



Council of New South Wales

Compliance Policy - Supervision

Date of publication: August 2015

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Version: 1

Summary: **This policy sets out the requirements of a practitioner subject to a supervision condition.**

Applies to: Podiatry practitioners with a supervision condition whose principal place of practice is in NSW.

Of interest to: Supervisors and decision makers

Author: Podiatry Council of NSW

Owner: Podiatry Council of NSW

Related legislation, Awards, Policy and Agreements: Podiatry Council of NSW Supervisor Approval Position Statement; *Health Practitioner Regulation National Law* (NSW)

Review: August 2018

Compliance Policy - Supervision

THIS POLICY APPLIES TO

A Podiatry practitioner who is the subject of supervision conditions imposed in NSW¹ after August 2015.

PURPOSE

This policy sets out the Council's expectations of practitioners who have supervision conditions imposed on their registration.

A practitioner who is the subject of supervision conditions must comply with both this policy as well as the conditions. If a condition is inconsistent with any part of this policy, the condition prevails.

This policy is not to be confused with the Podiatry Board of Australia's Supervision Guidelines – November 2012. The National Board guidelines apply to supervision conditions imposed by the Board. The guidelines also require supervised practice plans for limited practice registrants and those seeking to return to practice.

REQUIREMENTS FOR COMPLYING WITH A SUPERVISION CONDITION

Practitioners who are the subject of a supervision condition must:

1. Practise in a manner that complies with the category of supervision required by their condition.
2. Nominate proposed supervisors to the Council in accordance with the requirements of their category of supervision. The Council will not automatically approve nominated supervisors and approval cannot be assumed. Practitioners must have received confirmation of approval of any supervisor to ensure compliance with their condition.
3. Participate in review meetings with the Council-approved supervisor as required.
4. Authorise the supervisor to forward reports (in a Council approved format) to the Council at the frequency required by their condition and ensure that the supervisor does in fact provide those reports.
5. Authorise the supervisor to immediately inform the Council of any concerns regarding the performance of the practitioner and their compliance with any conditions on their registration, or if the supervisory relationship ends.
6. Meet all costs associated with supervision.
7. Ensure continuity of supervision by nominating a suitable substitute supervisor for approval by the Council to cover any planned period of absence by the Council-approved supervisor. Any such nomination must be made with adequate time to allow consideration and approval by the Council.
8. Nominate a proposed replacement supervisor to be approved by the Council if the approved supervisory relationship ends or is unexpectedly suspended.
9. Not enter into an arrangement or association with the supervisor which could cause a conflict of interest

¹ This policy applies where the supervision condition is imposed under [Part 8 of the Health Practitioner Regulation National Law \(NSW\)](#).

CONSEQUENCE OF FAILURE TO COMPLY WITH THIS POLICY

Failure to comply with this policy constitutes a breach of conditions.

Any breach of conditions may be referred to the Health Care Complaints Commission for investigation as a complaint. The Council may also consider taking interim action under s 150 of the *Health Practitioner Regulation National Law* (NSW) (National Law). Practitioners should know that the definition of unsatisfactory professional conduct (see [s 139B\(1\)\(c\) of the National Law](#)) includes contravention of a condition to which a practitioner's registration is subject.

IMPLEMENTATION

This Policy will be published on the Council's website, provided to practitioners when a supervision condition is imposed and provided to nominee and approved supervisors. It should be read in conjunction with the Council's Supervisor Approval Position Statement.

Practitioners whose registration is subject to a condition requiring supervision imposed in NSW, must practise in compliance with their supervision conditions as well as this policy.

ACKNOWLEDGEMENT

The Podiatry Council of New South Wales acknowledges that this Compliance Policy, Supervisor Approval Position Statement and associated documentation were adapted from versions prepared by and for the Medical Council of New South Wales and that the Medical Council has granted permission for their adaptation by other health professional councils.

