

Supervision and reporting guidelines for Aboriginal and Torres Strait Islander health practitioners

Authority

These supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners have been developed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) under section 39 of the Health Practitioner Regulation National Law Act 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 the Board may be used as evidence of what constitutes appropriate professional conduct or practice for Aboriginal and Torres Strait Islander Health Practitioners in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

Introduction

Aboriginal and Torres Strait Islander peoples have the right to expect delivery of safe and competent primary health care services at all times, including when care is being provided under supervisory arrangements.

Appropriate supervision provides assurance to the Board and Aboriginal and Torres Strait Islander communities 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
- the requirements and responsibilities of a supervisor
- the responsibilities of practitioners being supervised
- the 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, 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. These include Aboriginal and Torres Strait Islander health practitioners, acting as supervisors or supervisees, registered medical practitioners or

registered nurse and midwives acting or other eligible health professionals¹ as supervisors, 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 **Appendix 2**.

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

Templates to support these guidelines are published on the Board's website under the Codes and Guidelines section.

Scope

These guidelines, and the principles that underpin them, may be considered in a range of registration and notification matters resulting in supervision arrangements, including Aboriginal and Torres Strait Islander health practitioners who:

- are returning to practice after an absence of greater than three years, and/or
- have had a significant change to scope of practice and the practitioner's currency in the new area of practice is unclear, and/or
- have a condition or undertaking requiring supervision from a health, performance or conduct matter, and/or
- have a condition related to adequacy of qualifications.

The guidelines apply to both the practitioner providing the supervision and the supervised Aboriginal and Torres Strait Islander Health Practitioner.

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

The scope of these guidelines is not intended to cover:

- supervision of students
- mentoring of new graduates or less experienced practitioners
- performance review responsibilities of managers, or
- supervision for professional development or workplace-based revalidation.

If supervision is occurring in a health care organisation, the organisation may have additional requirements which these guidelines mention briefly but do not address in detail.

Note: A student's education and training provider and clinical placement site are jointly responsible for supervising students undertaking clinical placements as part of their programs of study.

Principles

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

1. 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.
2. 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

¹ The eligibility of 'other eligible health professionals' to act as supervisors of Aboriginal and Torres Strait Islander health practitioners will be determined by the Board on a case-by-case basis.

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 by the Board).

3. 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 supervision levels below.
4. The onus rests with both the supervisor and supervisee to ensure the reporting requirements are met as agreed in the *supervised practice plan*.
5. The supervisor also has a responsibility to adhere to the agreement he or she enters into with the Board and appropriately oversee the supervisee's practice.

Levels of supervision

The levels of supervision outlined below are designed to ensure that the supervisee practises safely.

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

1. the purpose of supervision and the associated level of risk
2. the previous practice experience, qualifications, skills and attributes of the supervisee
3. where relevant, the requirements of the position, as outlined in the position description provided with the application
4. the level of risk associated with the purpose of supervision and the competence and suitability of the Aboriginal and Torres Strait Islander Health Practitioner, the position description, the location and the availability of clinical and other relevant supports, and
5. 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 Board may consider innovative supervisory arrangements on a case by case basis through individual *supervised practice plans* in recognition of supervisor shortages in some organisations. However, the Board will need to be satisfied that these arrangements are likely to mitigate any likelihood of significant harm to the public.

The starting level of supervision and the progression through the levels of supervision will be determined by the Board and reflected in the individual's *supervised practice plan*. 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 commence on Level 1 and not all supervisees will be expected to or be capable of progressing to Level 4 supervision.

The Board welcomes less onerous supervisory arrangements to reflect the experience of both supervisee and the supervisor, as well as the supportive team and workplace systems and structures. However, the Board will need to be satisfied that these arrangements are likely to mitigate any likelihood of significant harm to the public.

Table 1: Levels of supervision summarises the four (4) levels of supervision and the likely reporting timeframe for each level. The table also lists the possible uses for the different levels of supervision. The table refers to the usual frequency of reports but may be modified for an individual *supervised practice plan*. 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	Example of possible use for level of supervision ²
1	The supervisor takes direct and principal responsibility for individual patients	<p>The supervisor must be physically present at the workplace, observing at all times when the supervisee is providing clinical care, as per the <i>Supervised practice plan</i>.</p> <p>Supervision via telephone or other form of telecommunication is not normally permitted. However, if limited supervisory capacity prevents a supervisor being physically present, then the Board will consider a proposal which will allow the supervisee to be able to call on a supervisor and get immediate assistance.</p> <p>The supervisee must consult the supervisor about the management of each patient before clinical care is delivered.</p>	<p>Report to the Board after initial one month and then at three-monthly intervals, while the supervisee is on Level 1 supervision.</p> <p>If the supervisee is only expected to be at Level 1 for less than one month, the <i>Supervised practice plan</i> could specify a report (e.g. verbal) <i>by exception</i> and the first written report 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"> • to determine the current level of competence[see footnote]³ of the supervisee and inform further levels of supervision under a <i>Supervised practice plan</i>, or • in a <i>Supervised practice plan</i> arising from a health, conduct or performance matter, or • or a brief period (e.g. one week, 8 sessions etc), to confirm that the supervisee is able to progress to Level 2 supervision.

