



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

Australian Health Practitioner Regulation Agency

Consultation paper

September 2019

Consultation on a draft proposed *Supervised practice framework*

The Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Physiotherapy and Podiatry Boards of Australia (the National Boards) in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) are reviewing supervised practice requirements including existing supervised practice guidelines.

The National Boards and AHPRA are releasing this consultation paper for feedback on a draft proposed *Supervised practice framework* (the proposed framework) and the following supporting documents:

- *Fact sheet: Supervised practice levels*
- *Fact sheet: Information for supervisees*
- *Fact sheet: Information for supervisors*

Other areas identified for ongoing work include a fact sheet for employers, a fact sheet about developing a supervised practice plan, assessment and monitoring and compliance, frequently asked questions (FAQ): supervised practice framework, and template supervised practice plan and report/s.

Targeted consultation

In May and June 2018, the National Boards and AHPRA undertook targeted consultation with important stakeholders. This allowed the National Boards to test their proposals and refine them before proceeding to public consultation. It also gave an opportunity for feedback to improve the clarity of the consultation documents.

A range of stakeholders submitted written responses, including professional associations, jurisdictions (Australian and state/territory health departments) and co-regulators.

The National Boards and AHPRA are now releasing this consultation paper for public feedback.

Providing feedback

The National Boards and AHPRA are seeking to consult on the draft proposed framework and supporting documents. In addition to general feedback, we are interested in stakeholders' feedback on specific questions about the draft proposed framework.

Feedback can be provided by completing the online survey available on [our website](#).

If you are unable to complete the survey online you can give feedback in a Word document also available on [our website](#) to ahpra.consultation@ahpra.gov.au. Feedback is required by close of business on **17 December 2019**.

Publication of submissions

The National Boards and AHPRA publish submissions at their discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally-identifying information from submissions, including contact details.

The National Boards and AHPRA can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

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Overview of public consultation

1. The National Boards work with AHPRA to achieve the objectives of the National Registration and Accreditation Scheme (National Scheme) in accordance with the:
 - guiding principles of the National Scheme (Attachment 1) set out in the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), and
 - [Regulatory Principles for the National Scheme](#) which have been designed to encourage a responsive and risk-based approach to health practitioner regulation across all professions.
2. The National Boards carry out regular reviews of their regulatory tools so they stay relevant and effective in a dynamic regulatory environment and to align with other regulated professions, where possible.
3. The National Boards supervision guidelines are due for review (Attachment 2) and the Boards in partnership with AHPRA have developed a multi-profession supervised practice framework (the proposed framework) together with supporting documents that include the following:
 - *Fact sheet: Supervised practice levels*
 - *Fact sheet: Information for supervisees*
 - *Fact sheet: Information for supervisors.*

Supervised practice in the National Scheme

Statutory powers

4. As part of their functions under the National Law, the National Boards:
 - decide the requirements for registration or endorsement of registration, including the arrangements for supervised practice (s. 35(1)(b) of the National Law), and
 - oversee the management of practitioners, including monitoring conditions and undertakings imposed on practitioners' registration (s.35(1)(j) of the National Law).
5. The National Law gives the National Boards statutory powers to decide:
 - a. applications for general/limited/provisional registration and renewal of registration and whether a condition on registration is necessary or desirable (Part 7 of the National Law), and
 - b. whether a condition should be imposed, or an undertaking be accepted as part of a notification process (Part 8 of the National Law¹).
6. Accordingly, the National Boards can require a practitioner to carry out a period of supervised practice as part of its registration and notification functions.
7. Registration standards developed by the National Boards and approved by the Council of Australian Government (COAG) Health Council (the Ministerial Council) also describe when supervised practice may be required. Registration standards for provisional or limited registration often require supervised practice. Other core registration standards, for instance the National Boards' *Recency of practice registration standard*, may indicate that supervised practice may be required when an individual applying for registration or renewal does not meet the minimum requirements for recency of practice.

