



Draft guidelines for consultation

Guidelines on supervision for dental practitioners

Date: 23 April 2012

Introduction to the consultation draft

Under the *Health Practitioner Regulation National Law Act* as in force in each state and territory (the National Law), the Dental Board of Australia (the Board) is empowered to develop and approve guidelines to provide guidance to registered dental practitioners.

In September 2011 the Board published its *Guidelines on Supervision - Roles and Responsibilities of the Supervisor and requirements of a Supervision Plan and Supervision Report* (the current Guidelines), which applied to **limited** registrants and supervisors of limited registrants only. The current Guidelines can be found on the Board's website at <http://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx> [Dental Guidelines on Supervision](#).

Recently however, the Australian Health Practitioner Regulation Agency's (AHPRA) National Board services team developed supervision guidelines for use by all National Boards (the Template Guidelines). In light of the development of these Template Guidelines, the Board decided to revisit its current Guidelines and has now prepared revised draft *Guidelines on supervision for dental practitioners* (the consultation draft Guidelines) for consultation.

Key matters in the consultation draft Guidelines

The key differences between the Board's current Guidelines and the consultation draft Guidelines are:

1. the **scope** of the consultation draft Guidelines includes:
 - dental practitioners with **limited** registration and **also**
 - dental practitioners with **conditions** or undertakings related to their registration requiring supervision and
 - dental practitioners **returning to practice** after a prolonged absence who may be required to work under supervision

It should be noted however that the revised draft Guidelines are not intended to cover the broader supervision requirements of dental practitioners that may be required by the Board's Scope of Practice Registration Standard or the mentoring of new graduates in the workforce;

2. a **four level** approach to the requirements of supervision has been included;
3. the **structure** of the document and some of the terminology has changed with additional **definitions** and clarification of Board processes being included;

4. the **template Supervised Practice Plan and Supervision Report** (tailored for limited registrants) have also been updated and are more structured, providing for greater detail about the activities to be included in the documentation and also reflecting the new levels of supervision and allowing for progression through them. The Template Supervised Practice Plan and Supervision Report are attached to the consultation draft Guidelines and also form part of the consultation.

The consultation

In accordance with the requirements of the National Law, the Board is undertaking public consultation about the consultation draft Guidelines, and you are encouraged to provide your comments.

As the Board recently undertook consultation to develop the current Guidelines, feedback is being sought particularly on the *new features* of the consultation draft Guidelines, namely:

1. the expanded **scope** of the consultation draft Guidelines which now also apply to:
 - dental practitioners with **conditions** or undertakings related to their registration requiring supervision and
 - dental practitioners **returning to practice** after a prolonged absence who may be required to work under supervision;
2. the **four level** approach to the requirements of supervision;
3. the additional **definitions** and clarification of Board processes (note the definition of Supervisor has not been changed but further clarification has been provided);
4. the more structured **Supervised Practice Plan and Supervision Report templates** which reflect the new levels of supervision and allow for progression through them to be documented.

The **consultation papers** can be found at <http://www.dentalboard.gov.au/News/Current-Consultations.aspx>

Your comments invited

The Board now invites interested stakeholders to provide their written comments on the consultation draft Guidelines. Your feedback can be emailed or posted:

To: The Executive Officer
Dental Board of Australia

Email: dentalboardconsultation@ahpra.gov.au or

Post: GPO Box 9958
MELBOURNE VIC 3001

Due date: Close of business **Friday 29 June 2012**

Publication of submissions

The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

Dental Board of Australia
Consultation Draft Guidelines on supervision for dental practitioners
Consultation period: from 23 April 2012 to 29 June 2012

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal 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.

DRAFT Guidelines on supervision for dental practitioners

XXX 2012

Introduction

These guidelines for supervision of dental practitioners have been developed by the Dental Board of Australia (the Dental Board) under section 39 of the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory.

The relevant sections of the National Law are set out in **Appendix 1**.

