

# Consultation response

Safer Care Victoria (SCV) is the state's lead agency for improving the quality and safety of healthcare. We support health services to monitor performance, guide best practice, and help them identify and respond to areas where they can improve.

SCV was established in January 2017 as an administrative office of the Department of Health and Human Services.

## OUR PURPOSE

To enable all health services to deliver safe, high-quality care and experiences for patients, carers and staff.

## WHAT WE DO

- Quality improvement
- Sentinel event reporting
- System safety reviews
- Performance monitoring
- Safety alerts and advisories
- Clinical guidance and support
- Patient feedback
- Consumer participation
- Innovation funding
- Leadership development

## PUBLIC CONSULTATION - PROPOSED *SUPERVISED PRACTICE FRAMEWORK AND SUPPORTING DOCUMENTS*

### General information about your response

Are you responding on behalf of an organisation?	
Yes	What is the name of your organisation? Safer Care Victoria
Name (optional)	Safer Care Victoria. Office of the Clinical Chiefs
Contact phone number (optional)	██████████

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.

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The content is appropriate and the expectations are clear, however, the document is difficult to read. The language is complicated and not accessible with legalised wording is used throughout. The readability could be improved by using plain language in an active voice.

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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?

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Using the term 'consult' is appropriate but it should be added to the definitions list to remove any confusion with a medical consult.

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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.

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When considering the fluid nature of nursing roster and sick leave/annual leave it would be helpful to add a consideration around what to do when supervisor is on unexpected leave.

Clarification is required around the supervisors registration not being subject to conditions or restrictions which could affect their ability to successfully supervise. Does this refer to any conditions or restrictions or only some? If it is only some conditions/restrictions it would be helpful to add what those are.

Details on hours of day/ length of time of supervised practice for varied levels would be useful for potential supervisors to know. Is there a plan for how AHPRA will decide and communicate this?

It may be useful to establish some expectations (for the supervisor and supervisee) around the end of the required supervision period, and briefly discussing the process of a practitioner transitioning from supervised to independent practice.

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

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It would be worthwhile articulating how the Board would intervene if the supervisee/ supervisor reported issues with the supervised practice arrangement? E.g. If the supervisee doesn't feel that they are getting adequate supervision, despite the requirement for direct supervision etc.

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**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?**

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Further detail on anticipated time commitment and structure of the supervised practice would be needed for most services/ individuals to decide if they can support the supervisee or not.

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

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Having fact sheets to support the main document is a good idea, but the readability could be improved. The fact sheets should be written in plain English, and should focus on including key messages with references to other material to make the documents more concise. It is also worth considering the use of visual aids such as tables and flowcharts.

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