

## Consultation on guidelines for supervision of optometrists

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22 September 2011

### Introduction

The Optometry Board of Australia (the Board) is releasing for consultation guidelines for supervision of optometrists.

These guidelines set out the principles the Board considers central to effective supervision, regardless of the purpose of supervision.

Supervision requirements may be different for each practitioner. They will be tailored to the purpose of supervision, the optometrist's particular circumstances, experience and learning needs. *It is therefore not appropriate for the Board to issue a standard supervision plan.*

This consultation paper has been developed under the requirements of the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory. The National Law empowers the Board to develop and approve codes and guidelines to provide guidance to the profession. The National Law requires the Board to ensure there is wide-ranging consultation on the content of any proposed registration standard, code or guideline.

A link to the National Law is available on the AHPRA website under [Legislation and Publications](#). The Board has previously consulted on, and approved, a range of codes and guidelines. The approved codes and guidelines can be accessed at [www.optometryboard.gov.au](http://www.optometryboard.gov.au) under *Policies, Codes and Guidelines*.

At the completion of the consultation on the content of the proposed guidelines, the Board will consider the feedback before approving any amendments.

### Making a submission

The Board now invites interested parties comment on the content of the **proposed guideline amendments**. Comments should be made in writing, addressed to Mr Colin Waldron, Chair, Optometry Board of Australia and submitted by COB 18 November 2011.

Electronic submissions are preferred and can be made to [optomconsultation@ahpra.gov.au](mailto:optomconsultation@ahpra.gov.au).

Submissions are also able to be posted to the attention of the Chair, Optometry Board of Australia, GPO Box 9958, Melbourne Vic 3001.

Please note that all submissions received will be published on the Board's website unless indicated otherwise in your submission.



## Guidelines for supervision of optometrists

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**21 September 2011**

### Summary of Guidelines

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

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

These guidelines set out the principles the Board considers central to effective supervision, regardless of the purpose of supervision.

Supervision requirements may be different for each practitioner. They will be tailored to the purpose of supervision, the optometrist's particular circumstances, experience and learning needs. *It is therefore not appropriate for the Board to issue a standard supervision plan.*

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.

### Scope

These guidelines, and the principles that they contain, may be considered in a range of registration and notification matters resulting in supervision arrangements, including:

- optometrists returning to practice after an absence greater than three years
- optometrists who make a significant change to a different field or scope of practice<sup>1</sup> and
- optometrists who hold a type of limited registration.

The guidelines apply to both the optometrist providing the supervision and the supervised optometrist.

These guidelines may also inform a supervision plan arising out of a health, conduct or performance matter. These supervision requirements may be determined by another entity, such as a panel or tribunal.

These guidelines do not cover, but may inform:

- the supervision of students
- the mentoring of new graduates and/or
- the performance review responsibilities of managers.

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<sup>1</sup> For the purposes of these guidelines, this applies to those optometrists moving back into a clinical role from a non-clinical role.

The Board has developed a set of *supervision report templates* to assist in meeting these requirements. These are available on the Board's website alongside this document.

## 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** incorporates elements of direction and guidance. It is a formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may be *direct* or *indirect*, according to the nature of context under which the practice is being supervised. A supervisor in the context of a re-entry plan will generally be required to provide reports to the Board at determined intervals.

**Direct supervision** is when the supervisor is actually present, observes and works with the individual being supervised; refer to levels of supervision contained in *Table 1*.

**Indirect supervision** is when the supervisor is easily contactable and available for reasonable access but does not directly supervise the activity; refer to levels of supervision contained in *Table 1*.

**Mentoring** is considered in the context of a re-entry plan as a relationship in which the mentor facilitates the personal and professional growth and development of another practitioner (the *mentee*). The mentor assists with career development and guides the mentee through professional networks. The mentor relationship is considered by the Board to be less formal than that of a supervisor role. There are elements of mentoring in supervision arrangements.

