

# Supervision guidelines for optometrists

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## Authority

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

The relevant sections of the National Law are set out in Appendix 1.

Guidelines approved by a National Board may be used as evidence of what constitutes appropriate professional conduct or practice for optometrists in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

## Introduction

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

Appropriate supervision provides assurance to the Board and the community that the registrant's practice is safe and is not putting the public at risk.

These guidelines set out what the Board considers central to safe and effective supervision for a range of regulatory needs, including:

- principles of supervision
- levels of supervision
- requirements and responsibilities of supervisors
- responsibilities of the practitioner being supervised (the supervisee)
- requirements of a supervised practice plan, and
- reporting requirements, including the requirements of a supervision report.

Supervision requirements may be different for each practitioner. They will be tailored to the purpose of supervision, and 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.

## Who needs to use these guidelines?

These guidelines have been developed for a range of users including optometrists acting as supervisors or supervisees, the Board and its delegates when making decisions about supervision requirements, and Australian

Health Practitioner Regulation Agency (AHPRA) staff in their work managing registration and notification matters on behalf of the Board.

Key terms are defined in the Appendix 2.

An overview of the process of approving a supervised practice plan is listed in Appendix 3.

## Scope

The Board may require optometrists with limited registration, or conditions or undertakings related to their registration, to work for a period under supervision. Optometrists who may be required to undergo a period of supervised practice include practitioners who:

- are returning to practice after an absence of more than three years<sup>1</sup>
- make a significant change to a different field or scope of practice<sup>2</sup>
- have a condition on their registration and/or have entered into an undertaking that requires supervision
- hold limited registration for teaching or research, or limited registration for postgraduate training or supervised practice, and who undertake supervised
- practice within an approved position description<sup>3,4,5</sup>, or
- are required to address a conduct, performance

1 Refer to the Board's *Recency of practice registration standard* for further information, available under *Registration standards* on the Board's website: [www.optometryboard.gov.au/](http://www.optometryboard.gov.au/)

2 For example, practitioners moving back into a clinical role from a non-clinical role who don't meet the recency requirements for the new scope of practice. Refer to the Board's *Recency of practice registration standard* (under *Registration standards* at: [www.optometryboard.gov.au/](http://www.optometryboard.gov.au/)).

3 Overseas trained optometrists who have not completed an approved program of study and who have completed the written component of the Competency in Optometry Examination conducted by OCANZ will be able to apply for limited registration for postgraduate training or supervised practice in order to undertake supervised practice prior to completing the clinical component of this exam.

4 Section 71 of the National Law provides that a practitioner may not hold limited registration in the same profession for more than one purpose at the same time. However, a practitioner may hold a category of limited registration and undertake activities which relate to another category of limited registration. For example, a practitioner may hold limited registration for postgraduate training, but their approved position description may include some supervised practice.

5 Progression from limited to general registration may only be achieved through meeting the Board's standards for general registration, which may include assessment by an outside authority such as the Optometry Council of Australia and New Zealand's assessment process.

or health issue that impacts on safe or appropriate practice.

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

The guidelines apply to both the practitioner providing the supervision and the supervisee.

The scope of these guidelines is *not* intended to cover:

- supervision of students undertaking undergraduate or postgraduate training
- practitioners with limited registration for postgraduate training who are solely practising within the clinical placements organised by the education provider as part of their program of study
- performance review responsibilities of managers
- supervision for professional development or workplace-based revalidation and limited registration solely for the purposes of sitting an examination.

## Principles

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

- 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.
- 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 to by the Board).
- 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, including the period for review if it varies from the standard periods outlined in the levels of supervision detailed in these guidelines (see Table 1).
- The onus rests with the supervisee to ensure the reporting requirements are met as agreed in the supervised practice plan.

- The supervisor has a responsibility to adhere to the agreement he or she enters into with the Board and to appropriately oversee the supervisee's practice.

## Levels of supervision

Supervision can be direct, indirect, remote or take the form of mentoring, depending on the experience and abilities of the optometrists concerned and the requirements of the Board. Levels of supervision are designed to ensure that the supervisee practises safely.

