

Consultation Document

05 April 2012

Public consultation paper on Draft Guidelines for supervision of podiatrists

Summary

This consultation paper seeks feedback on proposed *Guidelines for supervision of podiatrists*.

The proposed *Guidelines for supervision of podiatrists* set out the principles the Board considers central to safe and effective supervision for a range of regulatory needs.

Following public consultation, the Board will finalise the *Guidelines for supervision of podiatrists* taking into account the consultation comments.

When the Guidelines for supervision have been approved by the Board they will be published on the Board's website.

If you wish to provide comments on the proposed *Guidelines for supervision of podiatrists*, please provide written comments in electronic form, at podiatryconsultation@ahpra.gov.au by close of business on 30 May 2012

Background

From 1 July 2010, the Podiatry Board of Australia has been responsible for the registration and regulation of the podiatry profession under the *Health Practitioner Regulation National Law Act* (the National Law), as in force in each state and territory.

Codes and Guidelines

Section 39 of the National Law empowers the Board to develop codes and guidelines to provide guidance for the profession.

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

The Board has previously developed and consulted on a number of Codes and Guidelines which can be found on the Board's website www.podiatryboard.gov.au under *Codes and Guidelines*.

The Board has developed Guidelines for supervision of podiatrists to set out the principles the Board considers central to safe and effective supervision for a range of regulatory needs, including registrants who require supervision as a requirement of their limited registration; podiatrists returning to practice after an absence greater than three years; podiatrists who have a condition on their registration or who have entered into an undertaking that requires supervision; podiatrists who make a significant change to a different field or scope of practice.

A link to the National Law is available at www.ahpra.gov.au under *Legislation and Publications*.

Submissions

Interested parties are invited to make written submissions on the draft *Guidelines for supervision of podiatrists* for the Board's consideration.

Submissions on the content of this consultation paper will be accepted up until close of business on **30 May 2012**. If you wish to provide comments on this proposal, please provide written comments in electronic form, at podiatryconsultation@ahpra.gov.au by close of business on this date.

Your submission will be published on the Board's website unless you request otherwise. The Board will not place on its website, or make available to the public, submissions that contain offensive or defamatory comments or those which are outside the scope of the reference. Before publication, the Board will remove personally-identifying information from submissions such as addresses and telephone numbers.

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 Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal 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 advise if you do not want the publication of all or part of your submission. In the absence of such a request, submissions will be published on the Board's website.

Guidelines for supervision of podiatrists

05 April 2012

Introduction

These guidelines for supervision of podiatrists have been developed by the Podiatry Board of Australia under section 39 of the Health *Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory.

Guidelines approved by a National Board may be used as evidence of what constitutes appropriate professional conduct or practice for podiatry in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction. The Guidelines apply to registered practitioners being supervised and registered practitioners that agree to provide supervision, consistent with these guidelines.

Purpose

These Guidelines have been developed to assist practitioners to deliver service in accordance with best practice.

Patients, clients and consumers have the right to expect delivery of safe, competent and contemporary podiatric services at all times, including when care is being provided under supervisory arrangements.

Appropriate supervision provides assurance to the Podiatry Board of Australia (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 Board considers central to safe and effective supervision in a range of clinical contexts.

Summary

Practitioners with limited registration or conditions or undertakings related to their registration may be required to work under supervision. They may be directed by the Board to work under supervision to further develop their competence (for example to work towards general registration) or to address a conduct, performance or health 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 the purpose of supervision, the practitioner's particular circumstances, experience and learning needs.

Supervision may be at different levels (as described in *Table 1: Levels of supervision*). Flexibility in supervisory arrangements is essential to ensure that diverse settings, complexities of different cases, individual capabilities and expectations can be accommodated.

These Guidelines set out:

1. Principles of supervision
2. Levels of supervision
3. The responsibilities of practitioners being supervised
4. The requirements and responsibilities of a supervisor
5. The requirements of a supervised practice plan; and
6. Reporting requirements including the requirements of a supervision report.

Scope

These guidelines, and the principles that underpin them, may be considered in a range of registration and notification matters resulting in supervision arrangements, including:

- practitioners returning to practice after an absence greater than three years
- practitioners who have a condition on their registration or who have entered into an undertaking that requires supervision
- practitioners who make a significant change to their scope of practice¹
- practitioners who hold a type of limited registration where supervision is a requirement of registration.

