the health system in Australia
11. understand that the responsibility for determining the level of supervision required is informed by their assessment of the supervised practitioner and act accordingly
12. schedule, and hold, regular uninterrupted meetings with the supervised practitioner
13. obtain approval of the Board for any proposed changes to the supervised practice plan before they are implemented
14. be accountable to the 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)
15. notify the 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.

The principal supervisor must sign an agreement to acknowledge their responsibilities in the supervisory arrangements.<sup>3</sup>

## 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 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 provide.

The Board will provide a standard supervised practice plan to provisional registrants which provides sufficient flexibility to apply in a range of clinical settings.<sup>4</sup> The plan identifies 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 are also to be provided for:

- practitioners with conditions on their registration who require supervision
- overseas-qualified practitioners, and
- practitioners returning to practice.<sup>5</sup>

The supervised practice plan for these practitioners

<sup>3</sup> The *Principal supervisor agreement* will be published before these guidelines take effect

<sup>4</sup> The standard supervised practice plan will be published before these guidelines take effect

<sup>5</sup> Example plans will be published before these guidelines take effect

# SUPERVISED PRACTICE GUIDELINES

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

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

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.<sup>6</sup>

## 6 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 Board, a panel or tribunal).

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

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 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 planned or 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.<sup>7</sup>

**Date of issue:** 2 June 2014

**Date of review:** These guidelines will be reviewed at least every three years

<sup>6</sup> The orientation report template will be published before these guidelines take effect

<sup>7</sup> The supervision report template will be published before these guidelines take effect



# SUPERVISED PRACTICE GUIDELINES

## 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.

**Sole practitioner** means a medical radiation practitioner working as the only provider (sole practitioner) of medical radiation services. Sole practitioners work independently and do not have ready face-to-face access to other medical radiation practitioners for professional and peer advice or support.

**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 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.

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. At this level, the supervised practitioner is progressing to independent practice.

# SUPERVISED PRACTICE GUIDELINES

- c) *remote/off-site supervision*: when the supervisor is not on the premises or required to directly observe or participate in patient clinical management, but is easily contactable to discuss clinical activities and provide supervision when required. It does not include sole practice arrangements. At this level, 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.