Guidelines approved by the Dental Board may be used as evidence of what constitutes appropriate professional conduct or practice for the dental profession in proceedings against a dental practitioner under the National Law, or a law of a co-regulatory jurisdiction. The Guidelines apply to registered dental practitioners being supervised and registered dental practitioners who agree to provide supervision, consistent with these guidelines.

Purpose

Patients have the right to expect delivery of safe, competent and contemporary dental services at all times, including when care is being provided under supervisory arrangements.

Appropriate supervision provides assurance to the Dental Board and the community that the registrant's practice is safe and is not putting the public at risk.

These guidelines set out the principles the Dental Board considers central to safe and effective supervision in a range of clinical contexts.

Summary

Dental practitioners with limited registration or conditions or undertakings related to their registration or returning to practice after a prolonged absence may be required to work under supervision. They may be directed by the Dental Board to work under supervision to further develop their competence (for example to work towards general registration) or to address a conduct, performance or health issue that has been assessed as impacting on safe and/or appropriate practice.

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.

These guidelines set out:

1. Principles of supervision
2. Levels of supervision

3. The requirements and responsibilities of a supervisor
4. The responsibilities of practitioners being supervised
5. The requirements of a supervised practice plan and
6. Reporting requirements including the requirements of a supervision report.

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 dental practitioners:

- returning to practice after an absence in accordance with the Dental Board's Recency of practice registration standard
- who have a condition on their registration or who have entered into an undertaking that requires supervision
- who make a significant change to a different field or scope of practice¹
- who hold a type of limited registration where supervision is a requirement of registration

These guidelines apply to both the dental practitioner providing the supervision (supervisor) and the supervised dental practitioner (supervisee).

These guidelines may also inform a supervised practice plan arising out of a health, conduct or performance matter. 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
- dental practitioners with limited registration solely for the purposes of sitting an examination
- dental practitioners with limited registration for postgraduate study who are not engaged in practice outside the clinical placements organised by the education provider as part of the program of study
- the broader supervision requirements of dental practitioners - dental practitioners with general registration are able to supervise the practice of other dental practitioners or student dental practitioners which is within their scope of practice. For dental therapists, dental hygienists and oral health therapists the supervision of other dental practitioners or student dental practitioners must be included in the arrangements of the structured relationship with a dentist.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses his or her skills and knowledge as a 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.

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. A supervisor in the context of a re-entry to practice plan will generally be required to provide reports to the Dental Board at determined intervals.

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*.

¹ For example, practitioners moving back into a clinical role from a non-clinical role.

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*.

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 dental 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 Dental 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.

A **supervisor** is a suitably qualified and experienced dental practitioner (who must usually have a minimum of **four (4) years** experience working in Australia (on application the Dental Board may consider making an exception to this requirement for dental practitioners with Australian qualifications in education or education and training in supervision) and where relevant specialist registration. The supervisor undertakes to assess, monitor and report to the Dental Board about the performance of a dental practitioner undertaking supervised practice. Supervisors must be registered dental practitioners and should not themselves be subject to supervisory arrangements and their registration should not be subject to conditions undertakings or reprimands that would impact on their ability to effectively supervise the supervisee. The Dental Board may consider other dental practitioners in exceptional circumstances where appropriate. For supervisors employed in the public sector the nominated supervisor must also hold a clinical public sector position which is of a higher level than that held by the supervisee.

The Dental Board expects that the supervisor will be from the same or a relevant division (for example an oral health therapist supervisor for a dental hygienist) of the register as the supervisee and may consider dental practitioners from other divisions of the register in exceptional circumstances and where appropriate.

A **supervisee** is a dental practitioner holding limited registration or registration with conditions or undertakings, or who has entered into an undertaking that requires supervision or is working towards an endorsement, or is returning to practice, practising under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan.

A **supervised practice plan** means a plan that is agreed between the Dental Board, the supervisor and supervisee that sets out the objectives of the supervision, the 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 Dental Board 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.

1. Principles

The following principles convey the expectations of the Dental 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 requirements.
2. For all supervisees, 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 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 Dental Board).