The level of supervision required will depend upon a number of factors, which 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. These factors include, but are not limited to:

- the purpose of supervision and the associated level of risk
- the competence and suitability of the practitioner, and the location and the availability of clinical and other relevant support
- the previous practice experience, qualifications, skills and attributes of the supervisee
- where relevant, the requirements of the position, as outlined in the position description provided with the application, and
- 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.

The starting level of supervision and the progression through the levels of supervision will be determined by the Board and listed in the approved supervised practice plan, as agreed by all parties. The supervised practice plan will describe what, if any, review by the Board is required before progression to a new level.

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 start at level one and not all supervisees will be expected to, or be capable of, progressing to level 4 supervision.

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

**Table 1: Levels of supervision**

Level	Summary	Specifications	Typical reporting frequency for level	Possible use for level of supervision <sup>6</sup>
1	The supervisor takes direct and principal responsibility for individual patients.	<p>The supervisor must be physically present at the workplace and observing at all times when the supervisee is providing clinical care, as per the supervised practice plan.</p> <p>Supervision via phone or other form of indirect telecommunication is not permitted.</p> <p>The supervisee must consult the supervisor about the management of each patient before care is delivered.</p>	<p>Report to the Board after initial first month and then at three-monthly interval/s, while the supervisee is at level 1 supervision.</p> <p>If the supervisee is only expected to be at level one for less than one month, the supervised practice plan could specify a report (e.g. verbal) by exception and for the first written report to be 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"> <li>to determine the current level of competence<sup>7</sup> of the practitioner and inform further levels of supervision under a supervised practice plan, or</li> <li>in a supervised practice plan arising from a health, conduct or performance matter, or</li> <li>for a brief period (e.g. one week or eight sessions) to confirm that the supervisee is able to progress to the next level of supervision.</li> </ul>
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 phone, 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, the supervisor must make appropriate arrangements for alternative supervision, such as an optometrist with general registration providing temporary oversight.</p>	<p>Report at renewal of registration if moving from level 1 and previous satisfactory report(s) have been provided.</p> <p>If starting at level 2 supervision, a report after the initial three months and then at renewal of registration.</p>	<ul style="list-style-type: none"> <li>Where appropriate, initially for limited registration for teaching or research when clinical practice is also being undertaken.</li> <li>Where appropriate, initially for limited registration for postgraduate training or supervised practice when clinical practice is also being undertaken.</li> <li>In a supervised practice plan arising from a health, conduct or performance matter.</li> <li>In a supervised practice plan arising from the Board's <i>Recency of practice registration standard</i>.</li> </ul>

Level	Summary	Specifications	Typical reporting frequency for level	Possible use for level of supervision <sup>6</sup>
3	The supervisee takes primary responsibility for their practice, including individual patients.	<p>The supervisor 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 that 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 if moving from a previous level of supervision and previous satisfactory reports have been provided.</p> <p>If starting at level 3 supervision, a report after initial three months and then on renewal.</p>	<ul style="list-style-type: none"> <li>Generally used at secondary stages of a supervised practice plan, after the practitioner has progressed through level 1 or 2 supervision.</li> </ul>
4	The supervisee takes full responsibility for their practice, including individual patients, with only general oversight by the supervisor.	<p>The supervisor must be available for case review or consultation if the supervisee requires assistance. This does not necessarily need to be in person.</p> <p>Case reviews will generally occur after the clinical care has been provided.</p> <p>The approved supervisor must conduct periodic reviews of the supervisee's practice.</p>	<p>Report at renewal if moving from a previous level of supervision and previous satisfactory reports have been provided.</p> <p>If starting at level 4 supervision, a report after initial three months and then on renewal.</p>	<ul style="list-style-type: none"> <li>Generally used at later stages of a supervised practice plan, after the practitioner has progressed through levels 1, 2 or 3.</li> <li>Please note, it is possible to start at level 4 supervision.</li> </ul>

6 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.

7 Supervisors and supervisees should refer to the Optometrists Association Australia Universal (entry-level) and Therapeutic Competency Standards for Optometry 2008, published on the Board's website alongside these guidelines, for the minimum standard of competence expected of optometrists under supervision. Note that therapeutic competency standards apply to those optometrists who hold an endorsement for scheduled medicines.