² 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.

³ HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision ²
2	The supervisor and supervisee share the responsibility for individual patients	<p>As per the <i>Supervised practice plan</i>, the supervisor must be physically present at the workplace, or immediately contactable, 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 telephone 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, then the supervisor must make appropriate arrangements for alternative supervision, such as another registered medical/health practitioner to provide temporary oversight.</p>	<p>Report at renewal if moving from Level 1 and previous satisfactory report(s) provided.</p> <p>If commencing at Level 2 supervision a report after initial 3 months and then at renewal.</p>	<ul style="list-style-type: none"> • In a <i>Supervised practice plan</i> arising from a health, conduct or performance matter • In a <i>Supervised practice plan</i> arising from the Board's <i>Recency of practice registration standard</i>
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 the supervisor is readily contactable by telephone 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 higher level of supervision and previous satisfactory reports provided. If commencing at level 3 supervision, a report after initial three months and then on renewal.</p>	<p>Generally second stages of a <i>Supervised practice plan</i> after the practitioner has progressed through Level 1 or 2 supervision</p>

Level	Summary	Specifications	Typical reporting frequency for level	Example of possible use for level of supervision ²
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 in person or by other means of communication.</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 higher level of supervision and previous satisfactory reports provided.</p> <p>If commencing at Level 4 supervision, a report after initial three months and then on renewal</p>	Generally later stages of a <i>Supervised practice plan</i> after the practitioner has progressed through Levels 1, 2 or 3 supervision.

Requirements and responsibilities of supervisors

A supervisor is a registered Aboriginal and Torres Strait Islander health practitioner, registered nurse and midwife, or registered medical practitioner with unconditional registration under the National Scheme, or other eligible health professional.

The supervisor has undertaken to assess, monitor and report to the Board about the performance of an Aboriginal and Torres Strait Islander Health Practitioner undertaking supervised practice. Supervisors must not themselves be subject to supervisory arrangements and their registration must not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee.

While the supervisor does not teach the whole unit, the supervisor's role is to verify the supervisee's practise and may be required to demonstrate correct practice in accordance with relevant workplace regulations, policies and protocols.

A supervisor will usually be nominated by the supervisee for approval by the Board. 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*.

It is critical that supervisors have adequate time for their supervision role. Accordingly, if a supervisor proposes to supervise more than two supervisees, the Board may seek assurance that the supervisor has the capacity for this responsibility and can provide appropriate support.

The relationship between 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 experience⁴.

A Board-approved supervisor is protected from liability in relation to providing a report to the Board. In order to rely on this provision under section 237 of the National Law (see *Appendix 1*) 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*.

⁴ Aboriginal and Torres Strait Islander Health Practice Board of Australia, Code of Conduct, available at www.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx.

Should a supervisor, who is a registered Aboriginal and Torres Strait Islander health practitioner, 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 conduct⁵.

Requirements for supervisors

A nominated supervisor must:

- meet the requirements specified in the definition of a supervisor
- not hold a position which is at a lower classification or remuneration level to that held by the Aboriginal and Torres Strait Islander Health Practitioner under supervision
- formally consent to act as a supervisor and must be approved by the Board
- take joint responsibility with the supervisee for submitting reports in accordance with the *supervised practice plan*, and
- be able to comply with the requirements of the *supervised practice plan*.

