RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Review of the Supervised Practice Framework

Royal Australasian College of Physicians submission to the Australian Health Practitioner Regulation Agency
July 2025

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand.

The RACP represents a broad range of physicians, supervisors and supervisees, across practice settings, worksites and medical specialties including clinical pharmacology and toxicology, general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing policies which bring vital improvements to the wellbeing of patients, the community, physician trainees and physicians.

RACP contact - Peter Lalli, Senior Policy & Advocacy Officer - policy@racp.edu.au .

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Introduction and key issues

The Royal Australasian College of Physicians (RACP) welcomes Ahpra's review of the Supervised Practice Framework (the Framework). It is critical for the safety, sustainability and quality of medical care, and the wellbeing of physicians.

Our response is based on feedback from members and RACP specialty societies across cardiology, neurology, nuclear medicine, paediatrics, palliative care, public health, rehabilitation medicine and sexual health, and the RACP's Accreditation, CPD and Member Health and Wellbeing Committees**.**

The RACP stresses the need for flexibility, physician wellbeing and psychosocial safety to be given greater emphasis in the Framework given they are integral to patient safety and quality of care.

With many RACP members impacted by the recommendations of the Framework on either side of the supervisory relationship, our priority is quality supervisory relationships, including:

- clarity of expectations
- appropriate resourcing and support
- shared responsibility models and
- recognition of psychosocial risks for supervisors and supervisees.

These conditions are particularly important in high-complexity and multidisciplinary settings, where implementation of the Framework must be practical and both culturally and psychologically safe.

Key concerns raised in feedback received from members are set out below.

1. Should the supervised practice framework be maintained or updated; is it working well?

While there was no consensus in the feedback to this question, most responses leaned toward the view that the Framework should be updated, with some expressing concerns about its fitness for purpose.

While some aspects of the current Framework were supported, most respondents saw a need for reform to better reflect clinical complexity and to support supervisors and supervisees.

Rationales for supporting Framework updates were diverse, reflecting the complexity of the current Framework in some cases and its deficiencies in others, such as:

- **Lack of clarity where supervised practice is imposed following a notification / complaint**. Some members thought the Framework's use for this regulatory purpose is poorly defined and risks undermining fairness of this component, urging greater transparency.
- **Lack of clear and nuanced guidance to support supervised practice of international medical graduates**, including those from competent international jurisdictions.
- **Excessive paperwork and complex processes** which deter health services from employing supervised practitioners, especially in the already strained working environments. Coupled with the existing lack of adequate support for supervisors and insufficient or non-existent protected time in some health services for training and supervision, psychological safety and broader wellbeing risks are amplified for both parties to the supervisory process.
- Need to factor the **diverse needs of consultant physicians and specialty areas**, through a flexible, role-specific approach
- Greater recognition of **telehealth as a viable and valuable mode of supervision**.

A targeted reform of the Framework is needed to make it clearer, fairer, and more adaptable to clinical worksites, workforce pressures and evolving technologies.

2. Could the framework be improved and simplified?

There was clear support for improving and simplifying the Framework to ensure better alignment with complex practice and administrative environments, particularly to allow streamlined implementation on busy worksites.

Reforming the Framework was seen as essential to making it practical, accessible and sustainable, especially for supervisors who are under pressure, performing multiple educational and supervisory roles in high-demand settings.

Some members considered the Framework to be appropriate in less complex situations with limited administrative burdens.

Several common themes emerged in responses to how the Framework could be improved and simplified.

- **Better training and support for supervisors** to enable them to fulfil their roles effectively in time-pressured environments. Practical guidance over dense regulatory instruction was also suggested. Short, focused learning modules or other concise materials could help.
- **Greater specificity in the Framework to support specific supervision requirements for international medical graduates**
- **Better embracing technological advances**, including digital communication tools, to modernise supervisory models and improve accessibility, especially in rural or remote contexts.
- **Clarifying uncertainties amongst the profession about when the Framework is to be used**, supporting clearer guidance, better resources and broader communication about the Framework and its application.

3. Do the current four levels of supervision allow for individual flexibility in levels of supervision and enable changing levels per supervisee circumstance?

There was no consensus in the feedback as to whether the current supervision levels offer sufficient flexibility to adapt to individual supervisee need.

Most feedback indicated uncertainty or limited direct experience.

Some feedback expressed concerns that the Framework may be too rigid to support tailored progression. This points to a need for clearer guidance on how supervision levels can be adjusted over time based on a supervisee's specific circumstances. This is vital to appropriately supporting the supervisee and targeting the efforts of the supervisor.

4. Do the four levels of supervision work to keep the public safe?

There were no clear trends in feedback on the adequacy of the current levels of supervision for public safety.

There was moderate support for the current supervision structure. Some agreed the levels are appropriate and sufficient to promote safe clinical practice. Generally the levels were considered suitable and consistent with the way physicians work.

There were a range of proposed alternative approaches for a revised Framework which could be considered to keep the public safe.