3. Before supervision begins, the supervisor, the supervisee and the Dental 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 the supervisee to ensure the reporting requirements are met as agreed in the supervised practice plan; however, the supervisor also has a responsibility to adhere to the agreement he or she enters into with the Dental Board and appropriately oversee the supervisee's practice.
5. A supervisor accepts a professional responsibility to the Dental Board to properly supervise the supervisee. A supervisor remains responsible for the clinical care, or oversight of the clinical care, provided by the supervisee, depending on the level of supervision.

Note: Progression from limited to general registration may only be achieved through meeting the Dental Board's standards for general registration, which may include assessment by an outside authority such as the Australian Dental Council's assessment process.

2. Developing a supervised practice plan and setting reporting requirements

The supervised practice plan as described in this document, sets out the supervision requirements, including the expected progression through the levels of supervision and reporting to the Dental Board or its delegate. The supervised practice plan may be required by a registration standard, for example relating to limited registration, or by a condition imposed on the practitioner's registration, where supervision arises from action relating to the practitioner's health, performance or conduct. A supervision plan, including the reporting requirements, will align with any conditions imposed by the Dental Board, including review requirements.

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

3. 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 Dental 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
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 practitioner, the position description, the location and the availability of clinical and other relevant supports
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 commencement level of supervision and the progression through the levels of supervision will be determined through the approval by the Dental Board of the individual's supervised practice plan, and as agreed by all parties. If concerns are raised in the supervision reports or by the supervisor directly, the supervised practice plan will be amended by the Dental Board as necessary. Not all supervisees will need to commence on level one and not all supervisees will be expected to or be capable of progressing to level four supervision.

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 Dental 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 as per the supervised practice plan.</p> <p>Supervision via telephone (indirect) is not permitted.</p> <p>The supervisee must consult the supervisor about the management of each patient before care is delivered.</p>	<p>Report after initial one month and then at three-monthly interval/s, while the supervisee is on Level 1 supervision.</p> <p>If the supervisee is only expected to be at level one for less than one month, the SPP could specify a report (e.g verbal) by exception.</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 of the practitioner and inform further levels of supervision under a supervised practice plan, or • In a supervised practice plan arising from a health, conduct or performance matter • For a brief period (eg one week, 8 sessions etc), to confirm that the supervisee is able to progress to level two supervision • This level of supervision may not be relevant to dental practitioners not involved in clinical care

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.

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 supervised practice plan, the supervisor must be physically present at the workplace 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 a practitioner with general or specialist registration providing 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"> • Initially for limited registration for teaching or research when clinical practice is also being undertaken • Initially for limited registration for postgraduate training or supervised practice • In a supervised practice plan arising from a health, conduct or performance matter
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.</p> <p>If commencing at level 3 supervision, a report after initial three months and then on renewal.</p>	Second stages of a supervised practice plan after the dental practitioner has progressed through level 1 or 2 supervision

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 within the supervisor's general oversight	<p>The supervisor must provide broad oversight of the supervisee's practice.</p> <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>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>	Later stages of a supervised practice plan after the dental practitioner has progressed through level 1, 2 or 3 supervision

4. Requirements and responsibilities of supervisors

Requirements for supervisors

- A nominated supervisor must meet the requirements specified in the definition of a supervisor.
- The supervisor must formally consent to act as a supervisor and must be approved by the Dental Board. The supervisor must be able to comply with the requirements of the supervised practice plan.
- The relationship between supervisor and supervisee must be professional. As recommended in the Dental 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 experience.³

Responsibilities of the supervisor include:

1. take reasonable steps to ensure that the supervisee is practising safely by such measures as direct observation, individual case review, and remediation of identified problems as required by the level of supervision
2. provide clear direction and constructive feedback and be clear about how they can be contacted by the practitioner when the practitioner is practising, during working hours and after hours
3. ensure that the supervisee is practising in accordance with the supervised practice plan and work arrangements approved by the Dental Board and report to the Dental Board if the supervisee is not doing so
4. 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
5. understand the significance of supervision as a professional undertaking and commit to this role including regular, one-on-one, scheduled time with the supervised practitioner which is free from interruptions as required by the supervised practice plan.