The supervisor's responsibilities are to:

1. take reasonable steps to ensure that the supervisee is practising safely, by using measures appropriate to the level of supervision, individual case reviews and remediation of identified problems
2. demonstrate their ability to carry out culturally safe and sensitive work practices as listed in Domain 2.1.4 of Health Workforce Australia's *National Clinical Supervision Competency Resource* (Validation Edition- May 2013), that is:
 - Recognise the impact of individual and cultural diversity on the clinical education relationships with learners and show acceptance during clinical supervision, and demonstrate appropriate behaviour.
 - Demonstrate culturally safe and sensitive clinical supervision practice by considering the values, beliefs and practices of the learner.
 - Embed a culturally competent focus in the planning, policy and practice of the clinical education program.
3. provide clear direction and constructive feedback and be clear about how they can be contacted by the Aboriginal and Torres Strait Islander Health Practitioner when the practitioner is practising, during working hours and after hours
4. 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
5. 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
6. understand the significance of supervision as a professional undertaking and commit to this role including regular, protected, scheduled time with the supervised Aboriginal and Torres Strait Islander Health Practitioner which is free from interruptions as required by the *supervised practice plan*
7. disclose to the Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee⁶, either when the *supervised practice plan* is being developed or if circumstances change during the period of supervision
8. be accountable to the Aboriginal and Torres Strait Islander Health Practice Board of Australia, or other regulatory authorities, and provide honest, accurate and responsible reports in the approved form at intervals determined by the *supervised practice plan*

⁵ For supervisors who are registered health practitioners of other professions, the Aboriginal and Torres Strait Islander Health Practice Board may consider making a notification to the relevant Board under the National Law.

⁶ A personal relationship or business partnership between the supervisee and supervisor is not encouraged but will be considered in the context of the matter under consideration by the Board.

9. 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 supervised practitioner
10. only delegate tasks that are appropriate to the role of those being supervised and that are within the scope of training, competence and capability of the supervisee
11. 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
12. notify the Board immediately if:
 - the relationship with the supervisee breaks down
 - there are concerns that the supervisees' 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 Aboriginal and Torres Strait Islander Health Practitioner holding registration with conditions or undertakings, or who has entered into an undertaking that requires supervision or is practising under the oversight and direction of a supervisor to meet the objectives of a *supervised practice plan*.

Should a supervisee fail to properly discharge their obligations under these guidelines and the *supervised practice plan*, the Board may consider what action it should take and whether the supervisee has engaged in unprofessional conduct.

Supervisees must:

- in conjunction with the supervisor, at the outset establish their learning needs, the context relevant to the need 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 the supervisor and make all reasonable efforts within the supervisee's control to ensure that these meetings take place
- take joint responsibility with the supervisor for submitting reports in accordance with the *supervised practice plan*
- be adequately prepared for meetings with their supervisor
- participate in assessments conducted by the 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 the 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 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 the 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
- submit proposed new supervision arrangements to the Board for consideration including a new signed agreement and new *supervised practice plan*⁷, and
- provide to the proposed new supervisor(s) copies of:
 - previous supervisor agreement(s)
 - *supervised practice plan*(s), and
 - *supervision report*(s).

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, current and past employers
- past supervisors
- education providers
- professional associations, 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 for 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 supervisor are between them and the Board cannot and will not intervene.

Supervised practice plan

A *supervised practice plan* (see Attachment A2) is a plan that is agreed between the Board, the supervisor and supervisee that sets out the objectives for, 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 report to the Board.

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.

The *supervised practice plan* **must** be approved by the Board prior to commencement of the supervisory period and be accompanied by the proposed supervisor's formal agreement to provide supervision as determined by the Board.⁸

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

⁷ This should be consistent with that already approved by the Board and may only require a change to the supervisor details.

⁸ The Board retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

A sample template for a *supervised practice plan* and supervisor agreement is 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 in *Table 1*. 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.

The *supervised practice plan* will specify:

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

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

If Level 1 supervision is going to be used for an extended period (that is, beyond a brief initial check that the Aboriginal and Torres Strait Islander health practitioner is able to progress to subsequent levels of supervision) a higher frequency of reporting may be required.

Supervision report

The *Supervision report* (see Attachment B) 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 agreed in the *supervised practice plan*, as well as achievements by the supervisee and any emerging issues.

A sample template for a *Supervision report* is available on the Board's website alongside this document.

References

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).

Date of issue: 25 February 2015
Date of review: This guideline will be reviewed at least every three years
Last reviewed: 25 February 2015

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 – Definitions

Direct supervision is when the supervisor is actually present on the premises when the supervisee is practising; observes and works with the supervisee; refer to levels of supervision contained 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 levels of supervision contained 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.

Practice means any role, whether remunerated or not, in which the individual uses his or her skills and knowledge as an Aboriginal and Torres Strait Islander 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.

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; refer to levels of supervision contained in *Table 1*.

Revalidation is a process by which registered health practitioners have to regularly show that they are up to date, and fit and competent to practise.

A **Supervisee** is an Aboriginal and Torres Strait Islander health practitioner with conditions or undertakings, or who has entered into an undertaking that requires supervision or is practising under the oversight and direction of a supervisor to meet the objectives of a *supervised practice plan*.