- The revised Framework could **better link supervision levels to specific competencies** to allow supervision to adapt as a supervisee progresses. This would enable flexibility of

timeframe transition or longitudinal assessment within and between levels. This would be a potential area for further Ahpra engagement with the RACP, given the diverse competencies of our specialties.

- **More flexible, competency-driven application, particularly for remote supervision**, could support public safety and access to supervision outside of cities. However competency-based linkages might be required to better determine the appropriateness of remote supervision, where supervisee competency and risk profiles combined with remoteness or isolation may impact Framework suitability.

5. Can practitioners complete supervised practice and be supported via remote supervision, including those located in rural and remote areas who are required to complete Direct and/or Indirect 1 supervision, whilst also ensuring safe practice?

Responses to this question were cautiously optimistic on the feasibility and safety of remote supervision under the current Framework, particularly in rural and remote settings, to overcome engagement challenges where Direct or Indirect 1 supervision is required.

The Framework's settings in relation to Direct or Indirect 1 supervision should be specific to the context and circumstances of the supervisee and supervisor. This requires safeguards, clear definitions and supportive infrastructure. Ahpra should consider:

- Risk and competency-based metrics for flexible application, **enabling a supervisee and supervisor to identify uses and limitations of remote supervision in specific scenarios**, or an appropriate mix of remote and in-person. This could be useful for international medical graduates in professionally isolated and remote settings.
- **Access to high quality technology enabling seamless communication, clinical observation and relationship building**. Nuanced supervisory arrangements requiring a visual assessment component would be most suitable for video-based supervision.
- **Improved resources and support for supervisors**, including training, practical remote supervisory tools and clarification of related professional risks and nature of professional indemnity insurance required.

Flexible and individualised supervision via remote means would better support supervisees and supervisors to balance personal circumstances with supervision duties for an overall improved supervisory experience.

6. Is the Framework clear in the information for and expectations of supervisees, supervisors and employers; what could be improved?

Feedback on this question was divided; some considered the current role overviews clear and sufficient, and some disagreed.

Given that the Framework is to be used for regulatory adherence by diverse practitioners in varied circumstances, this is an area of concern that needs to be addressed. There remains room for improvement in how roles and expectations are clarified and communicated.

Beyond the Framework itself, a lack of practical application tools, resources and support for supervisors and supervisees was seen to be an impediment to adherence. Ahpra should consider other implementation resources, training tools and programs to support appropriate take-up, particularly in environments where protected time for training and supervision are absent or insufficient. This could help to make what some members considered to be 'bureaucratic' content more accessible.

7. Do the Framework and supporting documentation contribute to protecting patients and ensuring public safety?

There was no consensus in feedback to this question.

Some members were unconvinced either way owing to limited evidence of Framework impact and Framework awareness gaps. The lack of supporting tools and educational resources to aid supervisory practice over and above the Framework was seen by some members as a potential impediment to public safety.

Ongoing evaluations of the Framework incorporating the specific perspectives of supervisors and supervisees who have applied is recommended to account for rapidly evolving practice environments and practitioner roles. Co-design with the medical profession is key to Framework effectiveness.

8. Have you received any feedback from patients and consumers about their experience of practitioners who are under supervised practice? If yes, please provide details

Most members indicated they have not received patient feedback about a practitioner under supervised practice.

Some feedback indicated that concerning feedback had been received from supervised practitioners and supervisors themselves.

- **Supervisees have disclosed feeling ashamed, isolated, anxious, burnout, at a risk of loss of confidence and self-harm.**
- **Supervisors have reported concerns about supervising a vulnerable colleague, often without formal training in trauma-informed supervision and conflict resolution, in time pressured workplaces, some without adequate protected time for supervised practice.**

This underscores the need for adequate support of supervised practitioners and supervisors as the process can exacerbate psychosocial hazards and reputational risks, as well as the overall need for realistic demands and expectations in supervised practice.

The RACP has expertise in supports for practitioners across a wide range of settings and we encourage further engagement with us on these vital matters.

Conclusion

Overall there was general support for targeted revision of the Framework, including:

- **improvements in the clarity and accessibility of its contents**
- **better resources and tools supporting its implementation and**
- **stronger embedding of wellbeing and psychological safety as foundational principles.**

The current Framework, while well-intentioned, places emotional and administrative burdens on supervisees and supervisors who often lack training, time and support to implement it across fast-paced, complex work settings.

Remote supervision and mixed supervision arrangements aided by appropriate tools to determine individual suitability and adequacy of indemnity insurance would reduce the emotional and administrative burdens, while allowing supervision to be tailored to the circumstances and progress of the supervisee.

A revised framework should be

- trauma-informed and adhere to good support and wellbeing principles, promote pathways for training, mentoring and psychological safety
- practical through clear expectations and flexibility to match supervision to risk and competence, and.
- subject to regular evaluation, informed by the lived experience of supervisors and supervisees.

We invite Ahpra to further engage with the RACP to refine this important Framework so that the supervisory experience is optimised in the interests of practitioners and public safety alike.

For any questions or to arrange a time to meet, please contact Peter Lalli, Senior Policy & Advocacy Officer - policy@racp.edu.au