³ Dental Board of Australia, Code of Conduct, available at <http://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx>

6. disclose to the Dental Board any potential conflict of interest, for example a personal relationship or business partnership with the supervisee⁴
7. be accountable to the Dental Board and provide honest, accurate and responsible reports in the approved form at intervals determined by the supervised practice plan
8. 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 dental practitioner
9. 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
10. maintain adequate written records relating to the supervisee's practice to assist in transition if there is an unexpected need to change supervisors
11. notify the Dental Board immediately if:
 - the relationship with the supervisee breaks down
 - there are concerns that the supervisees' clinical performance, conduct or health is placing the public at risk
 - the supervisee is not complying with conditions imposed or undertakings accepted by the Dental 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
 - the supervisor is no longer able to provide the level of supervision that is required by the supervised practice plan. 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.
12. Should a supervisor fail to properly discharge their obligations under these guidelines and the supervised practice plan, the Dental Board may consider whether the supervisor has engaged in unprofessional conduct.
13. When supervising a Limited registrant must ensure that the dental practitioner, who has not practised in an Australian health care setting, is provided with a Practice Induction/Orientation program which includes an overview of the health system in Australia, an introduction to professional standards, national safety and quality health service standards information on cultural differences and practice policies and procedures and contact details for relevant professional support organisations.

5. Responsibilities of supervisees

Supervisees must:

1. 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
2. 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
3. be adequately prepared for meetings with their supervisor
4. participate in assessments conducted by the supervisor to assist in determining future supervision needs and progress

⁴ 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.

5. recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required
6. familiarise themselves and comply with legal, regulatory and professional responsibilities applicable to their practice
7. advise the supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact on patient care
8. reflect on and respond to feedback
9. inform the Dental Board and supervisor if the conditions or requirements of their supervision are not being met or if the relationship with the supervisor breaks down
10. inform the supervisor and Dental Board of any leave or breaks in practice that may impact on the requirements of the supervised practice plan
11. notify the Dental Board in writing within seven (7) calendar days if the approved supervisor is no longer able to provide supervision, and immediately cease practice if there is no back up supervisor available as specified in the supervised practice plan
12. should a supervisee fail to properly discharge their obligations under these guidelines and the supervised practice plan, the Dental Board may consider whether the supervisee has engaged in unprofessional conduct.

6. Supervised Practice Plan

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 Dental Board.⁵ Where the dental practitioner is applying for limited registration, the applicant must submit their proposed supervised practice plan on the relevant template with their application for limited registration.

The supervisor must obtain approval of the Dental Board for any proposed changes to the supervised practice plan before they are implemented. A sample template for a supervised practice plan and supervisor agreement tailored for limited registrants is available on the Board's website alongside this document.

Specific requirements for those practising under supervision as a requirement for limited registration

For dental practitioners who have attained their primary qualifications outside Australia, a supervised practice plan must include an orientation or introduction to the Australian healthcare system, and information on cultural differences. An orientation report template is available on the Dental Board's website alongside this document.

7. 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 Dental 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 Dental 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.

⁵ The Board retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

Typically, level 2 – 4 supervision would involve a report after three months and then at renewal of registration. For level one supervision, if this category is going to be used beyond a brief initial check that the dental practitioner is able to progress to lower levels of supervision, more frequent reporting would be expected.

Supervision report

The supervision report 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 of a supervision report tailored for limited registrants is available on the Dental Board's website alongside this document.

Changes in Supervisory Arrangements

A supervisee must not practise without a supervisor approved by the Dental Board and in accordance with any approved supervision plan.

It is recommended that where practicable, when supervision is initially proposed, alternative supervision arrangements are included. For example, it is helpful to nominate an alternate supervisor (Supervisor 2) for Dental Board approval so that in the event the initial supervisor (Supervisor 1) is no longer able to discharge his or her duties, Supervisor 2 can assume supervisory responsibilities. If Supervisor 2 is unable to assume supervisory responsibilities, or if there is an unexpected need to change both supervisors, the supervisee **must cease practice immediately**.