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, and which level of supervision is required. 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. Reports will be expected for all supervision purposes.

A **Supervisor** is an experienced Aboriginal and Torres Strait Islander health practitioner (with two years or more registration experience), or registered nurse and midwife, or registered medical practitioner with unconditional registration under the National Scheme, or other eligible health professional, who has undertaken to assess, monitor and report to the Aboriginal and Torres Strait Islander Health Practice Board of Australia about the performance of an Aboriginal and Torres Strait Islander health practitioner undertaking supervised practice. Supervisors must not themselves be subject to supervisory arrangements and their registration must not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee. The Board may consider other practitioners in exceptional circumstances where appropriate.

Other eligible health professional is either a:

- registered health practitioner under the National Scheme, other than a registered medical practitioner or registered nurse and midwife, with unconditional registration, or
- member of an appropriate professional association of a self-regulated health profession, with unconditional membership. The Board will determine the appropriate professional association on a case by case basis.

A *supervised practice plan* means a plan that is agreed between the Aboriginal and Torres Strait Islander Health Practice Board of Australia, the supervisor and supervisee that sets out the objectives for, 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.

A **Supervision Report** is a document submitted in the format approved by the Board (see Attachment B) 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 plan) or if there are concerns about the supervisee.

Appendix 3: Summary of processes

The following table outlines who is responsible and what 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.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx alongside the guidelines.

Supervisee	Supervisor
Application stage	
<ul style="list-style-type: none"> Review <i>Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i> and other relevant Board registration standards and guidelines. identify an appropriate supervisor(s).⁹ If applicable, complete relevant application form¹⁰ including the required evidentiary documents. Complete <i>supervision agreement</i> as per template (see Attachment A1). Complete <i>supervised practice plan</i> as per template (see Attachment A2). Sign <i>supervised practice plan</i>. Submit the <i>supervised practice plan</i> to the Board for approval. 	<ul style="list-style-type: none"> Review <i>Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i>. Complete <i>supervision agreement</i> as per template (see Attachment A1). Assist in drafting the <i>supervised practice plan</i> (see Attachment A2). Sign <i>supervised practice plan</i>.
Post-approval of the supervised practice plan by the Board	
<ul style="list-style-type: none"> Practice within the approved <i>supervised practice plan</i>. 	<ul style="list-style-type: none"> Provide <i>supervision reports</i>, as per template (see Attachment B), at the required frequency in accordance with the <i>supervised practice plan</i>.
In the event of a need to change a supervisor	
<ul style="list-style-type: none"> Notify the Board in writing within seven (7) calendar days of any planned or unexpected supervisor changes. Submit proposed new supervision arrangements to the Board for consideration, including a new supervision agreement and new <i>supervised practice plan</i>. Provide to the proposed new supervisor(s) copies of: <ul style="list-style-type: none"> previous supervisor undertakings <i>supervised practice plan(s)</i>, and <i>supervision report(s)</i>. 	

⁹ In some situations, the Board or another entity may nominate a supervisor.

¹⁰ The means 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 3 years or significantly changing scope of practice.

Supervision agreement

A supervision agreement, completed by the supervisor(s) and supervisee, is to be submitted to the Australian Health Practitioner Regulation Agency with an application for registration or where supervision is a requirement for registration. All parties should read the Board's *Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners* before completing this agreement.

Expected timeframe for approval of this *Supervision Agreement* will be driven by decisions of the Board or its delegate. However, decisions will be expedited depending on the level of risk to public health or safety.

Section 1 – Details of supervisor(s) and supervisee

Supervisor 1:

Last name: _____ First name: _____

Practice address: _____

Phone (work): _____ Mobile: _____

Fax: _____ Email: _____

Registration number: _____ Profession: _____

Signature: _____ Date: _____

Supervisor 2 (if applicable):

Last name: _____ First name: _____

Practice address: _____

Phone (work): _____ Mobile: _____

Fax: _____ Email: _____

Registration number: _____ Profession: _____

Signature: _____ Date: _____

Supervisee:

Purpose of supervision (please tick appropriate):

- Returning to practice after an absence of greater than three years, and/or
- Significant change to scope of practice, and/or
- Condition or undertaking requiring supervision from a health, performance or conduct matter, and/or
- Conditions related to adequacy of qualifications

Last name: _____ First name: _____

Postal address: _____

Telephone work: _____ Mobile: _____

Fax: _____ Email: _____

Registration number (if applicable): _____ Signature: _____ Date: _____

Section 2 – Agreement of supervisor(s)