## Requirements and responsibilities of supervisors

A supervisor needs to be a suitably qualified and experienced optometrist (who will usually have a minimum of five years of experience) with general registration who has undertaken to assess, monitor and report to the Board about the performance of a practitioner undertaking supervised practice. 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.

A supervisor will usually be nominated by the supervisee in their application for limited registration or return to practice. The Board may provide advice on the nomination of a supervisor arising from a health, performance or conduct matter.

The Board will review the suitability of a supervisor in line with the purpose of the supervision and the individual circumstances under consideration. The Board-approved supervisor(s) will be listed in the supervised practice plan.

The relationship between the 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.<sup>8</sup> An employer–employee relationship is appropriate for a supervisor–supervisee relationship under these guidelines.

8 The Board's *Code of Conduct* is available at [www.optometryboard.gov.au](http://www.optometryboard.gov.au)

A Board-approved supervisor is protected from liability in relation to providing a report. In order to rely on this provision under section 237 of the National Law, formal supervised practice arrangements must be in place. This requires completion of the Board-approved templates for the supervision agreement, the supervised practice plan, and the supervision report.

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

## Requirements for supervisors

A nominated supervisor must:

- meet the requirements specified in the definition of a supervisor
- hold an endorsement for scheduled medicines if the supervisee also holds this endorsement
- formally consent to act as a supervisor and must be approved by the Board, and
- be able to comply with the requirements of the supervised practice plan.

## Responsibilities of the supervisor

The supervisor's responsibilities are to:

- take reasonable steps to ensure that the supervisee is practising safely, by using the measures appropriate to the level of supervision, individual case review and remediation of identified problems
- provide clear direction and constructive feedback to the supervisee, and be clear about how they can be contacted when the supervisee is practising, during working hours and after hours
- 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
- 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
- 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
- disclose to the Board any potential conflict of interest,<sup>9</sup> either when the supervised practice plan is being

developed or if circumstances change during the period of supervision

- be accountable to the Board and provide timely, honest, accurate and responsible reports in the approved form at intervals determined by the supervised practice plan
- 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
- 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
- maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors and/or if more than one supervisor is permitted under the supervised practice plan, and
- notify the Board immediately if:
  - > the relationship with the supervisee breaks down
  - > there are concerns that the supervisee's health, conduct or clinical performance 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, or
  - > they are no longer able to provide the level of supervision that is required by the supervised practice plan.

## Responsibilities of supervisees

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

Supervisees are, for the purpose of general or limited registration, required to hold professional indemnity insurance in accordance with the Board's *Professional indemnity insurance arrangements registration standard*<sup>10</sup>.

Should a supervisee fail to properly discharge their

<sup>9</sup> Any conflicts of interest declared will be considered by the Board in the context of the matter under consideration.

<sup>10</sup> Refer to the Board's *Professional indemnity insurance arrangements registration standard*, available under 'Registration Standards' on the Board's website [www.optometryboard.gov.au](http://www.optometryboard.gov.au)

obligations under these guidelines and the supervised practice plan, the Board may consider whether the supervisee has engaged in unprofessional conduct.

Supervisees must:

- in conjunction with their supervisor and at the outset, establish their learning needs, the reasons for supervision and any other issues that may affect an effective supervisory arrangement, and record these in a draft supervised practice plan for approval by the Board
- take joint responsibility for establishing a schedule of regular meetings with their supervisor and make all reasonable efforts within their control to ensure that these meetings take place
- be adequately prepared for meetings with their supervisor
- participate in assessments conducted by their supervisor to assist in determining future supervision needs and progress
- recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required
- familiarise themselves and comply with legal, regulatory and professional responsibilities applicable to their practice
- advise their supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact on patient care
- reflect on and respond to feedback
- inform the Board and their supervisor as soon as practicable if the conditions or requirements of their supervision are not being met or if the relationship with the supervisor breaks down, and
- inform their supervisor and the Board of any leave or breaks in practice that may impact on the requirements of the supervised practice plan.