Current guidelines

8. Between 2012 and 2015, the National Boards² approved guidelines on supervision based on a multi-profession template. These guidelines contain common elements about the principles underpinning Board-approved supervision arrangements, levels of supervision, and the requirements and expectations of supervisors and supervisees. A suite of templates was published to support these guidelines (e.g.

¹ Not applicable in New South Wales

² Paramedicine joined the National Scheme in 2018

supervision agreement, supervision plan, supervision report), which have been customised by individual National Boards.

9. The National Boards' current supervision guidelines are due for review.
10. The following Boards do not intend the proposed framework would apply to the following registrant groups because of the profession specific uses of supervised practice in the profession:
 - Dental Board of Australia in relation to limited registration for postgraduate study who are not endorsed in practice outside the clinical placements organized by the education provider as part of the program of study.
 - Medical Board of Australia in relation to international medical graduates, practitioners completing their intern year, and vocational trainees.
 - Medical Radiation Practice Board of Australia in relation to practitioners with provisional registration.
 - Podiatry Board of Australia in relation to practitioners seeking endorsement for scheduled medicines.
11. The following Boards do not intend to use the proposed framework:
 - Pharmacy Board of Australia.
 - Psychology Board of Australia³.

Multi-profession approach

12. There has been a growing expectation that National Boards develop consistent approaches across professions rather than maintaining historical profession-specific approaches unless there are clear and robust reasons for difference, such as different evidence of risk. Feedback from governmental bodies on previous reviews of National Boards' regulatory tools confirms strong support for a multi-profession approach to the development/review of these tools where appropriate.
13. National Boards with supervision guidelines (other than for internship) have agreed to review these guidelines collectively.

Proposed supervised practice framework

14. The National Boards are proposing to establish the framework to be supported by fact sheets, FAQ and other relevant documents. The proposed framework will apply to most uses of supervised practice across the registration and notification functions under the National Law and the relevant registration standards. This includes supervised practice used:
 - when the type of registration requires supervised practice (e.g. limited registration) (some National Boards)
 - when the minimum recency of practice requirements are not met (return to practice after an extended period of time or change of field/scope) (some National Boards)
 - to meet the eligibility requirements for general registration or endorsement (some National Boards), and
 - as part of the notification process (immediate action, relevant action, panel decision or tribunal decision) (all National Boards except the Pharmacy Board and the Psychology Board).
15. The proposed framework will replace the current supervision guidelines.

16. The proposed framework describes the foundation underpinning any supervised practice, from the decision that a period of supervised practice is required to the end of this period. This includes the

³ Due to other regulatory and/or profession specific requirements the framework is not applicable to pharmacists or psychologists.

decision-making, the implementation and the monitoring of the supervised practice. The main objective of the proposed framework is to support:

- external stakeholders including practitioners required to carry out a period of supervised practice (supervisees), practitioners agreeing to supervise (supervisors) and employers
- decision-makers (Boards, performance and professional standards panel, health panel and potentially tribunals), and
- AHPRA staff assessing applications for registration/renewal or dealing with notification matters.

17. The proposed framework was developed considering the National Law's guiding principles and the regulatory principles for the National Scheme, including:

- provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- help access to services provided by health practitioners in accordance with the public interest
- assess and respond appropriately to the risks associated with the practice of an applicant/practitioner, and
- use the minimum regulatory force appropriate to manage the risks.

Risk-based approach

18. Considering these principles, the National Boards are proposing to strengthen their risk-based approach to supervised practice by considering specific risk factors (e.g. previous experience or proposed practice settings) to inform, on a case by case basis the:

- level of supervised practice required for an applicant/registrant
- need for a detailed supervised practice plan
- frequency of reporting
- number of years of experience of the supervisor
- frequency of the discussions and meetings between the supervisee and supervisor
- progression from one level to another (where relevant), and
- details of the reporting.

As such, the National Boards will ensure the supervised practice requirements are proportional to the identified risks associated with individual circumstances.