Agreement of supervisor(s) to be completed by each supervisor and included as separate pages
I have read the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) <i>Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i> and agree to comply with the responsibilities of supervisors.
I understand: <ul style="list-style-type: none">• the significance of supervision as a professional undertaking and commit to this role• my legal and professional responsibilities generally, and in relation to supervision, and will act accordingly• that I must make every effort to ensure that the supervisee has read and agrees to comply with his/her responsibilities; understands legal responsibilities and constraints within which he/she must operate; and follows the principles listed in the Board's <i>Code of Conduct for Aboriginal and Torres Strait Islander Health Practitioners</i>• the responsibility for determining the <i>supervised practice plan</i> and <i>supervision reports</i> must be informed by my assessment of the supervisee and I agree to undertake and document assessments as required• that I must only delegate tasks that are appropriate to the role of the supervisee and are within the competence of the individual• that reassessment of competency and review of the <i>supervised practice plan</i> must occur regularly and that <i>supervision reports</i> on progress must be provided as listed in the <i>supervised practice plan</i> approved by the Board• that I will use the core units of the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice for the assessment of the supervisee for the purpose of reports to the Board• that I must take responsibility for the interventions carried out by the supervisee under my supervision to the extent described in the 'Levels of supervision' section in the <i>Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i>• that I must provide clear direction to the supervisee, and• that I must provide honest and responsible reports as required by the Board.
I have attached to this agreement a current CV that confirms I have the expertise required to provide the necessary supervision.

Agreement of supervisor(s) to be completed by each supervisor and included as separate pages

I confirm that I am currently supervising the following number of supervisees for the Board under these supervision and reporting guidelines _____, and I believe I have the capacity to do so.

I have/have not (*please delete as appropriate*) previously provided satisfactory supervision for Aboriginal and Torres Strait Islander Health Practitioners where supervision is a requirement for registration. Please list names of previous practitioners you have supervised on behalf of the Board:

My relationship with the supervisee is as follows (e.g. workplace supervisor, close friend, work colleague, family member, etc.)

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisor 1: _____

Signature of supervisor 2: _____

Name of supervisor 1: _____

Name of supervisor 2: _____

Name of supervisee: _____

Section 3 – Agreement of supervisee

Agreement of supervisee
I have read the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) <i>Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i> and agree to comply with the responsibilities of supervisees.
I understand that: <ul style="list-style-type: none">• I must familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to general registration without conditions• I must inform my supervisor(s) at the outset of the supervision period of my experience, needs and circumstances/incidents relevant to the requirement that I practise under supervision• I must participate in assessments undertaken by my supervisor to assist determination of my capabilities, needs and progress• I must familiarise myself with safety policies and procedures relevant to my supervised practice and comply with these• I must follow directions and instruction from my supervisor and ask questions to clarify where necessary• I must advise my supervisor of any uncertainties and incidents in relation to clinical practice during the period of supervision• I must reflect on and respond to feedback• I must provide honest and responsible information as required by the Board, and• I must notify the Board in writing within seven days in the event supervision becomes unavailable (e.g. due to the supervisor's departure).
My relationship with the supervisor(s) is as follows (e.g. workplace supervisor, close friend, work colleague, family member, etc.): <hr/>

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisee: _____ Name of supervisee: _____

Name of supervisor(s): _____

Supervised practice plan

Who needs to complete this form?

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) will determine which competencies need to be validated through this *supervised practice plan*. The supervisee needs to submit a *supervised practice plan* (based on this template) with any applicable registration application forms¹¹ for situations where supervision is required. That is, for a range of registration and notification matters resulting in supervision arrangements, including Aboriginal and Torres Strait Islander health practitioners who:

- are returning to practice after an absence of greater than three years
- have had a significant change to scope of practice
- have a condition or undertaking requiring supervision from a health, performance or conduct matter, and
- have a condition related to adequacy of qualifications.

The Board may also require a *supervised practice plan* be developed in conjunction with conditions or undertakings arising from a health, performance or conduct matter. In this situation, the Board or another entity will direct the timing of the development of a *supervised practice plan*.

When do they complete it?

When applying for general registration OR at renewal of general registration.

Associated documents to be read prior to completing

- *Recency of practice registration standard*¹²
- *Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners*¹³
- The Board's other registration standards, code and guidelines, published on its website, www.atsihealthpracticeboard.gov.au/.

What to consider in developing a supervised practice plan

In completing the *supervised practice plan*, the individual circumstances of the supervisee should be taken into account, including the purpose of supervision, the supervisee's qualifications, experience, and capabilities and the demands of the proposed position/location. The *Supervision Practice Plan* is designed to accommodate variations based on an assessment of competence and experience.

The *Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners* list some key factors that should be taken into consideration when developing a supervised practice plan and the levels of *supervision in this plan*.