Only in appropriate circumstances would a health practitioner who is not a dental practitioner be considered as a supervisor e.g. as an alternate supervisor for temporary situations or in very remote locations.

The supervisee must:

- Notify the Dental Board in writing of intent to change supervisors no less than seven (7) calendar days before the proposed date of change or within seven (7) calendar days of any unexpected supervisor changes (e.g. due to illness).
- Submit proposed new supervision arrangements to the Dental Board for consideration, including name and contact details of proposed new supervisor(s), new signed supervisor and supervisee agreements and undertakings and a new supervised practice plan.
- Provide to the proposed new supervisor(s) copies of:
 - Previous supervisor undertakings.
 - Supervised practice plan(s).
 - Supervision report(s).

References

Health Workforce Australia is undertaking a range of work on clinical supervision which may include some useful references (<http://www.hwa.gov.au/work-programs/clinical-training-reform/clinical-supervision-support-program>)

The Assessment of Physiotherapy Practice Instrument

Dalton M., Keating J., Davidson M. (2009, March). Development of the Assessment of Physiotherapy Practice (APP): A standardised and valid approach to assessment of clinical competence in physiotherapy. [Australian Learning and Teaching Council (ALTC) Final report PP6-28]. Brisbane: Griffith University. Available online at: www.altc.edu.au/resource-app-clinical-educator-resource-manual-griffith-2009. Support for the original work was provided by the Australian Learning and Teaching Council Ltd, an initiative of the Australian Government Department of Education, Employment and Workplace Relations.

Review

The Board will review this Guideline at least every three years.

Date of issue:

Date of review:

Last reviewed:

Dental Board of Australia

CONSULTATION DRAFT - TEMPLATE Supervised Practice Plan

SECTION A. DETAILS OF REGISTRANT

Full Name	
Division of Registration	
Registration Number (if known)	
Date of Birth	

SECTION B. DETAILS OF SUPERVISOR

Full Name	
Division of Registration	
Registration Number	
Date of Birth	
Job Title	
Description of supervisor's role in organisation that is employing or training registrant	

SECTION C. DETAILS OF EMPLOYMENT / POSTGRADUATE TRAINING / PUBLIC INTEREST ROLE / TEACHING POSITION / RESEARCH POSITION

What category of Limited registration is being sought? [*Please tick relevant category*]

- Public Sector Dental Workforce Scheme employment** (section 66 Limited registration for postgraduate training or supervised practice)
- Postgraduate training** (section 66 Limited registration for postgraduate training or supervised practice)
- Public Interest** (section 68 Limited registration in public interest)
- Teaching position** (section 69 Limited registration for teaching or research)
- Research position** (section 69 Limited registration for teaching or research)

Describe the **location, duration and nature** of the registrant's employment role or postgraduate training:

Location	
Duration	
Description of registrant's employment role /postgraduate training	

Dental Board of Australia

CONSULTATION DRAFT - TEMPLATE Supervised Practice Plan

SECTION D. DETAILS OF SUPERVISION ARRANGEMENT

Describe the type of supervision that is being proposed for the registrant

1. What starting level of supervision do you propose for this registrant
 - Level 1 - supervisor takes direct responsibility for patients
 - Level 2 – supervisor and supervisee share responsibility for patients
 - Level 3 – supervisee takes primary responsibility for their practice
 - Level 4 – supervisee takes full responsibility for their practice

2. Scope of supervision
Describe the areas of dental practice that will be supervised

3. Method of supervision
Please complete this information in the table on the following page
Examples include face to face (formal and informal); observation and written communication.

4. Schedule of supervision
Please complete this information in the table on the following page
Describe frequency of the different types of supervision and the length of time devoted to the different types of supervision. As the registrant gains experience in Australia, it is expected that there will a requirement for less frequent supervision over time.

5. Type of supervision
Please complete this information in the table on the following page
List the types of supervision that the plan includes. Examples would include case review (discussion and/or observation of treatment provision); reflection on intervention approaches and techniques used; log book check; professional development needs identification and performance feedback/review.