## Principles

The following principles convey the expectations of the Board in the development of any supervisory arrangements:

1. It is the professional responsibility of optometrists to work within the limits of their competence and to be able to reflect upon and determine their own learning needs, including the requirements of the specific position in which the optometrist is proposing to work.
2. For all supervised optometrists, the type and level of supervision must be matched to individual needs and capabilities. Supervisory arrangements need to be modified over time, in keeping with progress made, and need to be able to accommodate changes in supervisors.
3. The supervisor, the supervised optometrist and the Board must agree on the frequency, duration, content of the supervision plan, and reporting requirements before supervision begins, including the period for review.
4. The onus rests with the supervised optometrist to ensure the reporting requirements are met as agreed in the supervision plan; however, the supervisor needs to adhere to the agreement it enters into with the Board.

## Levels of supervision

The levels of supervision outlined here are designed to ensure that the optometrist under supervision practises safely.

The level of supervision required will depend upon a number of factors that include:

1. the purpose of supervision
2. the previous experience of the optometrist under supervision
3. the requirements of the position, as outlined in the position description and
4. the level of risk associated with the purpose of supervision, the position, the location and the availability of supports.

The starting level of supervision and the progression through the stages will be determined by the individual supervision plan, as agreed by all parties, and reports from the supervisor. Supervision reports will be presented to the Board's Registration and Notification Committee for noting. Progress through the stages will continue as described in the individual supervision plan *unless* there are concerns raised in the supervision reports.

*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.

Table 1: Levels of supervision

Level	Summary	Specifications	Proposed reporting frequency for level <sup>2</sup>	Possible use for level of supervision <sup>3</sup>
1	The supervisor takes direct and principal responsibility for individual patients	<p>The supervisor must be physically present at the workplace, observing the supervisee when he or she is providing clinical care</p> <p>The supervisee must consult the supervisor about the management of each patient before care is delivered</p> <p>Supervision via telephone (indirect) is not permitted</p>	Report after initial one month and then at three-monthly interval/s	<p>As the highest level of supervision, this level would typically be used to determine the level of competence of the practitioner and inform further levels of supervision under a supervision plan</p> <p>In a supervision plan arising from a health, conduct or performance matter</p>
2	The supervisor shares the responsibility for individual patients	<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>Supervision must be primarily in person (direct); when the supervisor is not physically present, they must be always accessible by phone (indirect)</p>	Report after initial three months and then at six-monthly interval/s	<p>Initially for limited registration for teaching or research when clinical practice is also being undertaken</p> <p>Initially for limited registration for postgraduate training for supervised practice</p> <p>In a supervision plan arising from a health, conduct or performance matter</p>

<sup>2</sup> This column refers to the usual frequency. It should be noted, however, that the Board may, at any time, exercise its discretion to ask for a report.

<sup>3</sup> 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	Proposed reporting frequency for level <sup>2</sup>	Possible use for level of supervision <sup>3</sup>
3	The supervisee takes primary responsibility for 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 alone, provided the supervisor is contactable by phone (indirect)</p>	<p>Report after initial three months (if no other supervision before this time) and then at renewal of registration</p> <p>OR</p> <p>Report at renewal if moving from a higher level of supervision and previous satisfactory reports provided</p>	Second stages of a supervision plan after the optometrist has progressed through level 1 or 2 supervision
4	The supervisee takes full responsibility for individual patients	<p>The approved supervisor must oversee the supervisee's practice</p> <p>The approved supervisor must be available for consultation (direct or indirect) if the supervisee requires assistance</p> <p>The approved supervisor must conduct periodic reviews of the supervisee's practice</p>	<p>Report after initial three months (if no other supervision before this time) and then at renewal of registration</p> <p>OR</p> <p>Report at renewal if moving from a higher level of supervision and previous satisfactory reports provided</p>	Second stages of a supervision plan after the optometrist has progressed through level 1 or 2 supervision

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

For optometrists who have attained their primary qualifications outside Australia, a supervision plan must include an introduction to the Australian healthcare system, and information on cultural differences (refer to orientation report template).