The guidelines apply to both the practitioner providing the supervision (supervisor) and the supervised practitioner (supervisee).

These guidelines may also inform a supervised practice plan arising out of a health, conduct or performance matter. These supervision requirements may be determined by another entity, such as a panel or tribunal.

The scope of these guidelines is not intended to cover:

- supervision of students
- mentoring of new graduates or less experienced practitioners
- performance review responsibilities of managers
- supervision for professional development, or workplace-based revalidation
- practitioners working towards an endorsement for scheduled medicines²
- practitioners with limited registration for postgraduate study who are not engaged in practice outside the clinical placements organised by the education provider as part of the program of study.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses his or her skills and knowledge as a health practitioner in the 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 non-clinical 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 uses the individual's professional skills.

Supervision, for the purposes of these guidelines, incorporates elements of direction and guidance. It is a formal process of professional support and learning which enables a practitioner (supervisee) to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may be *direct*, *indirect* or *remote* according to the nature or context under which the practice is being supervised. A supervisor in the context of a re-entry plan will generally be required to provide reports to the Board at determined intervals.

Direct supervision is when the supervisor is actually present on the premises when the supervisee is practising; observes and works with the supervisee; refer to levels of supervision contained in *Table 1*.

¹ For example, practitioners moving into a clinical role from a non-clinical role.

² For supervision requirements for the purpose of an endorsement for scheduled medicines, see the Board's *Guidelines for Endorsement for Scheduled Medicines* and the *Endorsement for Scheduled Medicines Information Package*, which are available on the Board's website at www.podiatryboard.gov.au

Indirect supervision is when the supervisor is easily contactable and is available to observe and discuss clinical management with the supervisee in the presence of the patient/client; refer to levels of supervision contained in *Table 1*.

Remote supervision is when the supervisor is contactable to discuss clinical activities however is not on the premises or required to directly observe or participate in the clinical management; refer to levels of supervision contained in *Table 1*.

Mentoring is a relationship in which the mentor facilitates the personal and professional growth and development of another practitioner (the *mentee*). Mentoring may also be relevant where a practitioner is changing their scope of practice. The mentor assists with career development and guides the mentee through professional networks. The mentor relationship is considered by the Board to be less formal than that of a supervisor role. There are elements of mentoring in supervision arrangements. These guidelines are focused on supervision, not mentoring, but this definition is included for clarification.

A **supervisor** is a suitably qualified and experienced podiatrist with general registration, or where relevant, a podiatric surgeon with specialist registration, who has undertaken to assess, monitor and report to the Board about the performance of a practitioner undertaking supervised practice. Supervisors must usually have a minimum of five years experience and must be registered practitioners and should not themselves be subject to supervisory arrangements and their registration should not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee. The Board may consider other practitioners in exceptional circumstances where appropriate.

A **supervisee** is a practitioner holding limited registration; or registration with conditions or undertakings; or who has entered into an undertaking that requires supervision; and practising under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan.

A **supervised practice plan** is a plan that is agreed between the Board, the supervisor and supervisee that sets out the objectives for, levels, type and amount of supervision required and how the supervision is to occur.

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

A **supervision report** is a document submitted in the format approved by the Board at the intervals agreed in the supervised practice plan and details progress against the supervised practice plan. Additional supervision reports may be submitted at any time and are mandated if there are any changes proposed to the supervised practice plan or if there are concerns about the supervisee.

1. Principles

The following principles convey the expectations of the Board in the supervision arrangements, pursuant to these guidelines and in consideration of the objectives and guiding principles of the National Law:

1. It is the professional responsibility of each supervisee to work within the limits of their competence and to reflect upon and determine their own learning needs, including the requirements of the specific position in which the supervisee is proposing to work and the purpose of the supervision requirements.
2. For all supervisees, the type and level of supervision must be matched to individual needs, the level of risk associated with the position, the purpose of the supervision and supervisee capabilities. Supervisory arrangements need to be modified over time, in keeping with progress made, and will generally need to be able to accommodate changes in supervisors (within the parameters agreed by the Board).
3. Before supervision begins, the supervisor, the supervisee and the Board need to agree on the duration and content of the supervised practice plan; and the reporting requirements before supervision begins, including the period for review if it varies from the standard periods outlined in the supervision levels below.

