

Supervision agreement

A supervision agreement, completed by the supervisor(s) and supervisee, is to be submitted to the Australian Health Practitioner Regulation Agency with an application for registration or where supervision is a requirement for registration. All parties should read the Board's *Supervision guidelines for optometrists* before completing this agreement.

Section 1 – Details of supervisor and supervisee

Supervisor 1:

Last name: _____ First name: _____
 Practice address: _____
 Phone (work): _____ Mobile: _____
 Fax: _____ Email: _____
 Registration number: _____ Signature: _____ Date: _____

Supervisor 2 (if applicable):

Last name: _____ First name: _____
 Practice address: _____
 Phone (work): _____ Mobile: _____
 Fax: _____ Email: _____
 Registration number: _____ Signature: _____ Date: _____

Supervisee:

Purpose of supervision (tick one):

- Limited registration for postgraduate training or supervised practice
- Limited registration for teaching or research
- Returning to practice after an absence of greater than three years
- Significant change to scope of practice
- Condition or undertaking requiring supervision from a health, performance or conduct matter.

Last name: _____ First name: _____

Postal address: _____

Telephone work: _____ Mobile: _____

Fax: _____ Email: _____

Registration number (if applicable): _____ Signature: _____ Date: _____

Section 2 – Agreement of supervisor

Agreement of supervisor

I have read the Optometry Board of Australia (the Board) *Supervision guidelines for optometrists* and agree to comply with the responsibilities of supervisors.

I understand:

- the significance of supervision as a professional undertaking and commit to this role
- my legal and professional responsibilities generally, and in relation to supervision, and will act accordingly
- that I must make every effort to ensure that the supervisee has read and agrees to comply with his/her responsibilities; understands legal responsibilities and constraints within which he/she must operate; and follows the principles listed in the Board *Code of Conduct for Optometrists*
- the responsibility for determining the supervised practice plan and supervision reports must be informed by my assessment of the supervisee and I agree to undertake and document assessments as required
- that I must only delegate tasks that are appropriate to the role of the supervisee and are within the competence of the individual
- that reassessment of competency and review of the supervised practice plan must occur regularly and that supervision reports on progress must be provided as listed in the supervised practice plan approved by the Board
- that I will use the *Optometrists Association Australia Universal (entry-level) and Therapeutic Competency Standards for Optometry 2008* for the assessment of the supervisee for the purpose of reports to the Board
- that I must take responsibility for the interventions carried out by the supervisee under my supervision to the extent described in the 'Levels of supervision' section in the *Supervision guidelines for optometrists*
- that I must provide clear direction to the supervisee
- that I must provide honest and responsible reports as required by the Board
- that any overseas-trained optometrist under my supervision must be orientated to the Australian health care system and I will follow the orientation plan developed by the Board which addresses this requirement as part of the supervised practice plan.

I have attached to this agreement a current CV that confirms I have the expertise required to provide the necessary supervision.

Agreement of supervisor(s) to be completed by each supervisor and included as separate pages

I confirm that I am not currently supervising more than two supervisees for the Optometry Board of Australia.

I have/have not (*please delete as appropriate*) previously provided satisfactory supervision for optometrists with limited registration or where supervision is a requirement for registration. Please list names of previous practitioners you have supervised on behalf of the Optometry Board of Australia.

I do/do not (*please delete as appropriate*) have a potential conflict of interest, such as a personal or business relationship with the Supervisee. Please detail any potential conflict of interest.

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisor 1: _____

Signature of supervisor 2: _____

Name of supervisor 1: _____

Name of supervisor 2: _____

Name of supervisee: _____

Section 3 – Agreement of supervisee

Agreement of supervisee
I have read the Optometry Board of Australia (the Board) <i>Supervision guidelines for optometrists</i> and agree to comply with the responsibilities of supervisees.
I understand that: <ul style="list-style-type: none">▪ I must familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to general registration without conditions▪ I must inform my supervisor(s) at the outset of the supervision period of my experience, needs and circumstances/incidents relevant to the requirement that I practise under supervision▪ I must participate in assessments undertaken by my supervisor to assist determination of my capabilities, needs and progress▪ I must familiarise myself with safety policies and procedures relevant to my supervised practice and comply with these▪ I must follow directions and instruction from my supervisor and ask questions to clarify where necessary▪ I must advise my supervisor of any uncertainties and incidents in relation to clinical practice during the period of supervision▪ I must reflect on and respond to feedback▪ I must provide honest and responsible information as required by the Board▪ I must immediately cease practice in the event supervision becomes unavailable and notify the Board in writing within seven days.▪ If I am an overseas-trained optometrist I am required to become familiar with the Australian health care system and that strategies which specifically address this requirement will be included in my supervised practice plan.
I do/do not (<i>please delete as appropriate</i>) have a potential conflict of interest, such as a personal or business relationship with my supervisor. Please detail any potential conflict of interest. <hr/>

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisee: _____ Name of supervisee: _____

Name of supervisor(s): _____