THE REQUIREMENTS AND NATURE OF EACH CATEGORY OF SUPERVISION

Decision makers will usually impose a supervision condition requiring supervision at a specified category in accordance with this policy. The requirements of the different categories are described in the table below and are to be adhered to unless varied by the conditions imposed on the practitioner's registration.

	Type of supervision required	Supervisor required to practise at the same practice location as the practitioner?	Independent practice permitted?	Frequency of review meetings with supervisor	Frequency of reports provided to Council	Nomination of a proposed supervisor	Nature of the review meetings
Category A	Direct supervision is required at all times.	Yes, at all times.	No.	Continuous supervision with weekly* review meetings	Once a month*	Within 14 days^	<p>The nature and duration of a review meeting is to be determined by the approved supervisor as guided by the supervision condition and other relevant information. A review meeting may address the following:</p> <ul style="list-style-type: none"> • Discussion of conditions and compliance • Observed practice • Case presentations • Case and record reviews
Category B	The supervisor is to monitor and provide indirect supervision and be readily available to provide advice, assistance or direct supervision as required.	<p>Yes, the supervisor is to practice at the same location.</p> <p>The supervisor may be off-site in exceptional circumstances, but must be contactable by phone to provide advice or assistance as required.</p>	Yes, unless restricted by their practice conditions.	Fortnightly*	Every 3 months*	Within 21 days^	
Category C	Indirect supervision is required. The supervisor must be contactable by phone for emergencies.	No, but the supervisor must be contactable by phone and should attend on occasion to review records and files.	Yes, unless restricted by their practice conditions.	Monthly*	Every 6 months*	Within 21 days^	

* Frequency may be varied by a review body

^ From the date of imposition of conditions and/or from the date when a nomination is declined



Council of New South Wales

Supervisor Approval Position Statement

Date of publication:	August 2015	File Number:	HP15/8859
Version:	1		
Summary:	This position statement sets out the Podiatry Council's expectations of an approved supervisor and the criteria the Council applies when considering approval of a supervisor.		
Applies to:	Practitioners subject to supervision conditions, supervisors, delegates of the Podiatry Council of NSW and HPCA staff supporting the Podiatry Council.		
Of interest to:	Decision makers.		
Author:	Podiatry Council of NSW		
Owner:	Podiatry Council of NSW		
Related legislation:	<i>Health Practitioner Regulation National Law (NSW)</i>		
Related Policy:	Compliance Policy – Supervision		
Related (other):	Conditions Handbook – Template Conditions		
Review:	August 2018		

Supervisor Approval Position Statement

PURPOSE

This position statement sets out the Podiatry Council's expectations of an approved supervisor and the criteria the Council applies when considering approval of a supervisor. It should be read in conjunction with the Council's Compliance Policy - Supervision, which sets out the obligations of a practitioner subject to supervision conditions.

EXPECTATIONS

The *Health Practitioner Regulation National Law (NSW)* states that the protection of the health and safety of the public must be the paramount consideration when functions are being exercised under that law. Supervision is an effective mechanism for monitoring whether a practitioner is practising safely. It is also a valuable tool for assisting a practitioner to improve his/her practice to accepted standards.

The Council expects a practitioner (subject to supervision conditions) to ensure that his/her practice (or specified aspects of practice) is/are overseen and regularly reviewed by a supervisor approved by the Council, in accordance with the conditions on his/her registration and the Council's Compliance Policy – Supervision.

By consenting to act as a supervisor, approved supervisors agree to oversee a practitioner's practice and report to the Council in accordance with the requirements set out in the supervised practitioner's conditions and the Council's Compliance Policy – Supervision.

WHAT INFORMATION THE SUPERVISOR RECEIVES

As part of their briefing, supervisors will receive publicly available information that is relevant to the practitioner being supervised.

Other information may be provided, depending on the constraints of confidentiality in each particular case.

