

Q1. ■

Q2.
Supervised practice framework: public consultation

Introduction

National Boards (excluding Pharmacy and Psychology) and the Australian Health Practitioner Regulation Agency (AHPRA) are seeking feedback about the proposed *Supervised practice framework* (framework).

Please ensure you have read the [public consultation papers](#) before taking this survey, as the questions are specific to the proposed framework and supporting documents.

Thank you for taking this short survey.

Q26.
Privacy

Your responses will be anonymous unless you choose to provide your name and/or the name of your organisation.

Privacy notice

This consultation is being conducted by AHPRA and is hosted on a third-party website, provided by Qualtrics. The information collected will be used by AHPRA to evaluate the proposed framework. The information will be handled in accordance with the privacy policies of AHPRA accessible [here](#) and Qualtrics [here](#).

Q45.
Contact details

We may contact you about your response.
Please write your name and contact details.

(Skip if you wish to be anonymous)

Q28.
Publication of responses

National Boards and AHPRA publish responses at their discretion. We generally publish responses on our

websites to encourage discussion and inform the community and stakeholders.

We will not publish responses that contain offensive or defamatory comments or which are outside the scope of the consultation. Before publication, we may remove personally-identifying information, including contact details.

We can accept responses made in confidence. These responses will not be published. Responses may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential response will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions to protect personal information and information given in confidence.

You must let us know if you do **not** want us to publish your responses.

Published responses will include the names (if provided) of the individuals and/or the organisations that made the response unless confidentiality is requested.

Q23. Publication of responses

Please select the box below if you do **not** want your responses to be published.

Please do **not** publish my responses

Q3. About your responses

Q33. Are you responding on behalf of an organisation? (optional)

- Yes (please write the name of organisation)
- No

Q35. Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q4.

Which of the following best describes you?

- I am a health practitioner
- I am a member of the community
- I am an employer (of health practitioners)
- Other

Q5.
Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer.

This question was not displayed to the respondent.

Q9.

About supervised practice.

The following questions will help us to gather information about supervised practice and the proposed framework and supporting documents.

Please ensure you have read the [public consultation papers](#) before responding, as the questions are specific to the proposed framework.

Q44.

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.

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

Clear and helpful aiming at improving the current framework of the supervised practice.

Q11.

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.

Is the meaning of "consult" clear for the purpose of the supervised practice levels? Why or why not?

Consultation can be also between two health practitioners or teams with different specialties to get a second opinion or for arranging referrals.

Q13.

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

Q14.

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

Hold workshops 1-2 days in about few tips on how train and assess skills of the trainees. For those who supervise IMG trainees ,especially who come for postgraduate training,it is important to make sure that the trainees are aware of the health system in Australia eg., Medicare ,PBS ,ethical and legal issues in medical practice Australia , a glance about our multicultural community . This can be provided in individual or a group settings .Better to be provided by AHPRA of The Ministry of Health rather than colleges or private sectors to make sure it has a good quality .This should be free to encourage the IMG to attend and should be offered to them after securing a training position.

Q15.

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?

There are many conflicting points regarding the AMC Clinical exam and the PESCI. Passing part one AMC exam and do PESCI is enough to work under supervision as a GP.While passing the AMC clinical is not enough. I mean those who passes AMC exams ,why they have to go through PESCI. In Addition, those who will practice under level one why they need PESCI if the supervisor will take the whole responsibility! PESCI itself is unfair assessment. The candidate is assessed by three assessors by four clinical scenario from the whole medical topics! Many of trainees I have in my practice reported to me discrimination issues and bias .I have three trainees were assessed by the same examiners for 3 or four times and been failed although they have practiced in Australia as registrars in for few years and passed AMC exams . They had to go with another PESCI provider to be able to pass after they felt they were treated unfairly. The cost of PESCI is not reasonable. If clinical exam of the AMC doesn't have any value ,then what is the point by doing it. Replace AMC clinical exam and PESCI with a work place assessment will be more fair and much useful in terms of assessing skills , clinical knowledge and safe practice. Australian and permanent residents of Australia should be given a priority for Work Place Assessment .

Q16. Do you have any other comments on the proposed framework and/or supporting documents?

No thanks

Q24.

Thanks!

Thank you for participating in the consultation.

Your answers will be used by the National Boards and AHPRA to improve the proposed framework and supporting documents.