4. The onus rests with the supervisee to ensure the reporting requirements are met as agreed in the supervised practice plan; however, the supervisor also has a responsibility to adhere to the agreement he or she enters into with the Board and appropriately oversee the supervisee's practice.
5. A supervisor is professionally responsible to the Board for the proper supervision of the supervisee. A supervisor remains responsible for the clinical care, or oversight of the clinical care, provided by the supervisee, depending on the level of supervision

2. Developing a supervised practice plan and setting reporting requirements

The supervised practice plan, as described in this document, sets out the supervision requirements, including the expected progression through the levels of supervision and reporting to the Board or its delegate. The supervised practice plan may be required by a registration standard, for example relating to limited registration, or by a condition imposed on the practitioner's registration, where supervision arises from action relating to the practitioner's health, performance or conduct. A supervised practice plan, including the reporting requirements, will align with any conditions imposed by the Board or another entity, including review requirements. See information about developing a supervised practice plan below.

It is critical that supervisors have adequate time for their supervision role. Accordingly, if a supervisor proposes to supervise more than two (2) supervisees, the Board may seek assurance that the supervisor has the capacity for this responsibility and can provide appropriate support.

3. Levels of supervision

The levels of supervision outlined below are designed to ensure that the supervisee practises safely.

The level of supervision required will depend upon a number of factors that may include, but are not limited to:

1. the purpose of supervision
2. the previous practice experience, qualifications, skills and attributes of the supervisee
3. where relevant, the requirements of the position, as outlined in the position description provided with the application
4. the level of risk associated with the purpose of supervision and the competence and suitability of the practitioner, the position description, the location and the availability of clinical and other relevant supports
5. where relevant, any requirements imposed by a third party (e.g. tribunal) under the National Law or the organisation where the supervision will take place.

These factors should be considered by all parties involved in the development of a supervised practice plan. The Board will also consider these factors when initially approving and reviewing a supervised practice plan.

The commencement level of supervision and the progression through the levels of supervision will be determined through the approval by the Board of the individual's supervised practice plan, and as agreed by all parties. If concerns are raised in the supervision reports or by the supervisor directly, the supervised practice plan will be amended by the Board as necessary. Not all supervisees will need to commence on level one and not all supervisees will be expected to or be capable of progressing to level 4 supervision.

Table 1: Levels of supervision summarises the four (4) levels of supervision and the likely reporting timeframe for each level. The table also lists the possible uses for the different levels of supervision. The table refers to the usual frequency of reports but may be modified for an individual supervised practice plan. It should be noted that the Board or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

1 Table 1: Levels of supervision

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision ³
1	The supervisor takes direct and principal responsibility for individual patients	<p>The supervisor must be physically present at the workplace, observing when the supervisee is providing clinical care, as per the supervised practice plan.</p> <p>Supervision via telephone (indirect) is not permitted.</p> <p>The supervisee must consult the supervisor about the management of each patient before care is delivered.</p>	<p>Report after initial one month and then at three-monthly interval/s while the supervisee is on Level 1 supervision.</p> <p>If the supervisee is only expected to be at level one for less than one month, the SPP could specify a report (e.g verbal) <i>by exception</i> and the first written report according to the requirements for subsequent levels.</p>	<p>As the highest level of supervision, this level may be used:</p> <ul style="list-style-type: none"> to determine the current level of competence of the practitioner and inform further levels of supervision under a supervised practice plan. For example, when a practitioner is returning to practice after an absence of more than 3 years in a supervised practice plan arising from a health, conduct or performance matter. for a brief period (e.g one week, 8 sessions etc), to confirm that the supervisee is able to progress to level two supervision. this level of supervision may not be relevant to practitioners not involved in clinical care.
2.	The supervisor and supervisee share the responsibility for individual patients	<p>As per the supervised practice plan, the supervisor must be physically present at the workplace for the majority of time when the supervisee is providing clinical care.</p> <p>When the supervisor is not physically present, they must always be accessible by telephone</p>	<p>Report at renewal of registration if moving from level 1 and previous satisfactory report(s) provided.</p> <p>If commencing at level 2 supervision, a report after initial 3 months and then at renewal.</p>	<ul style="list-style-type: none"> initially for limited registration for teaching or research when clinical practice is also being undertaken. initially for limited registration for postgraduate training for supervised practice.

³ This column lists the typical use of a supervision level. It should be noted, however, that the Board may, at any time, exercise its discretion to determine the supervision level.