19. As part of the risk assessment, the National Boards will determine the level of experience that a supervisor needs to be approved. This will allow for greater flexibility for practitioners seeking a supervisor, including in rural and remote areas.

20. Through a robust risk assessment, the National Boards will continue to ensure that any action about practitioners is informed, consistent, fair and reasonable. With a stronger risk-based approach, the National Boards continue to ensure the protection of the public while focusing on higher risk matters.

Clarity and workability

21. Like the existing supervision guidelines, the proposed framework continues to describe the principles underpinning supervised practice, the structure of the supervised practice, and the requirements of supervisees and supervisors.

22. The structure of the proposed framework together with the supporting documents aims to improve the clarity and readability of the content. The intention is to publish the framework in an accessible online format that is easy to navigate, with links to relevant definitions, fact sheets, templates and other relevant information. Information has been arranged to help each participant in supervised practice find the relevant information they need to know, as easily as possible.

23. The aim of the proposed framework is to give simpler, clearer and more user-friendly information about the:

- description of each level of supervised practice and the differences between the four levels

- role and responsibilities of the supervisee who is ultimately responsible to meet any requirements set out in a supervised practice arrangement
 - role and responsibility of the supervisor who helps the Board in meeting its objective of public protection, with more clarity about the:
 - requirements to be approved by the Board as a supervisor, and
 - role and responsibilities of the supervisor, once approved by the Board.
24. The proposed framework confirms that patient care provided within supervised practice must be paramount, safe and of high quality.
25. Moving away from a guideline to the proposed framework helps continuous improvement of the management of supervised practice as it allows the guidance for supervisees and supervisors to be kept up to date as processes are improved (for example, availability of online systems) or in response to feedback from stakeholders.

Feedback from targeted consultation

26. Submissions were largely supportive of the proposed framework and its aim to simplify the procedures and information relating to supervised practice, and feedback largely focused on areas where more clarity or explanation is needed. Submissions also touched on areas for planned future work to support supervised practice, including training and digital solutions, which we will continue to explore.
27. Following detailed review of submissions, some main areas for further work were identified to be completed before public consultation. These include improving clarity about the processes relating to supervised practice and about what is required at each level of supervised practice, and the difference between levels. Feedback also made suggestions for developing extra supporting materials to include in the public consultation materials, including revised templates for supervised practice plans and reports, and developing a fact sheet for employers.
28. Changes made to the proposed framework following targeted consultation feedback include:
- making the exclusions to the framework clearer at the front of the document rather than in FAQs
 - making clearer that the supervised practice arrangement must be approved by the Board, including any changes proposed by the supervisee or supervisor
 - making clearer references to reflect the employer is often involved in supervised practice
 - including a reference to co-regulators who may also refer to the framework
 - making clearer that all potential or actual conflicts of interest must be declared to the Board and the Board decides if the supervisory relationship will be prevented
 - strengthening the accountability requirements for supervisors and employers when there is non-compliance with the supervised practice arrangement, or there is a concern about the health, conduct or performance of the supervisee
 - clarifying the guidance about the levels of supervised practice
 - general changes to clarify and make sure titles of documents and references to other documents are clearer and consistent throughout the proposed framework and supporting documents, and
 - simplifying the appendixes.

Ongoing work to support supervised practice

29. The National Boards together with AHPRA have identified the following areas for further work either during public consultation, or the implementation stage or both:
- template plans and reports – development of simpler and more user-friendly templates to support greater consistency and efficiency in the supervised practice arrangement within a profession and across professions (where possible). It is noted that some profession-specific templates or information may be required. The intention is to carry out targeted user testing of templates with stakeholders during the public consultation and/or implementation phases
 - fact sheets and FAQs – recognising that supervised practice can be complex, work is continuing on materials to support supervisees, supervisors and employers understand the requirements, such as a *Fact sheet – Information for employers* and *Fact sheet – Planning, assessment and monitoring and compliance* and *FAQ: supervised practice framework*