6. If the registrant will be providing clinical care directly to patients, will a log book be used detailing patients that have been treated?

Yes

No

7. Describe any other aspects of the supervised practice plan that are relevant and have not yet been included

If there is insufficient space in the table below please attach a separate sheet.

Dental Board of Australia

CONSULTATION DRAFT - TEMPLATE Supervised Practice Plan

Method of supervision	Type of supervision	Supervision schedule

SECTION E. UNDERTAKINGS

In signing this plan, the **supervisor** undertakes and agrees:

- to carry out the supervision in the manner set out here
- to take reasonable steps to ensure the registrant is practising safely and is not placing the public at risk
- to observe the registrant's work, conduct case reviews, periodically conduct performance reviews or other supervision activities as described in the plan or identified as required during the period of supervision and address any problems that are identified
- to notify the Board immediately if she or he has any concerns about the registrant's clinical performance, health or failure to comply with the requirements of the terms of the limited registration or the ability of the supervisor to provide supervision as outlined in the supervised practice plan
- to inform the Board if she or he is no longer able to undertake the role of the registrant's supervisor
- to provide supervision reports to the Board at **1, 3 or 12 monthly** intervals
 [circle the relevant period; reporting frequency with level of supervision]

Supervisor

Name	
Signature	
Date	/ /

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CONSULTATION DRAFT - TEMPLATE Supervised Practice Plan

In signing this plan, the limited **registrant** undertakes and agrees:

- to practise dentistry in accordance with the supervision requirements set out here
- to take reasonable steps to ensure she or he is practising safely by such measures as seeking assistance from other practitioners, cooperating in individual case reviews, periodic performance reviews with the supervisor and seeking remediation of identified problems
- to seek assistance if she or he has concerns about her or his own health, clinical performance or compliance with any conditions or undertakings
- to practise in accordance with the approved work arrangement
- to notify the Board immediately if she or he has concerns about the terms of the supervision arrangement
- to ensure that supervision reports are provided to the Board at **1, 3 OR 12 monthly** intervals (including at renewal) [circle the relevant period; reporting frequency with level of supervision]

Registrant

Name	
Signature	
Date	/ /

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CONSULTATION DRAFT - TEMPLATE Supervision Report

Notes:

- If the Board identifies that the supervisory arrangements have not been complied with, it will take appropriate action which may include cancelling or refusing to renew registration.
- The supervisor is to complete this report.

SECTION A. DETAILS OF REGISTRANT

Full Name	
Division of Registration	
Registration Number	

SECTION B. DETAILS OF SUPERVISOR

Full Name	
Division of Registration	
Registration Number	

What type of Limited registration does the registrant have? [Please tick relevant category]

- Public Sector Dental Workforce Scheme employment** (section 66 Limited registration for postgraduate training or supervised practice)
- Postgraduate training** (section 66 Limited registration for postgraduate training or supervised practice)
- Public Interest** (section 68 Limited registration in public interest)
- Teaching position** (section 69 Limited registration for teaching or research)
- Research position** (section 69 Limited registration for teaching or research)

SECTION C. DETAILS OF SUPERVISION ARRANGEMENT

1. Is this the first supervision report for the registrant?

- Yes** - Go to Question 2
- No** - Go to Question 3

2. When did the registrant complete the orientation program?

Note: Limited registrants must undertake an induction or orientation program which includes an overview of the health system in Australia, an introduction to professional standards, information on cultural differences and practice policies and procedures.

Name of orientation program undertaken: _____

Location where orientation program undertaken: _____

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Date orientation program occurred: _____ / _____ / _____
day month year

3. If this is the first supervision report provided to the Board for the registrant, please attach a log of supervision activities carried out during this period.

4. If this is not the first supervision report, when was the last supervision report for the registrant provided to the Board?