In the event of a need to change a supervisor, the supervisee must:

- notify the Board in writing within seven (7) calendar days of any planned or unexpected supervisor changes (e.g. due to illness)
- submit proposed new supervision arrangements to the Board for consideration including a new signed agreements and new supervised practice plan<sup>11</sup>, and
- provide to the proposed new supervisor(s) copies of:
  - > previous supervisor agreement

- > supervised practice plan(s), and
- > supervision report(s).

The supervisee **must cease** practice immediately if the approved supervisor is no longer available to provide supervision.

## Selecting a supervisor

Unless instructed by the Board or another entity through a health, performance or conduct matter, the supervisee is responsible for nominating a supervisor for approval by the Board.

The supervisee needs to consider the responsibilities and requirements of supervisors in selecting and approaching potential supervisors.

The supervisee may seek advice from the following groups when making this selection:

- prospective and past employers
- past supervisors
- education providers
- professional associations, and/or
- colleagues and mentors.

It is recommended that when supervision is initially proposed, a second supervisor (Supervisor 2) be nominated for Board approval so that if the primary supervisor (Supervisor 1) is no longer able to discharge his or her duties, Supervisor 2 can assume supervisory responsibilities.

There is no provision under the National Law for payment of supervisors by the Board or AHPRA and neither the Board nor AHPRA would enter into a contract with a supervisor. Supervisees are generally responsible for the costs of compliance with registration and notification matters. The arrangements between the supervisee and the supervisor are between them and the Board cannot and will not intervene.

## Supervised practice plans

A supervised practice plan is a plan that is agreed between the Board, the supervisor and supervisee that sets out the objectives, levels, type and amount of supervision required, and how the supervision is to occur. The plan will include the supervision requirements, including the expected progression through the levels of supervision and reporting to the Board or its delegate.

The supervised practice plan, including the reporting requirements, will align with any conditions imposed by the Board, including review requirements.

The supervised practice plan should indicate what, if any, leave arrangements are appropriate for the supervisor and backup plans in the event of an unexpected absence.

<sup>11</sup> This should be consistent with that already approved by the Board and may only require a change to the supervisor details.



The supervised practice plan **must** be approved by the Board prior to start of the supervisory period and must be accompanied by the proposed supervisor's formal agreement to provide supervision as determined by the Board.<sup>12</sup>

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

Only in exceptional circumstances would a health practitioner who is not an optometrist be considered as a supervisor, for example, as a back-up for temporary situations or in very remote locations.

For supervisees who hold a form of limited registration, their supervised practice plan should also include an orientation or introduction to the Australian health care system and information on cultural differences. An orientation report template is available on the Board's website, alongside this document. This template includes a list of key resources to support supervisors and supervisees to guide them through this self-directed process. The content of this orientation will depend upon the context in which the optometrist is practising.

For optometrists returning to practice after an absence of greater than three years, a professional development plan should be submitted with the supervised practice plan.<sup>13</sup>

Templates for supervised practice plans (including attachments for an orientation plan and professional development plan) and supervision agreements are available on the Board's website, alongside this document.

## 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 detailed in Table 1 of these guidelines. 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.

<sup>12</sup> The Board retains the discretion to amend any aspect of the supervised practice plan, including the nominated supervisor.

<sup>13</sup> This is a requirement of the Board's recency of practice registration standard. A supervised practice plan will suffice as a plan for re-entry to practice. For more information optometrists should read the Board's *Information sheet for optometrists returning to practice or significantly changing their scope of practice* published under the Fact Sheets and FAQ section of the Board's website.

The supervised practice plan will specify the:

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

Typically, levels 2 to 4 would involve a written report after three months and then at renewal of registration.

If level 1 is being used for an extended period (that is beyond a brief initial check that the practitioner is able to progress to subsequent levels of supervision), a higher frequency of reporting may be required.

## Supervision reports

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 and agreed in the supervised practice plan, as well as achievements by the supervisee and any emerging issues.

A template supervision report is available on the Board's website, alongside this document.

## Resources

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

Optometrists Association Australia Universal (entry-level) and Therapeutic Competency Standards for Optometry 2008. Clin Exp Optom 2009;92(4):362–386. DOI:10.1111/j.1444. To be published at [www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx](http://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx) once approved; currently available at [www.ocanz.org/candidate-guide](http://www.ocanz.org/candidate-guide).