- information to patients - exploring the need for a consumer facing summary about how supervised practice is managed and disclosed on the public register
- training material for supervisors - exploring the development of training material for supervisors to support them to understand the requirements associated with their role and responsibility
- online supervised practice system - continuing to explore opportunities for an online/digital system for supervised practice
- publication – intention to publish the proposed framework and supporting documentation in an accessible user-friendly format to improve access and navigation between the proposed framework, supporting documents and templates
- clarity on the uses of the levels of supervised practice, how supervisees may progress through the levels, and whether profession specific examples could help clarification, and
- professional indemnity insurers - testing with insurers about whether there is a common approach to professional indemnity insurance (PII) in supervised practice.

Options statement

30. The National Boards have considered the following options in developing the proposed framework.

Option 1 – maintain the status quo

31. Option 1 is to continue with the existing supervision guidelines. The National Boards have identified issues with the current guidelines which require clarification around the levels of supervision, the requirements for Board approved supervisors and supervisees.
32. This option would not allow the improvements made in the proposed framework.
33. While the risk-based approach is referred to in the current guidelines and already implicitly referred to by decision-makers, it does not specifically underpin the current guidelines.

Option 2 – adopt the proposed framework

34. Option 2 would involve the National Boards adopting the proposed [Supervised practice framework](#) and supporting documents. Option 2 considers the feedback received from targeted consultation, the National Boards, practitioners and relevant AHPRA staff on issues arising from the implementation of the current guidelines.
35. The proposed framework aims to:
- improve the overall clarity and workability of supervised practice with clear information for supervisees and supervisors
 - ensure cross-profession consistency with:
 - the principles underpinning supervised practice
 - levels of supervised practice
 - requirements of supervisees,
 - requirements of supervisors.
 - clearly express the risk-based approach to the decision-making of supervised practice requirements
 - strengthen a consistent and transparent approach to the provision of high-quality supervised practice within the full spectrum of practice settings, and
 - aligns with the guiding principles of the National Scheme and the Regulatory Principles for the National Scheme, including for the protection of the public.
36. The proposed framework does not affect competition between health practitioners, so does not result in unnecessary restriction of competition among health practitioners or consumer choice.
37. In exceptional circumstances, the National Board may agree to approve a supervisor registered with another Board (e.g. practitioners in remote and rural areas). One common framework would support this type of cross-professional arrangement.
38. The National Boards will continue to review the template documents completed by supervisees and supervisors to ensure consistency, effectiveness and efficiency in the reporting system across supervisors within a profession and across professions.

Preferred option

39. The National Boards prefer Option 2.

Issues for discussion

Potential benefits and costs of the proposed option

40. The benefits of the preferred option are that the proposed framework:
- is more user-friendly
 - allows a responsive and risk-based approach to supervised practice across the National Scheme. It strikes a better balance between protecting the public and impact on registrants and applicants for registration
 - supports consistency in processes and decision-making, and supports supervisees, supervisors, and employers understand what is expected of them
 - accommodates multiple uses of supervised practice
 - helps with assessing applications to remove conditions/undertakings requiring a period of supervised practice, and
 - has been worded to be simpler and clearer.

Noting that the preferred option does not include substantial change but proposes replacing current guidelines with a new framework which broadly covers similar content, which has been reviewed and refined, the costs of the preferred option are:

- registrants, applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the proposed framework, noting that the changes to the requirements are minor
- registration standards related to limited registration and/or other policy documents which refer to the current supervision guidelines will need to be amended, noting that many of these are due for scheduled review, and
- fact sheets and templates to support the proposed framework will need to be developed and or updated as part of the ongoing implementation process, noting that many current templates require updating.