The supervisor for those optometrists who must practise under supervision as a requirement of limited registration must have consented to undertake the role and be listed on the original application form for limited registration (unless the Board has been advised in writing and agreed to a change in supervisor).

## Reporting requirements

The reporting requirements for an individual will be listed in the supervision plan agreed by the Board, the supervisor and the supervised optometrist, or those laid down in the direction from another entity. These requirements will be informed by the information contained in *Table 1*. However, the Board may, at any time, exercise discretion in the frequency and structure of a report.

The reporting requirements should stipulate the following when first developed:

- the frequency of reporting
- the content and supporting evidence of progress required in each report and
- the format of the report.

Progress reports should include changes in supervisory arrangements (including changes in levels) over time agreed in the supervision plan, as well as achievements by the supervised optometrists and any emerging issues.

## Responsibilities of optometrists being supervised

Supervised optometrists must:

1. inform the supervisor at the outset about their learning needs, the context relevant to their need for supervision and any other issues that may affect an effective supervisory arrangement
2. be proactive and participate in assessments conducted by the supervisor to assist in determining competence, needs and progress
3. familiarise themselves and comply with regulatory and professional responsibilities applicable to their practice
4. advise the supervisor of any uncertainties and incidents during the period of supervision
5. reflect on and respond to feedback and
6. contact the Board if the relationship with the supervisor breaks down.

## Responsibilities of supervisors

Registered optometrists supervising other optometrists must:

1. be experienced optometrists in the scope of practice of the optometrist under supervision<sup>4</sup> and hold current general registration with the Optometry Board of Australia
2. take responsibility for the interventions carried out by others working under their instruction or direction as determined by the level of supervision agreed (as well as their own interventions)
3. understand their legal and professional responsibilities and act accordingly
4. understand the significance of supervision as a professional undertaking and commit to this role including regular, protected, scheduled time with the supervised optometrist which is free from interruptions
5. disclose any potential conflict of interest, such as a personal relationship or business partnership with the supervised optometrist<sup>5</sup>
6. understand that the responsibility for determining the type and amount of supervision required must be informed by the supervisor's assessment of the supervised optometrist and act accordingly
7. only delegate tasks that are appropriate to the role of those being supervised and that are within the scope of training and capability of the individual
8. provide clear direction
9. be accountable to the Optometry Board of Australia and provide honest, accurate and responsible reports as required and
10. contact the Board if the relationship with the supervised optometrist breaks down.

## References

*Supervision Guidelines*, Optometrists and Dispensing Opticians Board, New Zealand

*Guidelines: Supervised practice for limited registration* Medical Board of Australia

<b>Date of issue:</b> 21 September 2011
<b>Date of review:</b> This guideline will be reviewed at least every three years
<b>Last reviewed:</b>

<sup>4</sup> The supervisor of an optometrist with therapeutic qualifications must also hold therapeutic qualifications.

<sup>5</sup> A personal relationship or business partnership between the optometrist under supervision and the supervising optometrist is not encouraged but will be considered in the context of the matter under consideration by the Board.



## Supervision guidelines: Appendix A

### Orientation report for optometrists entering into a supervision plan linked to limited registration

Complete this orientation report

- after the first three months of initial limited registration, and
- in addition to a work performance report

Name of registrant:	
Registration number:	
Dated commenced in approved position:	

**Mark off** (with a cross) **each section when covered**

#### General

Optometrists should be familiar with the structure of the Australian healthcare system and the roles of the various bodies with which contact would occur or which have particular areas of responsibility.

