

## Supervised practice plan template

#### Who needs to complete this form?

The supervisee needs to submit a supervised practice plan (based on this template) with any applicable registration application forms<sup>1</sup> for situations where supervision is required:

- Returning to practice after an absence of greater than three years
- Satisfying recency of practice, e.g. less than 400 hours of practice in their current domain in the previous three years
- Change to domain of practice, e.g. to clinical from non-clinical
- Condition or undertaking requiring supervision

The Board may also require a supervised practice plan be developed in conjunction with conditions or undertakings arising from a health, performance or conduct matter. In this situation, the Board or another entity will direct the timing of the development of a supervised practice plan.

#### When do they complete it?

When applying for general registration OR at renewal of general registration. The supervised practice plan should be attached and all documentation sent to the AHPRA office<sup>2</sup>

#### Associated documents to be read prior to completing

- Recency of practice registration standard<sup>3</sup> including information on domains of practice and number of hours
- Guidelines for supervision of osteopaths<sup>4</sup>
- Information for Osteopaths: Satisfying recency of practice and returning to practice for osteopaths
- The Board's other registration standards, code and guidelines, published on its website

#### What to consider in developing a supervised practice plan

In completing the supervised practice plan, the individual circumstances of the supervisee should be taken into account, including the purpose of supervision, the supervisee's qualifications, experience, and capabilities and the demands of the proposed position/location.

<sup>&</sup>lt;sup>1</sup>Available under the Registration section of the Board's website.

<sup>&</sup>lt;sup>2</sup> As listed on *Contact us* section of the AHPRA website (<u>www.ahpra.gov.au</u>)

<sup>&</sup>lt;sup>3</sup> Available under the Registration Standards section of the Board's website.

<sup>&</sup>lt;sup>4</sup> Published on the Board's website under Policies, Codes and Guidelines.

The Guidelines for supervision of osteopaths list some key factors that should be taken into consideration when developing a supervised practice plan and the levels of supervision in this plan.

The supervised practice plan will list the frequency of reporting, the content and supporting evidence of progress required in each report, and the format of the report.

The supervisor can submit to the Board proposed modifications to the supervised practice plan during the period of supervision.

#### What happens to the plan after it is submitted?

The Board will consider the proposed supervised practice plan and approve with or without modification.

#### Who should the supervisee and supervisor contact with any queries?

The Australian Health Practitioner Regulation Agency (AHPRA) office in the relevant state or territory will be the ongoing liaison point in the approval of the supervised practice plan and during the period of supervision. Contact details are listed on the AHPRA website at <u>www.ahpra.gov.au</u>.

## Supervised practice plan

#### **Supervisee**

| Last name of supervisee:                          |  |
|---|--|
| First (given) name of supervisee:                 |  |
| Address of supervisee                             |  |
| Telephone and email details                       |  |
| Registration number (if applicable):              |  |
| Reason for supervision (e.g. recency of practice) |  |

### Supervisor(s)

| Name of Supervisor 1:                 |  |
|---------------------------------------|--|
| Registration number:                  |  |
| Address of supervisee                 |  |
| Telephone and email details           |  |
| Name of Supervisor 2 (if applicable): |  |
| Registration number:                  |  |

#### Purpose of supervision (tick one)

- Returning to practice after an absence of greater than three years
  Satisfying recency of practice, e.g. less than 400 hours of practice in their current domain in the previous three years
- Change to domain of practice, e.g. to clinical from non-clinical
- Condition or undertaking requiring supervision from a health, performance or conduct matter

# **Section 1 – Supervision arrangements**

| Proposed position:   |  |                                     |
|--|--|-------------------------------------|
| Proposed employer:   |  |                                     |
| Location(s) where supervised practice is proposed:   |  |                                     |
| Anticipated supervision commencement date:   |  |                                     |
| Anticipated supervision completion date:   |  |                                     |
| <b>Nominate</b> proposed commencement level of supervision a<br>(Refer to the 'Levels of supervision' described in the Board   |  |                                     |
| Levels   |  | Proposed reporting frequency        |
| Level 1:   |  |                                     |
| Level 2:   |  |                                     |
| Level 3:   |  |                                     |
| Level 4:   |  |                                     |
| <b>Describe</b> how supervision is to be provided:<br>e.g. Direct supervision of all assessments, discussion of tre<br>reviews, teleconferences, in –service sessions etc. | atment plan after assessment, observation of i | nitial treatment, frequency of case |

# Section 2 – Capabilities and issues specific to supervisee

| Strengths of supervisee | Weaknesses of supervisee |
|-------------------------|--------------------------|
|                         |                          |
|                         |                          |
|                         |                          |
|                         |                          |
|                         |                          |

### Issues to be addressed during supervision (e.g. related to supervision requirements, identified weaknesses, areas for development)

| Issue | Measures to address issue | Review date |
|-------|---------------------------|-------------|
|       |                           |             |
|       |                           |             |
|       |                           |             |
|       |                           |             |
|       |                           |             |
|       |                           |             |

### Section 3 – Supervision goals and plan

Please complete relevant sections as informed by the relevant 'Domains/Elements/Criteria' in the Capabilities for Osteopathic Practice<sup>5</sup>

| Supervision goals<br>(individual learning objectives) | Supervision plan<br>(planned activities) |  |
|---|--|--|
| Specific supervision requirement                      |  |  |
| (List the individual learning objectives)             | (List planned activities )               |  |
| Clinical Analysis                                     |  |  |
| (List the individual learning objectives)             | (List planned activities)                |  |
| Patient-Centred Care and Communication                |  |  |
| (List the individual learning objectives)             | (List planned activities)                |  |

<sup>&</sup>lt;sup>5</sup> Refer to the current *Capabilities for Osteopathic Practice* at <u>http://www.anzoc.org.au/qualifications & skills assessment.html</u>. This document is undergoing revision for experienced osteopaths and will be released in 2013 as *Capabilities for Experienced Ossteopathic Practice* 

| Supervision goals<br>(individual learning objectives) | Supervision plan<br>(planned activities) |
|---|--|
| Osteopathic Care and Scope of Practice                |  |
| (List the individual learning objectives)             | (List planned activities)                |
| Primary Healthcare Responsibilities                   |  |
| (List the individual learning objectives)             | (List planned activities)                |
| Professional Relationships and Behaviour              |  |
| (List the individual learning objectives)             | (List planned activities)                |
| Professional and Business Activities                  |  |
| (List the individual learning objectives)             | (List planned activities)                |

### Section 4 – Declaration

I have completed this supervised practice plan in consultation with the supervisee and in my professional opinion consider the goals and planned activities to be appropriate to the identified needs.

| Signature of supervisor:   | Date: |  |
|--|-------|--|
| Name of supervisor:  |       |  |
| I have read, understand and agree to all the goals and planned activities included in this supervised practice plan. |       |  |
| Signature of supervisee:   | Date: |  |
| Name of supervisee:  |       |  |

<sup>&</sup>lt;sup>6</sup> For example, .a de-identified log book of care provided.