_____ / _____ / _____
day month year

5. Have any supervision requirements for the registrant changed since the last report?

- Yes
- No
- Not applicable as this is the first report

If yes, provide details

6. Has the location of the registrant's practice changed since the last report?

- Yes
- No
- Not applicable as this is the first report

If yes, provide details

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7. Has the nature of the registrant's work or role for which supervision is being provided changed since the last report?

- Yes
- No
- Not applicable as this is the first report

If yes, provide details

8. Please attach a report (minimum half page) prepared by the registrant and counter-signed by the supervisor on the registrant's learnings from the period since the last report.

9. What is the plan for supervision of the registrant in the coming 1, 3 or 12 months? Provide details including completion of the table below. Attach a separate sheet if needed.

Method of supervision	Type of supervision	Supervision schedule

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CONSULTATION DRAFT - TEMPLATE Supervision Report

10. Has the registrant's performance in the period since the last report been satisfactory?

- Yes
- Yes – and a change of level is being proposed, from _____ level to _____ level
- No
- Not applicable as this is the first report

Supervisors can refer to the examples of clinical competencies for general dental practice and safe practice principles listed at Appendix 1 below for information about what the Board would expect the evaluation to incorporate. This description may also include information about the time spent with patients and number of patients seen etc

If **Yes** or **Yes and a change of level is being proposed**, describe how the registrant's performance has been evaluated and the key outcomes of that assessment

If **No**,

- a) describe how the registrant's performance has been evaluated and the key outcomes of that assessment (include an outline of the ways in which the registrant's performance has not been of a satisfactory standard) *This description may also include information about the time spent with patients and number of patients seen etc*

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b) outline what actions you and the registrant plan to take to address any shortfalls in knowledge, skills, attitudes and behaviours that have been identified

Supervisor

Name	
Signature	
Date	/ /

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CONSULTATION DRAFT - TEMPLATE Supervision Report

Appendix 1

Examples of general dental practice clinical competencies and safe practice principles expected of supervised registrants

The supervisor should ensure that the limited registrant is practising dentistry in a professional and safe manner and assess the quality of the work performed by the registrant in a range of clinical procedures that are required for general dental practice. The Board expects that workplaces employing practitioners in limited registration categories would have performance management processes in place and competency 'checklists' that cover the kinds of matters outlined below.

The following list identifies some of the key areas in which the Board would expect a supervisor to assess the registrant's performance and competency.

AREA	EXAMPLES OF BEHAVIOURS AND ABILITIES
Clinical teamwork	<ul style="list-style-type: none"> • Communicates openly and effectively with clinical support staff • Maintains effective communication with other health professionals
Personal development and ethics	<ul style="list-style-type: none"> • Takes responsibility for improving own knowledge and skills • Seeks feedback from supervisor and colleagues • Gives appropriate feedback in clinical team • Readily accepts supervisor's recommendations • Practices in an ethical manner • Complies with workplace health and safety practices and confidentiality and privacy requirements • Communicates effectively and in a timely manner with supervising and regulatory authorities
Knowledge	<ul style="list-style-type: none"> • Demonstrates sound understanding of mechanisms underpinning medical conditions and oral conditions • Demonstrates sound understanding of rationale for various dental procedures
Critical thinking and clinical reasoning	<ul style="list-style-type: none"> • Reflects and learns from past experiences • Makes balanced, thoughtful, evidence-based clinical decisions • Makes appropriate self-assessment of clinical sessions • Understands own limitations and knows when to refer
Patient management	<ul style="list-style-type: none"> • Takes into account patient needs and expectations • Provides appropriate feedback to patients • Effectively communicates appropriate oral health information and advice relating to treatment of patients
Clinical diagnostic and treatment skills	<ul style="list-style-type: none"> • Demonstrates skills in accurate history taking, clinical examination and treatment planning for elective and emergency care • Demonstrates competency in evaluation of treatments performed • Has skills in recognising oral/dental implications of medical conditions and medications used by patients • Formulates patient-focussed, appropriate treatment plans • Provides care following the appropriate treatment plan • Demonstrates knowledge of appropriate materials and procedures • Maintains accurate clinical dental records • Demonstrates effective infection control procedures at all times