¹¹ Available under the Registration section of the Board's website.

¹² Available under the Registration Standards section of the Board's website.

¹³ Published on the Board's website under Policies, Codes and Guidelines.

The *supervised practice plan* will list the frequency of reporting, the content and supporting evidence of progress required in each report, and the format of the report.

The supervisor can submit to the Board proposed modifications to the *supervised practice plan* during the period of supervision.

What happens to the plan after it is submitted?

The Board will consider the proposed *supervised practice plan* and approve with or without modification.

Who should the supervisee and supervisor contact with any queries?

The Australian Health Practitioner Regulation Agency (AHPRA) office in the relevant state or territory will be the ongoing liaison point in the approval of the *supervised practice plan* and during the period of supervision. Contact details are listed on the AHPRA website at www.ahpra.gov.au.

Supervised practice plan

Supervisee

Last name of supervisee:	
First (given) name of supervisee:	
Registration number (if applicable):	
Reason for supervision (e.g. recency of practice)	

Supervisor(s)

Name of Supervisor 1:	
Registration number (or equivalent for 'Other eligible health professionals'):	
Health profession (if not the Aboriginal and Torres Strait Islander Health Practice profession)	
Name of Supervisor 2 (if applicable):	
Registration/other number (or equivalent for 'Other eligible health professionals'):	
Health profession (if not the Aboriginal and Torres Strait Islander Health Practice profession)	

Purpose of supervision (tick one)

- Returning to practice after an absence of greater than three years
- Significant change to scope of practice
- Condition or undertaking requiring supervision from a health, performance or conduct matter, and
- Condition related to adequacy of qualifications.

Section 1 – Supervision arrangements

Proposed position:	
Proposed employer:	
Location(s) where supervised practice is proposed:	
Anticipated supervision commencement date:	
Anticipated supervision completion date:	
<p>Nominate proposed commencement level of supervision and expected progressions: (Refer to the 'Levels of supervision' described in the Board's <i>Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners</i>)</p>	
Levels	Proposed reporting frequency
Level 1:	
Level 2:	
Level 3:	
Level 4:	
<p>Describe how supervision is to be provided: <i>e.g. Direct supervision of all assessments, discussion of treatment plan after assessment, observation of initial treatment, frequency of case reviews, teleconferences, in-service sessions etc.</i></p>	

Section 2 – Capabilities and issues specific to supervisee

Strengths of supervisee	Areas of development of supervisee <i>Please provide as much detail as possible</i>

Issues to be addressed during supervision (e.g. related to supervision requirements, identified weaknesses, areas for development)

Core unit name and number – <i>Please identify the specific Core Unit from the list in Section 3, below.</i>		
Issue – <i>Please link to the specific Key Element in Section 3, below.</i>	Measures to address issue	Review date

Please insert a new table for issues to be addressed per Core Unit from the list in Section 3, below

Section 3 – Supervision goals and plan

The Board will determine which competencies need to be validated by the core units in the **HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice**.

The Board's delegate at AHPRA will tick one or more of the core units, below.

CHCCS400 **Work within a relevant legal and ethical framework**

Key elements for observation include

Planned activities to demonstrate competency

- Demonstrate an understanding of legislation and common law relevant to work role
- Follow identified policies and practices
- Work ethically
- Recognise and respond when client *rights* and interests are not being protected

HLTAHW005 **Work in an Aboriginal and/or Torres Strait Islander primary health care context**

Key elements for observation include:

Planned activities to demonstrate competency

- Identify factors impacting on Aboriginal and/or Torres Strait Islander health and the delivery of primary health care services
- Apply primary health care principles
- Work in a culturally appropriate and safe manner
- Apply Aboriginal and/or Torres Strait Islander health policies and resources

HLTAHW006 **Facilitate and advocate for the rights and needs of clients and community members**

Key elements for observation include:

Planned activities to demonstrate competency

- Identify the rights, needs and options available to the client
- Assist the client to present their own needs
- Advocate for the client when self-advocacy is not possible
- Liaise with health service providers to meet client and community needs
- Promote the rights, needs and interests of the client

HLTAHW016 **Assess client's physical wellbeing**

Key elements for observation include:

Planned activities to demonstrate competency

- Initiate health assessment
- Assess client's physical health
- Interpret and confirm health assessment findings
- Summarise and presents findings

HLTAHW017 **Assess and support client's social and emotional wellbeing**

Key elements for observation include:

Planned activities to demonstrate competency

- Obtain client history and information for social and emotional wellbeing assessment

