

ACM SUBMISSION

AHPRA *Supervised Practice Framework*

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Midwives



ACM Submission: Supervise Practice Framework

Are you responding on behalf of an organisation?	
Yes	The Australian College of Midwives
We may need to contact you about your response. Please write your name and contact details below. (Skip if you wish to remain anonymous)	
Name (optional)	██
Contact details (optional)	██



Public consultation questions

We can confirm that we have read the [public consultation papers](#) before providing feedback.

National Boards and AHPRA have developed the *Supervised practice framework* (the framework) and supporting documents to enable a responsive and risk-based approach to supervised practice across the National Registration and Accreditation Scheme (the National Scheme).

The National Boards' preferred option is to adopt the proposed framework and supporting documents.

1. How helpful and clear is the content and structure of the proposed framework? Please explain your answer.

The proposed framework is very clear and will be of great assistance in arranging and fulfilling supervised practice arrangements. The content is comprehensive and well presented under relevant headings making it easy for relevant information to be found. Information is presented in dot points and therefore the requirements are not lost in large blocks of text. The boxes pointing to fact sheets are highlighted making for easy access.

The word 'consult' is used to describe the interaction between a supervisee and supervisor in the levels of supervised practice (see Section 5 Levels in the framework and the *Fact sheet: Supervised practice levels*). The word 'consultation' is often used to describe the interaction between a patient/client and a health practitioner.

2. Is the meaning of 'consult' clear for the purposes of the supervised practice levels? Why or why not?

The term 'consult' is used appropriately to reflect that the supervisee must engage with the supervisor at the various levels of supervised practice. The term is supported by clear guidance as to what consult means at each level and what this consultation should entail. If there is concern about the use of 'consult' in this context, we suggest including a brief definition in the opening of section 5 and as part of the definitions on page 10.

3. Is there any content that needs to be changed, added or removed in the proposed framework and/or supporting documents? If so, please provide details.

No. We feel the proposed framework is comprehensive and provides all necessary information to assist supervisors, supervisees and employers.

4. Are there any other ways that the Board can support supervisees, supervisors and employers involved in the supervised practice arrangement?



The proposed framework clearly directs supervisees, supervisors and employers to fact sheets that are relevant to their situation. While many are still to be developed, they will support the provision of supervised practice arrangements. The attached appendices provide relevant links and resources for each of the professions. Given the inclusion of this helpful information, we are not able to provide any further suggestions at this time.

5. Is there anything else the Board should consider in its proposal to adopt the framework and supporting documents, such as impacts on workforce or access to health services?

Recognition of the time investment in supervised practice arrangements should be taken into consideration both for supervisors and employers such that workload reflects the commitment to these kinds of arrangements.

Both supervisors and employers should have access to training prior to any supervised practice arrangement and support throughout the provision of any such arrangement.

6. Do you have any other comments on the proposed framework and/or supporting documents?

Nil further comments.

Thank you for the opportunity to provide feedback to this important consultation and help to shape the Supervised Practice Framework.