

## Supervised practice plan template

### Who needs to complete this form?

The supervisee needs to submit a supervised practice plan (based on this template) for situations where supervision is required, including:

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

### Associated documents to be read prior to completing

- *Guidelines for supervision of podiatrists*<sup>1</sup>
- *Where relevant, the Recency of practice registration standard*<sup>2</sup>
- The Board's other registration standards, code and guidelines, published on its website [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au).

### 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.

The *Guidelines for supervision of podiatrists* 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.

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<sup>1</sup>Published on the Board's website under Policies, Codes and Guidelines.

<sup>2</sup>Available under the Registration Standards section of the Board's website.

### **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 is available on the Board's website alongside this document.

### **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 [www.ahpra.gov.au](http://www.ahpra.gov.au).

# Supervised practice plan

## Supervisee

Last name of supervisee:	
First (given) name of supervisee:	
Registration number <i>(if applicable)</i> :	

## Supervisor(s)

Name of Supervisor 1:	
Registration number:	
Job title	
Description of supervisor's role in organisation that is employing or training registrant	
Name of Supervisor 2 <i>(if applicable)</i> :	
Registration number:	

## Add more if applicable

### Purpose of supervision (tick one)

- Returning to practice after an absence of greater than three years
- Condition on registration or undertaking requiring supervision
- Significant change to scope of practice
- Hold a type of limited registration where supervision is a requirement of registration.

## Section 1 – Supervision arrangements

Proposed position:	
Proposed employer:	
Location(s) where supervised practice is proposed:	
Anticipated supervision commencement date:	
Anticipated supervision completion date: <sup>3</sup>	
<p><b>Nominate</b> proposed commencement level of supervision and expected progressions:  <i>(Refer to the 'Levels of supervision' described in the Board's Guidelines for supervision of podiatrists.)</i></p>	
<p><b>Describe</b> how supervision is to be provided:            Method: e.g. <i>Face to face (formal and informal); observation and written communication</i>            Schedule: e.g. <i>frequency of the different types of supervision and length of time devoted to each</i>            Type: e.g. <i>case review; reflection on intervention approaches and techniques used; professional development needs identification and performance feedback/ review</i></p>	
<b>Levels</b>	<b>Proposed reporting frequency</b>
Level 1: <i>The supervisor takes direct and principal responsibility for individual patients</i>	
Level 2: <i>The supervisor and supervisee share responsibility for individual patients</i>	
Level 3: <i>The supervisee takes primary responsibility for their practice, including individual patients</i>	
Level 4: <i>The Supervisee takes full responsibility for their practice, including individual patients with only general oversight by the supervisor</i>	

<sup>3</sup> This should correlate to the specified period of supervision in a condition on registration; or an undertaking; or the period of limited registration if applicable

## 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)

To be completed by the supervisee

Issue	Measures to address issue	Review date

## Section 3 – Supervision goals and plan

Please **complete relevant section/s** as informed by the **relevant competency standard** in the ANZPAC *Podiatry Competency Standards for Australia and New Zealand, 2015*, published on the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) [website](#).

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
<b>Specific supervision requirement</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities )</i>
<b>Competency standard 1 - Practise Podiatry in a Professional Manner</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Competency standard 2 - Continue to Acquire and Review Knowledge for Ongoing Clinical &amp; Professional Practice Improvement</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Competency standard 3 - Communicate &amp; Interrelate Effectively in Diverse Contexts</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>

Supervision goals <i>(individual learning objectives)</i>	Supervision plan <i>(planned activities)</i>
<b>Competency Standard 4 - Conduct Patient/client Interview and Physical Examination</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Competency Standard 5 - Interpret. Diagnose and Analyse</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Competency Standard 6 - Develop a Patient/Client-focused Management Plan</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Competency Standard 7 - Implement &amp; Evaluate Management Plan</b>	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
<b>Competency Standard 8 - Provide Education and Contribute to an Effective Health Care System</b>	

<b>Supervision goals</b> <i>(individual learning objectives)</i>	<b>Supervision plan</b> <i>(planned activities)</i>
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>

**Additional requirements/documents<sup>4</sup>**

## 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>4</sup> For example, .a log book of care provided