		<p>or other means of telecommunication such as videoconference and available to observe and discuss.</p> <p>The supervisee must inform the supervisor at agreed intervals about the management of each patient; this may be after the care has been delivered.</p> <p>If the approved supervisor is temporarily absent during any day, then the supervisor must make appropriate arrangements for alternative supervision, such as a practitioner with general or specialist registration providing temporary oversight.</p>		<ul style="list-style-type: none"> in a supervised practice plan arising from a health, conduct or performance matter.
3	<p>The supervisee takes primary responsibility for their practice, including individual patients</p>	<p>The supervisee must ensure that there are mechanisms in place for monitoring whether the supervisee is practising safely.</p> <p>The supervisee is permitted to work independently provided the supervisor is readily contactable by phone or other means of telecommunication such as videoconference.</p> <p>The supervisor must conduct regular reviews of the supervisee's practice.</p>	<p>Report at renewal of registration if moving from a higher level of supervision and previous satisfactory reports provided.</p> <p>If commencing at level 3 supervision, a report after initial three months and then on renewal.</p>	<p>Second stages of a supervised practice plan after the practitioner has progressed through level 1 or 2 supervision.</p>
4	<p>The supervisee takes full responsibility for their practice, including individual patients within the supervisor's general oversight.</p>	<p>The supervisor must provide broad oversight of the supervisee's practice.</p> <p>The supervisor must be available for case review or consultation if the supervisee requires assistance in person or by other means of communication.</p> <p>The approved supervisor must conduct periodic reviews of the supervisee's practice.</p>	<p>Report at renewal of registration if moving from a higher level of supervision and previous satisfactory reports provided.</p> <p>If commencing at level 4 supervision, a report after initial three months and then on renewal.</p>	<p>Later stages of a supervised practice plan after the podiatrist has progressed through level 1, 2 or 3 supervision.</p>

4. Responsibilities of supervisees

Supervisees must:

1. In conjunction with the supervisor, at the outset establish their learning needs, the context relevant to the need for supervision and any other issues that may affect an effective supervisory arrangement.
2. take joint responsibility for establishing a schedule of regular meetings with the supervisor and make all reasonable efforts within the supervisee's control to ensure that these meetings take place.
3. be adequately prepared for meetings with their supervisor.
4. participate in assessments conducted by the supervisor to assist in determining future supervision needs and progress.
5. familiarise themselves and comply with legal, regulatory and professional responsibilities applicable to their practice.
6. recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required.
7. advise the supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact on patient care.
8. reflect on and respond to feedback.
9. inform the Board and supervisor if the conditions or requirements of their supervision are not being met or if the relationship with the supervisor breaks down.
10. inform the supervisor and Board of any leave or breaks in practice that may impact on the requirements of the supervised practice plan.
11. notify the Board in writing within seven (7) calendar days if the approved supervisor is no longer able to provide supervision, and immediately cease practice if there is no back up supervisor available as specified in the supervised practice plan.
12. should a supervisee fail to properly discharge their obligations under these guidelines and the supervised practice plan, the Board may consider whether the supervisee has engaged in unprofessional conduct.

5. Requirements and responsibilities of supervisors

Requirements for supervisors

- The nominated supervisor must have a minimum of **five (5) years** experience in the scope of practice of the practitioner under supervision and hold current registration with the Podiatry Board of Australia. The Board may consider other practitioners in exceptional circumstances where appropriate. (see the requirements specified in the definition of supervisor)
- The approved supervisor must not hold a position which is at a lower classification or remuneration level to that held by the supervisee.
- The supervisor must formally consent to act as a supervisor and must be approved by the Board. The supervisor must be able to comply with the requirements of the supervised practice plan. It is critical that supervisors have adequate time for their supervision role.
- The relationship between supervisor and supervisee must be professional. As recommended in the Board's Code of Conduct, good practice involves avoiding any potential for conflict of interest in the supervisory relationship, for example, by supervising someone who is a close relative or friend, or

where there is another potential conflict of interest that could impede objectivity and/or interfere with the supervisee's achievements of learning outcomes or relevant experience.⁴

- Supervisors should not themselves be subject to supervisory arrangements and their registration should not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee.

