



Form B – Supervised practice plan

A supervised practice plan, completed by the supervisor in consultation with the physiotherapist under supervision, is to be submitted to the Board with an application for registration, or where supervision is a requirement for registration.

In completing the supervised practice plan, the individual circumstances of the physiotherapist under supervision are to be taken into account, including purpose of supervision, qualifications, experience, capabilities and demands of the proposed position/location.

The Board may require justification for the content of a supervised practice plan within a prescribed period after the start of supervised practice through completion of a competency assessment using the APP tool, or other report determined by the Board to be appropriate.

The supervisor can submit to the Board proposed modifications to the supervised practice plan during the period of supervision, supported by a competency assessment using the APP tool.

Physiotherapist under supervision

Family (legal) name of physiotherapist under supervision:	
First (given) name of physiotherapist under supervision:	
Registration number (<i>if applicable</i>):	
Reason for supervision (<i>e.g. recency of practice</i>)	

Supervisor(s)

Name of supervisor 1:	
Registration number:	
Name of supervisor 2 (<i>if applicable</i>):	
Registration number:	

Section 1 – Supervision arrangements

Name of Supervisor: _____

Name of Physiotherapist under supervision: _____

Proposed position:	
Name of hospital/unit/practice/organisation:	
Location(s) where supervised practice is proposed:	
Nominate proposed starting level of supervision and expected progressions: (Refer to the 'Levels of supervision' described in the supervision guidelines.)	
<p><u>Example 1:</u> Level 1: Proposed starting level Level 2: Proposed progression at 1 month if justified by competency assessment using the APP tool Level 3: Proposed progression at 6 months if justified by competency assessment using the APP tool Level 4: Proposed progression at 9 months if justified by competency assessment using the APP tool</p> <p><u>Example 2:</u> Level 1: - Level 2: Proposed starting level Level 3: - Level 4: Proposed progression at 3 months if justified by competency assessment using the APP tool</p>	
Level 1:	
Level 2:	
Level 3:	
Level 4:	
Describe how supervision is to be provided: 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.	

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Section 2 – Capabilities and issues specific to physiotherapist under supervision

Strengths of physiotherapist under supervision	Weaknesses of physiotherapist under supervision

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

Issue	Measures to address issue	Review date

Name of Supervisor: _____

Name of Physiotherapist under supervision: _____

Date: _____

Section 3 – Supervision goals and plan

Please complete relevant sections.

(Progress to be measured through completion of competency assessment using the APP tool in supervision reports.)

Supervision goals (individual learning objectives)	Supervision plan (planned activities)
Specific supervision requirement (e.g. familiarisation with the Australian healthcare system for overseas trained individuals)	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
Professional behaviour	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
Communication	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>

Name of Supervisor: _____

Name of Physiotherapist under supervision: _____

Assessment	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
Analysis and planning	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
Intervention	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>
Evidence-based practice	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>

Name of Supervisor: _____

Name of Physiotherapist under supervision: _____

Date: _____

Supervision goals <i>(individual learning objectives)</i>	Supervision plan <i>(planned activities)</i>
Risk management	
<i>(List the individual learning objectives)</i>	<i>(List planned activities)</i>

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

Signature of supervisor: _____ Date: _____

Name of supervisor: _____

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

Signature of physiotherapist under supervision: _____ Date: _____

Name of physiotherapist under supervision: _____