

TEMPLATE Return to Practice – Supervised Practice Plan

August 2012

In preparing a Supervised Practice Plan practitioners must refer to the Dental Board of Australia's (the Board's) Guidelines – Supervision for Dental Practitioners which are published on the Board's website. When returning to practice after a prolonged absence the Board expects that you will have in place any support and supervision needed for safe practice. This plan will describe how the supervision will take place and the level of supervision that will be provided and how the practitioner's performance will be monitored and reviewed (e.g. log books, record reviews, audit). Details of the supervision including how long it will be in place will also be included.

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 / ROLE

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

Location	
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Duration	
Description of registrant's employment role	

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 below

Examples include face to face (formal and informal); observation and written communication.

4. Schedule of supervision

Please complete this information in the table below

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 below

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

8. Date the arrangement is planned to cease

_____ / _____ / _____
 day month year

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

Method of supervision	Type of supervision	Supervision schedule

SECTION E. UNDERTAKINGS

In signing this plan, the **supervisor** undertakes and agrees to comply with the requirements outlined in the Board's Guidelines on Supervision for Dental Practitioners and:

- 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 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	_____ / _____ / _____

In signing this plan, the **registrant** undertakes and agrees to comply with the requirements outlined in the Board's Guidelines on Supervision for Dental Practitioners and:

- 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	/ /

TEMPLATE Return to Practice – Supervision Report

August 2012

In preparing a Return to Practice – Supervision Report practitioners must refer to the Dental Board of Australia's (the Board's) Guidelines – Supervision for Dental Practitioners which are published on the Board's website.

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	

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

 day / month / year
4. **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

5. 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

6. 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

7. 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.

8. 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

9. **Has the registrant’s performance in the period since the last report been satisfactory?**

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

10. **Is a change of supervision level proposed?**

- No**
- Yes – from _____ level to _____ level**

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

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

The supervisor should ensure that the 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 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