Responsibilities of the supervisor include:

1. take reasonable steps to ensure that the supervisee is practising safely by such measures as direct observation, individual case review, and remediation of identified problems as required by the level of supervision.
2. provide clear direction and constructive feedback and be clear about how they can be contacted by the supervisee when the supervisee is practising, during working hours and after hours.
3. ensure that the supervisee is practising in accordance with the supervised practice plan and work arrangements approved by the Board and report to the Board if the supervisee is not doing so.
4. provide clear direction to the supervisee on their legal responsibilities and the constraints within which they must operate, the ethical principles that apply to the profession, and the expectation that the supervisee will act in accordance with the directions of the supervisor and the consequences if they do not.
5. understand the significance of supervision as a professional undertaking and commit to this role including regular, one-on-one, scheduled time with the supervisee which is free from interruptions as required by the supervised practice plan.
6. disclose to the Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee⁵.
7. only delegate tasks that are appropriate to the role of the supervisee and that are within the scope of training, competence and capability of the supervisee.
8. be accountable to the Board and provide honest, accurate and responsible reports in the approved form at intervals determined by the supervised practice plan.
9. understand that the responsibility for determining the type and amount of supervision required within the framework of the supervised practice plan may be informed by the supervisor's assessment of the supervisee.
10. maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors.
11. notify the Board immediately if:
 - the relationship with the supervisee breaks down
 - there are concerns that the supervisee's clinical performance, conduct or health is placing the public at risk
 - the supervisee is not complying with conditions imposed or undertakings accepted by the Board or is in breach of any requirements on registration
 - the supervisee is not complying with the supervision requirements or there are any significant changes to those requirements such as extended absences or periods of non-practice
 - the supervisor is no longer able to provide the level of supervision that is required by the supervised practice plan. The supervised practice plan should indicate what, if any, leave

⁴ Podiatry Board of Australia, Code of Conduct, available at (www.podiatryboard.gov.au)

⁵ A personal relationship or business partnership between the supervisee and the supervisor is not encouraged but will be considered in the context of the matter under consideration by the Board.

arrangements are appropriate for the supervisor and backup plans in the event of an unexpected absence.

- Should a supervisor fail to properly discharge their obligations under these guidelines and the supervised practice plan, the Board may consider whether the supervisor has engaged in unprofessional conduct.

6. Supervised Practice Plan

The supervised practice plan must be approved by the Board prior to commencement of the supervisory period and be accompanied by the proposed supervisor's formal agreement to provide supervision as determined by the Board.⁶ Where the practitioner is applying for limited registration, the applicant must submit their proposed supervised practice plan on the relevant template with their application for limited registration.

The supervisor must obtain approval of the Board for any proposed changes to the supervised practice plan before they are implemented.

(A sample template for a supervised practice plan and supervisor agreement will be available on the Board's website alongside this document.)

Specific requirements for those practising under supervision as a requirement for limited registration

For practitioners who have attained their primary qualifications outside Australia, a supervised practice plan must include an orientation or introduction to the Australian healthcare system, and information on cultural differences. (An orientation report template will be available on the Board's website alongside this document).

7. Reporting requirements

The reporting requirements for a supervisee will be listed in the supervised practice plan agreed by the Board, the supervisor and the supervisee, or those specified by another entity such as a tribunal. These requirements will be informed by the levels of supervision in *Table 1*. However, the Board may, at any time, exercise discretion about the frequency and structure of a report. A supervisor may at any time provide a verbal report to the Board if there are immediate concerns.

The supervised practice plan will specify:

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

Typically, level 2 – 4 supervision would involve a report after three months and then at renewal of registration. For level one supervision, if this category is going to be used beyond a brief initial check that the practitioner is able to progress to lower levels of supervision, more frequent reporting would be expected.

Supervision report

The supervision report should provide detail against the requirements of the supervised practice plan and explain whether or not the elements of the supervised practice plan are being achieved and if not, the measures implemented to address those elements not achieved.

It should also include changes in supervisory arrangements (including changes in levels) over time agreed in the supervised practice plan, as well as achievements by the supervisee and any emerging issues.

(A sample template for a Supervision Report will be available on the Board's website alongside this document.)

⁶ The Board retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

References

- Health Workforce Australia is undertaking a range of work on clinical supervision which may include some useful references (<http://www.hwa.gov.au/work-programs/clinical-training-reform/clinical-supervision-support-program>).

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

CONSULTATION DRAFT