- Assess and determine client wellbeing
- Provide support to client

HLTAHW018 **Plan, implement and monitor health care in a primary health care context**

Key elements for observation include:

Planned activities to demonstrate competency

- Propose care plan
- Communicate proposed health care plan to client
- Implement care plan
- Provide information on healthy nutrition and lifestyle choices as part of the care plan
- Provide care and support for clients with chronic condition as part of the care plan
- Monitor health care
- Review effectiveness of health care

HLTAHW019 **Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities**

Key elements for observation include:

Planned activities to demonstrate competency

- Undertake health checks to inform health programs
- Provide health care programs to address identified common problems
- Manage the delivery of health programs

- Evaluate health programs

HLTAHW020 **Administer medications**

Key elements for observation include:

Planned activities to demonstrate competency

- Interpret and clarify orders and instructions for medication
- Prepare medication
- Administer medications safely
- Instruct and monitor clients to self administer medication
- Document administration procedures

HLTAHW021 **Provide nutrition guidance for specific health care**

Key elements for observation include:

Planned activities to demonstrate competency

- Provide information on nutritional needs at different stages of life
- Inform clients of dietary requirements of specific conditions
- Work with community agencies to promote nutrition

HLTAHW022 **Address social determinants of Aboriginal and/or Torres Strait Islander health**

Key elements for observation include:

- Identify social determinants of health
- Promote awareness of social determinants of health
- Implement strategies to address social determinants of health

Planned activities to demonstrate competency

HLTAHW037 **Support the safe use of medications**

Key elements for observation include:

- Determine client medication requirements
- Interpret and clarify orders and instructions for medication
- Support clients in their use of traditional and western medicines
- Deliver information to support clients in the use of medications
- Provide advice about storage and transport of medication
- Provide information and support to community

Planned activities to demonstrate competency

HLTAID003 **Provide first aid**

Key elements for observation include:

- Respond in an emergency situation
- Apply appropriate first aid procedures

Planned activities to demonstrate competency

- Communicate details of the incident
- Evaluate own performance

HLTIN301C **Comply with infection control policies and procedures**

Key elements for observation include:

Planned activities to demonstrate competency

- Follow infection control guidelines
- Identify and respond to infection risks
- Maintain personal hygiene
- Use personal protective equipment
- Limit contamination
- Handle, package, label, store, transport and dispose of clinical and other waste
- Clean environmental surfaces

HLTWHS001 **Participate in workplace health and safety**

Key elements for observation include:

Planned activities to demonstrate competency

- Follow safe work practices
- Implement safe work practices
- Contribute to safe work practices in the workplace
- Reflect on own safe work practices

Overall comments on performance and work

Key elements for observation include:

- Follow workplace guidelines and procedures
- Document client assessments, care and care plans
- Interact effectively with work colleagues and other health professionals
- Refer clients to other health professionals as appropriate and when required

Planned activities to demonstrate competency

Additional requirements/documents¹⁴

¹⁴ For example, .a de-identified log book of care provided.

Section 4 – Declaration

I have completed this *supervised practice plan* in consultation with the supervisee and in my professional opinion consider the goals and planned activities to be appropriate to the identified needs.

Signature of supervisor 1: _____ Date: _____

Name of supervisor 1: _____

Signature of supervisor 2: _____ Date: _____

Name of supervisor 2: _____

I have read, understand and agree to all the goals and planned activities included in this supervised practice plan.

Signature of supervisee: _____ Date: _____

Name of supervisee: _____

I endorse this supervised practice plan.

Signature of clinical service manager: _____ Date: _____

Name of clinical service manager: _____

Supervision report template

Supervision reports, completed by the supervisor in consultation with the supervisee, are to be submitted to the Australian Health Practitioner Regulation Agency for consideration by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board):

- as stipulated by the Board on approval of a supervised practice plan and otherwise as required by the Board
- to propose or justify changes in supervision, including level of supervision
- with applications for renewal of registration by a supervisee, and
- on conclusion of supervised practice.

The supervisee and his/her supervisor(s) take joint responsibility for submitting this report in accordance with the *supervised practice plan*.

For information on reports and reporting requirements, please refer to the Board's *Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners*.

Supervision report details

1. **Date of report:** _____
2. **Name of supervisor 1:** _____ **Signature of supervisor 1:** _____
Name of supervisor 2: _____ **Signature of supervisor 2:** _____
3. **Name of supervisee:** _____ **Signature of supervisee:** _____
4. **Name of clinical service manager:** _____ **Signature of clinical service manager:** _____
5. **Reason for supervision (tick one):**
 - Returning to practice after an absence of greater than three years, and/or
 - Significant change to scope of practice, and/or
 - Condition or undertaking requiring supervision from a health, performance or conduct matter, and/or
 - Conditions related to adequacy of qualifications
6. **Anticipated supervision completion date:** _____
7. **Changes recommended to the previously agreed *supervised practice plan*, if any, and reasons for changes:** *(attach separate sheets if needed)*

Please **complete relevant sections** as informed by the *supervised practice plan* and the core units in the **HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice**.