#### Orientation to the Australian healthcare system

- Structure and funding of the Australian healthcare system, interface between private and public health services
- Federal and /or State or Territory Department of Health, Department of Veterans Affairs, Medicare , WorkCover or similar authority (where applicable)
- Optometry Board of Australia — registration, professional performance, conduct and health assessment and monitoring relevant under the *Health Practitioner Regulation National Law Act* as in force in each state and territory
- Provider and prescriber (if applicable) numbers
- Prescribing (if applicable) — Pharmaceutical Benefits Scheme, National Prescribing Service, therapeutic guidelines
- Referral system — the employer should provide a list of service providers and their contact details
- Other contact phone numbers — supervisors, interpreter service, drugs and poisons information service

#### Orientation to the practice

- Policy and procedures manual — including infection control, patient confidentiality, clinical

records, complaint processes

- Information technology (IT) systems
- Optometry Association of Australia, profession-specific colleges
- Infection control
- Occupational health and safety

**Orientation to legislation and professional practice**

- Legislative framework governing practice in state or territory, including drugs and poisons legislation if applicable
- Litigation and indemnity
- Patient rights and responsibilities, patient complaints
- Patient consent
- Access to health/medical records

**Professional development**

- Optometry education and training and access to clinical publications
- Therapeutic guidelines, Australian Medicines Handbook, Optometrists Association Australia (OAA) guidelines

**Cultural diversity and social context of care**

- Cultural awareness and respect
- Australian society, including multiculturalism, the status of women, children and older persons
- Aboriginal and Torres Strait Islander cultures

Other topics included in initial orientation:

## Signatures

Applicant's / registrant's signature:		Date:	
			(day/month/year)
Applicant's / registrant's name:			
	(please print)		
Principal supervisor's signature:		Date:	
			(day/month/year)
Principal supervisor's name:			
	(please print)		

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## Supervision guidelines: Appendix B

### Supervised practice plan and principal supervisor's agreement

This supervised practice plan and principal supervisor's agreement form is to be completed by the supervisor and applicant when:

1. submitting a re-entry to practice plan
2. applying for limited registration
3. applying for renewal of limited registration and
4. seeking approval to change current supervised practice arrangements.

#### **A. Applicant / registrant details**

Family (legal) name:	
First given name:	
Registration number (if registered):	
Position/title:	
Name of employing organisation:	
Locations at which the applicant/registrant will be practising:	
Daytime telephone number:	
Email address:	

#### **B. Details of proposed principal supervisor**

Family (legal) name:	
First given name:	
Registration number:	
Qualification/s:	
Position/Title:	
Organisation name:	
Organisation location/s:	
Daytime telephone number:	
Email address:	

**C. The proposed supervised practice plan**

ALL SECTIONS MUST BE COMPLETED

Please ensure the details of the supervised practice plan are completed by the principal supervisor together with the applicant/registrant.

Use the space below or attach your own supervised practice plan which includes these elements.

1. Learning objectives and recommended training/further professional development under the headings of clinical management and professional practice ( including where relevant specific references to the Board's Code of Conduct for Optometrists)

2. Proposed starting supervision level and proposed timing/triggers for change from initial supervision level, <sup>1</sup> frequency of meetings with principal supervisor and type of meetings (i.e. face to face, teleconference etc)

3. Availability of other staff for assistance. How will the applicant/registrant seek assistance (eg face to face, telephone etc)

\_\_\_\_\_

<sup>1</sup> List alternative supervision structures and processes if levels are not applicable



**D. Principal supervisor's agreement**

I agree to be the principal supervisor of \_\_\_\_\_  
(print name of applicant/registrant)

I confirm that I understand the requirements of the supervisor in the supervision plan and that I can provide the following initial level of supervision. I understand that the level of supervision will be determined by the Board.

**Please mark the relevant box** with a cross to indicate the *initial* level of supervision you agree to provide.

Refer to the **Supervision Guidelines** for a full description for each level of supervision.

