

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 These responses will not be published.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.

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

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.

Helpful but i think it needs to be more specific at who can provide this supervising role. It's very broad when it states it can be undertaken by anyone who is qualified and has years of expertise. I would like it to state Registered Nurses and Enrolled Nurses level 3 ( as they meet advancement criteria)

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?

Yes the word consult is clear as it describes the two parties being engaged in a conversation. It will relate well in this circumstance for supervised practice

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.

When it highlights that anyone who is qualified and has experience and can become a supervisor and act in a supervising role it needs to be highlighted this applies to Enrolled Nurses as well. The scope of practice has vastly changed and improved. Some Enrolled Nurses especially those who are working in specialised areas, have completed specialised training and are working at an advancement level EN3 should be recognised to be supervisors. This would include supervising undergraduate RN students (as they hold no qualifications as yet) Enrolled nursing students and nurses whether RN or EN who would like to train or gain knowledge in the specific specialised area of nursing that the EN3 holds qualifications in.

Q14.

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

The board needs to recognise that years of experience count, regardless of RN or EN qualifications. There are many excellent experienced qualified EN's that get overlooked for roles as supervisors as they do not hold a university degree. Years of experience that they have gained in nursing is being grossly undervalued and overlooked.

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?

The board should consider that now the staff mix in many organisations are up to 50% RNs and 50% ENs. If you limit the teaching, supervising role that an experienced, qualified EN3 can provide our students or nurses returning to practice then they are missing out on valuable training. Their time is limited, they spend such a short amount at placement and their training is being jeopardised by not allowing EN3 nurses to supervise, teach and supervise undergraduate RN nurses. This issue needs to be addressed. The role of the EN3 needs to be revised and considered as being suitable as a supervisory role.

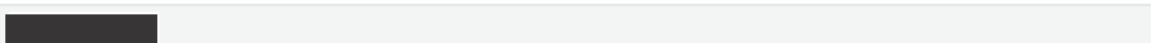
Q16. Do you have any other comments on the proposed framework and/or supporting documents?

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.



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