Estimated effects of the proposed framework

41. While there is a change from guidelines to a framework and supporting documents, most of the content from the current guidelines is present in the proposed framework. The main changes (e.g. removal of a set number of years of experience of supervisor) will allow for a more flexible and effective approach to decision-making about supervised practice requirements.
42. The proposed changes will strengthen the support for supervisees, supervisors and employers, and gives greater clarity and flexibility.
43. It is anticipated there will be a minor impact on other practitioners, business and other stakeholders.
44. National Boards will monitor the implementation of the proposed framework to ensure its relevance and effectiveness over time. The flexibility of the framework allows for adjustments and responsiveness.
45. Public consultation will help ensure that any unintended consequences are identified and addressed.

Relevant sections of the National Law

46. Section 35, Part 7 and Part 8 of the National Law.

Questions for consideration

The National Boards and AHPRA are seeking to consult on the draft proposed framework and supporting documents. In addition to general feedback, we are interested in feedback on specific questions about the

draft proposed framework. An [online survey](#) is available to provide your responses to the questions below. A response template is also available.

<p>National Boards and AHPRA have developed the <i>Supervised practice framework</i> (the framework) to enable a responsive and risk-based approach to supervised practice across the National Registration and Accreditation Scheme (the National Scheme).</p> <p>The National Boards preferred option is to adopt the proposed framework and supporting documents.</p> <p>1. How helpful and clear is the content and structure of the proposed framework? Please explain your answer.</p>
<p>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 <i>Fact sheet: Supervised practice levels</i>). The word 'consultation' is often used to describe the interaction between a patient/client and a health practitioner.</p> <p>2. Is the meaning of 'consult' clear for the purposes of the supervised practice levels? Why or why not?</p>
<p>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.</p>
<p>4. Are there any other ways that the Board can support supervisees, supervisors and employers involved in the supervised practice arrangement?</p>
<p>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?</p>
<p>6. Do you have any other comments on the proposed framework and/or supporting documents?</p>

Next steps

After public consultation closes, the National Boards will review and consider all feedback from this consultation before making decisions about the implementation of the proposed framework and supporting documents.

Attachments

- Attachment 1 Objectives and the guiding principles of the National Scheme
- Attachment 2 National Boards and supervision guidelines

Attachment 1

Objectives and guiding principles of the National Scheme under the National Law

Section 3(2) of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) states:

The objectives of the national registration and accreditation scheme are—

- (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and*
- (b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and*
- (c) to facilitate the provision of high quality education and training of health practitioners; and*
- (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and*
- (e) to facilitate access to services provided by health practitioners in accordance with the public interest; and*
- (f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.*

Section 3(3) of the National Law states:

The guiding principles of the national registration and accreditation scheme are as follows –

- (a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;*
- (b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;*
- (c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.*

Attachment 2

National Boards participating in this public consultation and links to supervision guidelines

National Boards participating in this preliminary consultation	Supervision guidelines under review and hyperlinks to supervision guidelines
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Supervision and reporting guidelines for Aboriginal and Torres Strait Islander health practitioners
Chinese Medicine Board of Australia	Supervised guidelines for Chinese medicine practitioners
Chiropractic Board of Australia	Guidelines for the supervision of chiropractors
Dental Board of Australia	Dental guidelines on supervision for dental practitioners
Medical Board of Australia	No guideline under review
Medical Radiation Practice Board of Australia	No guideline under review
Nursing and Midwifery Board of Australia	Supervision guidelines for nursing and midwifery
Occupational Therapy Board of Australia	Supervision guidelines for occupational therapy
Optometry Board of Australia	Optometry supervision guidelines for optometrist
Osteopathy Board of Australia	Osteopathy guidelines for supervision
Paramedicine Board of Australia	Supervised practice framework for paramedics - Interim
Physiotherapy Board of Australia	Supervision guidelines for physiotherapy
Podiatry Board of Australia	Guidelines for supervision of podiatrists



Statement of assessment – National Boards’ statement of assessment against AHPRA’s Procedures for the development of registration standards, codes and guidelines, and COAG principles for best practice regulation

September 2019

Proposed Supervised practice framework

The Australian Health Practitioner Regulation Agency (AHPRA) has [Procedures for the development of registration standards, codes and guidelines](#). These procedures have been developed by AHPRA in accordance with Section 25 of the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory, which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Physiotherapy and Podiatry Boards of Australia (the National Boards) in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) are reviewing supervised practice requirements and have developed a multi- profession supervised practice framework to replace current supervision guidelines¹.

