

**Compliance Policy - Supervision**

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| **Version:** | 1 | | |
| **Summary:** | **This policy sets out the requirements of a practitioner subject to a supervision condition.** | | |
| **Applies to:**  **Of interest to:** | Practitioners with supervision conditions whose principal place of practice is in NSW, the Dental Council of NSW, or delegates of the Council, and HPCA staff supporting the Dental Council of NSW.  Supervisors and decision makers | | |
| **Author:** | The Dental Council of NSW acknowledges that this position statement is based on work undertaken by the Medical Council of NSW in this area. | | |
| **Owner:** | Dental Council of NSW | | |
| **Related legislation,**  **Awards, Policy and**  **Agreements:** | Dental Council of NSW Supervisor Approval Position Statement; *Health Practitioner Regulation National Law* (NSW) | | |
| **Review date:** | April 2019 | | |

Compliance Policy - Supervision

THIS POLICY APPLIES TO

A practitioner who is the subject of supervision conditions imposed in NSW[[1]](#footnote-1).

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 Dental Board of Australia’s Guidelines on Supervision of dental practitioners.

**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. Submit a copy of his/her conditions/orders to the Council, signed by the practitioner and the supervisor, indicating awareness of the conditions/orders and authorisation.
4. Participate in review meetings with the Council-approved supervisor as required.
5. Authorise the supervisor to forward supervision 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.
6. 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.
7. Meet all costs associated with supervision.
8. 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.
9. Immediately nominate a proposed replacement supervisor to be approved by the Council when the current approved supervisory relationship ends or is unexpectedly suspended.

**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 [section 150 of the *Health Practitioner Regulation National Law* (NSW)(Law)](http://www.legislation.nsw.gov.au/fragview/inforce/act+86a+2009+pt.8-div.3-sdiv.7-sec.150+0+N?tocnav=y)*.* Practitioners should know that the definition of unsatisfactory professional conduct (see [section 139 B(1)(c) of the Law](http://www.legislation.nsw.gov.au/fragview/inforce/act+86a+2009+pt.8-div.1-sec.139b+0+N?tocnav=y)) includes contravention of a condition to which a practitioner’s registration issubject.

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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Type of supervision required** | **Supervisor required to practise at the same practice location as the practitioner?** | **Independent practice such as on-call, after-hours work, nursing home and home visits 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^ | 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:   |  |  | | --- | --- | | * Discussion of   conditions and  compliance   * Observed   practice   * Case   presentations   * Case and   record reviews | * 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. | Yes, the supervisor is to practice at the same location.  The supervisor may in exceptional circumstances be off-site but must be contactable by phone to provide advice or assistance as required. | 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 decline

**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.

1. This policy applies where the supervision condition is imposed under [Part 8 of the *Health Practitioner Regulation National Law* (NSW)](http://www.legislation.nsw.gov.au/fragview/inforce/act+86a+2009+pt.8+0+N?). [↑](#footnote-ref-1)