CHCCS400 **Work within a relevant legal and ethical framework**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Demonstrate an understanding of legislation and common law relevant to work role • Follow identified policies and practices • Work ethically • Recognise and respond when client <i>rights</i> and interests are not being protected 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW005 **Work in an Aboriginal and/or Torres Strait Islander primary health care context**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Identify factors impacting on Aboriginal and/or Torres Strait Islander health and the delivery of 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

<p>primary health care services</p> <ul style="list-style-type: none"> • Apply primary health care principles • Work in a culturally appropriate and safe manner • Apply Aboriginal and/or Torres Strait Islander health policies and resources 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory	
--	---	---	--

Supervisor's Comments: _____

HLTAHW006 Facilitate and advocate for the rights and needs of clients and community members

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)
<ul style="list-style-type: none"> • Identify the rights, needs and options available to the client • Assist the client to present their own needs • Advocate for the client when self-advocacy is not possible • Liaise with health service providers to meet client and community needs • Promote the rights, needs and interests of the client 	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW016 **Assess client's physical wellbeing**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Initiate health assessment • Assess client's physical health • Interpret and confirm health assessment findings • Summarise and presents findings 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW017 **Assess and support client's social and emotional wellbeing**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Obtain client history and information for social and emotional wellbeing assessment 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

<ul style="list-style-type: none"> Assess and determine client wellbeing 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provide support to client 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW018 **Plan, implement and monitor health care in a primary health care context**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)
<ul style="list-style-type: none"> Propose care plan 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Communicate proposed health care plan to client 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Implement care plan 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provide information on healthy nutrition and lifestyle choices as part of the care plan 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provide care and support for clients with chronic condition as part of the care plan 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Monitor health care 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Review effectiveness of health care 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW019 **Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Undertake health checks to inform health programs • Provide health care programs to address identified common problems • Manage the delivery of health programs • Evaluate health programs 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW020 **Administer medications**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Interpret and clarify orders and instructions for medication • Prepare medication • Administer medications safely 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

<ul style="list-style-type: none"> Instruct and monitor clients to self administer medication 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Document administration procedures 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW021 **Provide nutrition guidance for specific health care**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> Provide information on nutritional needs at different stages of life 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Inform clients of dietary requirements of specific conditions 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Work with community agencies to promote nutrition 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW022 **Address social determinants of Aboriginal and/or Torres Strait Islander health**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting</i>

			<i>guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> Identify social determinants of health 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Promote awareness of social determinants of health 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Implement strategies to address social determinants of health 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAHW037 **Support the safe use of medications**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)
<ul style="list-style-type: none"> Determine client medication requirements 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Interpret and clarify orders and instructions for medication 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Support clients in their use of traditional and western medicines 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Deliver information to support clients in the use of medications 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provide advice about storage and transport of medication 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provide information and support to community 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTAID003 **Provide first aid**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Respond in an emergency situation • Apply appropriate first aid procedures • Communicate details of the incident • Evaluate own performance 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTIN301C **Comply with infection control policies and procedures**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Follow infection control guidelines • Identify and respond to infection risks 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

<ul style="list-style-type: none"> Maintain personal hygiene 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Use personal protective equipment 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Limit contamination 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Handle, package, label, store, transport and dispose of clinical and other waste 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Clean environmental surfaces 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

HLTWHS001 **Participate in workplace health and safety**

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> Follow safe work practices 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Implement safe work practices 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Contribute to safe work practices in the workplace 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Reflect on own safe work practices 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

Overall comments on performance and work

Key elements for observation include:	Supervisor's rating of supervisee's performance for the key elements:		Levels of supervision – <i>Please refer to Table 1 in the Supervision and reporting guidelines (e.g. Level 1, 2, etc)</i>
<ul style="list-style-type: none"> • Follow workplace guidelines and procedures • Document client assessments, care and care plans • Interact effectively with work colleagues and other health professionals • Refer clients to other health professionals as appropriate and when required 	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Supervisor's Comments: _____

Supervision report on progress

Emerging issues or problems <i>(if applicable)</i>	Measures to address emerging issues or problems

Other comments

--

Additional requirements/documents¹⁵

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¹⁵ For example, a de-identified log book of care provided.