Below is the National Boards’ assessment of the proposal for a supervised practice framework (framework) against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme’s objectives and guiding principles set out in Section 3 of the National Law

National Boards’ assessment

The National Boards consider that the proposed framework meets the objectives and guiding principles of the National Law.

The proposal considers the National Scheme’s key objective of protecting the public by setting out clear requirements for supervised practice using a risk-based consistent and transparent approach.

The proposed framework also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way. The proposal gives clear guidance on the Boards’ expectations of supervisees and supervisors.

2. The consultation requirements of the National Law are met

National Boards’ assessment

While the proposed framework is not a formal regulatory document, the National Boards and AHPRA developed it in line with the *Procedures for the development of registration standards, codes and guidelines* available on the [AHPRA website](#).

National Boards are ensuring that there is a wide-range consultation about the content of the proposed framework in accordance with the *Consultation process of National Boards* available on the [AHPRA](#) Public consultation – *Supervised practice framework*

[website](#). The Boards are ensuring that there is public exposure to the proposal and the opportunity for public comment via a 14-week public consultation. This includes publishing a consultation paper on the websites of AHPRA and the National Boards participating in the review and informing health practitioners and the community of the review via the Boards' electronic newsletters and a social media campaign.

The National Boards will consider the feedback they receive when finalising this proposed framework.

3. The proposal takes into account the COAG Principles for best practice regulation

National Boards' assessment

In developing the proposed framework, the National Boards have considered the Council of Australian Governments' (COAG) principles for best practice regulation.

The Boards have taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Boards make the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG principles

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

National Boards' assessment

The National Boards consider that their proposal is the best option for achieving the stated purpose.

The proposed framework confirms that patient care provided within supervised practice must be paramount, safe and of high quality.

The proposal would protect the public by strengthening a consistent and transparent risk-based approach to the decision-making of high-quality supervised practice within the full spectrum of practice settings.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

National Boards' assessment

The National Boards consider that the proposed framework would not have any unnecessary restriction of competition among health practitioners or consumer choice. The proposed framework would not increase the number of applicants for registration or health practitioners required to complete a period of supervised practice.

C. Whether the proposal results in an unnecessary restriction of consumer choice

National Boards' assessment

The National Boards consider that the proposal will not result in any unnecessary restrictions of consumer choice as the proposed framework will assure the public of a transparent consistent approach to high-quality supervised practice.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

National Boards' assessment

If the proposed framework is adopted by National Boards, it is not anticipated that there will be any cost for the public (as per the current Boards' supervision guidelines).

Registrants, applicants, other stakeholders, AHPRA and National Boards members will need to become familiar with the proposed framework, noting that the changes to the requirements are minor.

E. Whether the proposal’s requirements are clearly stated using plain language to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

National Boards’ assessment

The National Boards consider the proposed framework has been written in plain English that will help health practitioners and the public understand what is expected in supervised practice. The clearer information available in the proposed framework would positively affect practitioners and their Board approved supervisors by facilitating understanding of requirements for supervisees and supervisors.

F. Whether the National Boards have procedures in place to ensure the proposed registration standard, code or guideline remains relevant and effective over time

National Board’s assessment

The National Boards will review the proposed framework regularly, generally every five years, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the Boards may choose to review the framework earlier, in response to any issues which arise, or new evidence which emerges to ensure its continued relevance and workability.

ⁱ It is not intended that the proposed framework would apply to some registrant groups such as international medical graduates because of the profession specific uses of supervised practice in the profession. Please see the consultation paper and draft proposed framework for further information.