CRITERIA FOR APPROVING A SUPERVISOR

The following criteria will be taken into account when considering whether or not to approve a supervisor:

1. A supervisor should be experienced in the relevant area of practice.
2. A supervisor:
 - a) Should be a registered Podiatry practitioner and in active clinical practice.
 - b) Should not be the subject of current investigation, assessment, inquiry or proceedings in relation to conduct, health or performance matters.
 - c) Should not have conditions imposed on his/her registration.
 - d) Should not have been the subject of an adverse finding in previous disciplinary proceedings, regardless of whether or not his/her registration remains subject to conditions.
3. Supervisors must consent to undertaking the role of supervisor.
4. A supervisor must be willing to provide feedback to the Council, in a prescribed format (template provided by the Council) and at the frequency stipulated by the supervision

requirements. The supervisor should provide sufficient information to the Council to enable the Council to determine whether the practitioner has met his/her supervision requirements.

5. A supervisor must be prepared to notify the Council of any immediate concerns in relation to the supervised practitioner's compliance with the supervision requirement, or in relation to the practitioner's conduct, performance or health, or if the supervisory relationship ceases.
6. The relationship between supervisor and practitioner should be at a purely professional level:
 - a) A supervisor must not be a relative, partner or close friend of the practitioner.
 - b) A supervisor must not be the practitioner's Council-approved mentor.
 - c) Consideration should be given to relationships that might impact on the supervisor's ability to supervise the practitioner. Examples of such circumstances may include:
 - Relationships where there is a close social interaction;
 - Treating relationship;
 - Power imbalance within the relationship;
 - Financial/business relationship;
 - Employment relationship.
7. In view of the commitment required, a supervisor should generally not supervise more than one practitioner at a time.

Nominees who do not meet these criteria may not be approved.

The Council may withdraw a supervisor's approval if a supervisor ceases to meet the criteria set out above, or at any time at its discretion.

IMPLEMENTATION OF THE POSITION STATEMENT

This Position Statement will be published on the Council's website, provided to practitioners when a supervision condition is imposed, and provided to nominee supervisors. It should be read in conjunction with the Council's Compliance Policy - Supervision.

ATTACHMENTS

- Supervisor nomination form.

Nominated Supervisor Consent Form

Please return completed form with a brief CV to the Podiatry Council of NSW

Name:	AHPRA Registration Number:
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Please strike out the option that does not apply:

1. I **do / do not** accept [Practitioner]'s nomination of me as [his/her] category [A/B/C] supervisor.

If you do accept, please complete the following:

2. ☐ I have read the Podiatry Council of NSW's Compliance Policy - Supervision and this Statement, and believe I meet the requirements to supervise [Practitioner] in accordance with this Policy and condition/s [X].
3. ☐ I will immediately notify the Podiatry Council if I have any concerns about [Practitioner]'s compliance with conditions, or [Practitioner]'s conduct, performance or health, or if the supervisory relationship ceases.
4. ☐ I am a registered Podiatry practitioner (please answer the following questions):
- (a) Are you in active clinical practice? **Yes / No**
- (b) Are you the subject of current conduct, health or performance investigation(s) or proceeding(s)? **Yes* / No**
- (c) Do you have any conditions imposed on your registration? **Yes* / No**
- (d) Have you been the subject of an adverse finding in previous disciplinary proceedings? **Yes* / No**
- (e) Are you currently supervising any other practitioners? **Yes* / No**
- (f) Are you aware of any relationship/association with [Practitioner] that may impact on your ability to supervise him/her (see Criteria 6 in Approval Statement)? **Yes* / No**

* Please provide further details if you answered Yes to questions (b), (c), (d), (e) or (f).

5. ☐ I wish to make a submission. (Optional)
6. ☐ I have enclosed a copy of my CV. **(Required)**

Signed: _____

Date: _____

Print Name: _____	Address: _____
Position: _____	_____
AHPRA Registration Number: _____	_____
Email Address: _____	Phone number: _____