- Level 1** – the supervisor takes direct and principal responsibility for individual patients
- Level 2** – the supervisor shares with the applicant/registrant responsibility for individual patients
- Level 3** – the applicant/registrant takes primary responsibility for individual patients
- Level 4** – the applicant/registrant takes full responsibility for individual patients

If the above supervision levels are not applicable, describe supervision levels/structures

I further agree to:

- a. ensure as far as possible, that the applicant is practising safely and is not placing the public at risk
- b. observe the applicant's work, conduct case reviews, periodically conduct performance reviews and address any problems that are identified
- c. notify the Board immediately if I have concerns about the applicant's clinical performance, health or conduct or if the applicant fails to comply with conditions, undertakings or requirements of registration
- d. ensure that the applicant practises in accordance with work arrangements approved by the Board
- e. ensure that Board approval has been obtained for any proposed changes to work arrangements before they are implemented
- f. inform the Board if I am no longer able or willing to undertake the role of the applicant's supervisor and
- g. provide work performance reports to the Board in a form approved by the Board at the end of the third month after initial registration and at subsequent intervals as determined by the Board.

Principal supervisor's signature:	_____	Date:	_____
Principal supervisor's name:	_____ (please print)		

**Send the completed supervised practice plan and supervisor agreement with the applicant's application information to the AHPRA office in your State or Territory.**



## Appendix C of Supervision Guidelines

### Work performance report for supervision plans

Completing this form

This form is to be completed by the optometrist who has entered into a supervision plan and their Board approved supervisor, at intervals as specified by the Board. This is usually at three months after initial registration and then no more than six monthly or at renewal of registration.

#### Instructions for the supervised optometrist

- You should complete this form first. This enables you to identify your strengths and areas for further improvement.
- Using the learning objectives developed in the supervision plan, complete the form by **initialing** each box which you believe best describes your performance for each statement. Once completed, give the form to your supervisor to complete. You must discuss this review with your approved supervisor and at the end of the feedback session sign the form before sending it to the Board.

#### Instructions for the approved supervisor

- Consult the learning objectives developed in the supervision plan and **initial** the appropriate "supervisor" box which best describes the performance of this optometrist in regards to the listed objective. Consider input from other colleagues to ensure that a thorough and accurate assessment is made. **The performance should be compared to the expected performance for the level of the position in consideration.**
- Arrange a mutually agreed time to meet with the supervised optometrist and discuss the review.
- Complete the 'recommendation' section.
- Both you and the supervised optometrist must sign the form at the end of the feedback session and the form must be sent to the Board.

## Work performance report arising for supervision plans

### A. Applicant/Registrant details

Registrant's family (legal) name:				
Registrant's first given name:				
Registration number:				
Assessment period:	From:		To:	
Position held:				
Name of hospital/practice/unit:				
Locations at which the applicant/registrant has been practising:				

### Principal supervisor's details

Principal Supervisor's name:	
Registration number:	

Describe the nature and level of the supervision (e.g. direct supervision or contact hours per day/week, case review and supervision level 1, 2, 3 or 4 if relevant):


### B.

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**Performance**

<b>Learning objectives</b> <i>Initial</i> the box under each category that best describes the registrant's performance		Performs consistently well below the level expected	Performs consistently below the level expected	Performs consistently at the level expected	Performs consistently above the level expected
<b>Clinical Management</b>		<b>Initial</b>	<b>Initial</b>	<b>Initial</b>	<b>Initial</b>
[List the individual learning objectives here developed in the supervision plan]	Registrant				
	Supervisor				
	Registrant				
	Supervisor				
	Registrant				
	Supervisor				
	Registrant				
	Supervisor				

<b>Professional Practice (Including reference to specific relevant sections of the Board's code of conduct for optometrists)</b>					
	Registrant				
	Supervisor				
	Registrant				
	Supervisor				
	Registrant				
	Supervisor				
	Registrant				

<b>Professional Practice (Including reference to specific relevant sections of the Board's code of conduct for optometrists)</b>					
	Supervisor				

**C. Comments and future development plans**

Strengths

Weaknesses

**List the issues to be addressed – i.e. addressing weaknesses and development needs**

Issue	Actions/Tasks to address issue (including time frame)	Review Date