Date of issue:

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

Last reviewed:

## Appendix 1: Relevant sections of the National Law

### General provisions

#### Division 3 Registration standards and codes and guidelines

##### 39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example: A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

##### 40 Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website —
  - (a) a registration standard developed by the Board and approved by the Ministerial Council;
  - (b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect —
  - (a) on the day it is published on the National Board's website; or
  - (b) if a later day is stated in the registration standard, code or guideline, on that day.

##### 41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

### Specific provisions

Provisions of the National Law that refer to supervised practice are sections 35, 62, 66, 178, 191, 196, 237 and 271.

## Appendix 2: Key term 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 of context under which the practice is being supervised. A supervisor in the context of a re-entry to practice 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, and observes and works with the supervisee. Refer to the levels of supervision outlined in Table 1.

**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 the levels of supervision outlined 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 of patients. Refer to the levels of supervision outlined 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 optometrist (who will usually have a minimum of three years' experience) who holds general registration, and

who has undertaken to assess, monitor and report to the Board about the performance of a practitioner undertaking supervised practice. 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. The Board may consider practitioners other than optometrists in exceptional circumstances and where appropriate.

A **supervisee** is an optometrist holding limited registration or registration with conditions or undertakings, or who has entered into an undertaking that requires supervision, 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, 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. The supervised practice plan should indicate what, if any, leave arrangements are appropriate for the supervisor and back-up plans in the event of an unexpected absence.

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 (as described in the supervised practice plan) or if there are concerns about the supervisee.




## Appendix 3: Approving a supervised practice plan: an overview

The following diagram outlines the key responsibilities and documents to be submitted in the process of developing and approving a supervised practice plan.

AHPRA will process all documentation and liaise with the supervisee/supervisor as required. The Board will

consider the documentation and approve or recommend amendments. AHPRA will be the ongoing liaison point for the supervisee and supervisor during the period of supervision.

Supervisees and supervisors should review the table below prior to submitting any documentation. All templates referred to in this document are published on the Board's website ([www.optometryboard.gov.au](http://www.optometryboard.gov.au)), alongside the guidelines.

Supervisee		Supervisor
<ul style="list-style-type: none"> <li>Review Supervision guidelines for optometrists and other relevant Board registration standards and guidelines</li> <li>Select supervisor(s)<sup>15</sup></li> <li>If applicable, complete relevant application form<sup>16</sup> including the required evidentiary documents</li> <li>Complete supervision agreement as per template</li> <li>Complete supervised practice plan as per template,</li> <li>Sign supervised practice plan</li> </ul>	 <p><b>Application stage<sup>14</sup></b></p>	<ul style="list-style-type: none"> <li>Review Supervision guidelines for optometrists</li> <li>Complete supervision agreement as per template</li> <li>Assist in drafting the supervised practice plan</li> <li>Sign supervised practice plan</li> </ul>
<ul style="list-style-type: none"> <li>Practice within the approved supervised practice plan</li> <li>If holding limited registration, complete an orientation report for optometrists entering into a supervised practice plan for limited registration</li> </ul>	 <p><b>Post-approval by the Board</b></p>	<ul style="list-style-type: none"> <li>Provide supervision reports, as per template, at the required frequency in accordance with the supervised practice plan</li> </ul>
<ul style="list-style-type: none"> <li>Notify the Board in writing within seven (7) calendar days of any planned or unexpected supervisor changes (e.g. due to illness)</li> <li>Submit proposed new supervision arrangements to the Board for consideration, including a new supervision agreement and new supervised practice plan</li> <li>Provide to the proposed new supervisor(s) copies of:                             <ul style="list-style-type: none"> <li>- previous supervisor undertakings</li> <li>- supervised practice plan(s), and</li> <li>- supervision report(s).</li> </ul> </li> </ul>	 <p><b>Changing a supervisor</b></p>	

<sup>14</sup> All documentation should be sent to the AHPRA office, as listed on Contact us section of the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au)).

<sup>15</sup> For health, performance or conduct matters, the Board or another entity may nominate a supervisor.

<sup>16</sup> This means the relevant limited registration application form, or an application for general registration if returning to the register, or at the time of registration renewal if returning to practice after a break of greater than three years or significantly changing scope of practice.