

When is a plan required?

A plan is required when an individual:

- has completed a relevant qualification but has less than 12 months experience delivering workplace rehabilitation services
- is returning to practice after an absence of greater than five years as a workplace rehabilitation provider
- has a significant change to their scope of practice
- has a condition or undertaking requiring supervision from a performance or conduct matter.

What is the purpose of supervision?

The purpose of supervision is to identify any gaps in knowledge and skills and then support the person through training, mentoring and coaching, so the person can ultimately practice competently and provide a quality service to workers and employers.

What to submit?

Accredited workplace rehabilitation providers should submit to WorkCover Tasmania:

- a. the supervision practice plan submitted and approved by the individual's professional membership/ association; or
- b. the supervision practice plan approved by the individual's employer; or
- c. in the event that a professional association or employing organisation does not have a supervision framework, WorkCover Tasmania's supervision practice plan template should be used, go to page 3 of this document.

Who completes the plan?

The supervisor completes the plan in consultation with the supervisee.

Who submits the plan?

Accredited workplace rehabilitation providers must submit the plan to WorkCover Tasmania for any individual who wants to provide workplace rehabilitation services on its behalf and requires supervision.

Signed plans must be submitted to workcover.tasmania@justice.tas.gov.au **within three months** of the person starting with the workplace rehabilitation provider.

What happens to the plan after it is submitted?

WorkCover Tasmania will consider the supervised practice plan and may suggest modifications, such as additional areas of training or focus.

What to consider when developing a supervised practice plan?

In completing the supervised practice plan, the individual circumstances of the supervisee should be considered, including:

- the purpose of supervision
- the supervisee's qualifications, experience, capabilities
- the demands of the position.

Professional development plan

The supervised practice plan should include a plan for professional development to ensure a person can practice competently and provide a quality service to workers and employers in delivering workplace rehabilitation services.

The professional development plan should:

- identify weaknesses and areas for development
- identify suitable activities and measures that can demonstrate competency
- identify the type of supervision and how often reviews will occur.

Competent and qualified professionals

Accredited workplace rehabilitation providers are reminded that as part of their Conditions of Accreditation, they must ensure that any individual who provides workplace rehabilitation services on its behalf:

- maintains relevant professional registration, membership or accreditation with their professional association
- maintains an applied knowledge of the [Heads of Workers' Compensation Authorities' Principles of Practice \(the Principles of Practice\)](#)
- maintains an applied knowledge of the [Workers Rehabilitation and Compensation Act 1988](#)
- participates in relevant ongoing professional development
- has effective communication skills
- operates ethically and comply with the standards, guidelines and codes of their profession that may apply to that individual when providing rehabilitation services
- has a minimum of 12 months or more of recent experience (that is within the last five years) delivering workplace rehabilitation services; or
- is undertaking a comprehensive induction and learning plan for a minimum of 12 months, supervised by another individual who has at least 12 months experience of recent experience delivering workplace rehabilitation services.

Resources to help complete the supervised practice plan

Prior to completing the plan you must read:

- [WorkCover Tasmania's Accreditation Requirements for Workplace Rehabilitation Providers in Tasmania \(the Tasmanian Requirements\)](#)
- [Heads of Workers' Compensation Authorities' Principles of Practice for Workplace Rehabilitation Providers \(Principles of Practice\)](#)

Contact

In the event the supervisor or supervisee has any queries, the WRP's registration or accreditation body will be the ongoing liaison point in the approval of the supervised practice plan and during the period of supervision.

Additionally, WorkSafe Tasmania can be contacted to discuss any matters or any queries.

Email workcover.tasmania@justice.tas.gov.au.

SECTION A: Purpose of supervision

Purpose of supervision (select one):

- ☐ Completed relevant qualification but has less than 12 months experience delivering workplace rehabilitation services
- ☐ Returning to practice after an absence greater than five years as a workplace rehabilitation provider
- ☐ Significant change to scope of practice
- ☐ Condition or undertaking requiring supervision from a performance or conduct matter

SECTION B: Supervisee details (the person being supervised)

Name

Profession/qualification:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Exercise Physiologist | <input type="checkbox"/> Medical Practitioner |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Osteopath |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Rehabilitation Counsellor |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Speech Pathologist | |

Registration or membership number

SECTION C: Supervisor's details (the person providing supervision)

Name (Supervisor 1)

Profession/qualification:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Exercise Physiologist | <input type="checkbox"/> Medical Practitioner |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Osteopath |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Rehabilitation Counsellor |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Speech Pathologist | |

Registration or membership number

Years of experience delivering workplace rehabilitation services

Name (Supervisor 2, if applicable)

Profession/qualification:

- ☐ Chiropractor
- ☐ Exercise Physiologist
- ☐ Medical Practitioner
- ☐ Nurse
- ☐ Occupational Therapist
- ☐ Osteopath
- ☐ Physiotherapist
- ☐ Psychologist
- ☐ Rehabilitation Counsellor
- ☐ Social Worker
- ☐ Speech Pathologist

Registration or membership number

Years of experience delivering workplace rehabilitation services

SECTION D: Conflict of interest disclosure

Are there any actual or perceived conflicts of interest between the supervisee and supervisor(s) to disclose?

Yes ☐ No ☐

If yes, please provide details.

SECTION E: DETAILS OF THE SUPERVISED PRACTICE ARRANGEMENT

Supervisee's position title/role

Describe the supervisee's role

Proposed location(s) for supervised practice

Type of employment (staff or contractor)

Hours of employment (full-time, part-time)

Proposed date of supervised practice:

Start date

End date

SECTION F: PROFESSIONAL DEVELOPMENT PLAN

The supervisor is responsible for completing the professional development plan in consultation with the supervisee.

- Plans should be submitted to workcover.tasmania@justice.tas.gov.au **within 3 months** of the supervisee commencing employment.
- Following the twelve-month supervision period, update the final column titled 'Successfully achieved goal' detailing whether the goal was achieved or not. Please submit within 3 months of the supervisee completing their supervision period, and email to workcover.tasmania@justice.tas.gov.au.

Add more rows or attach a separate document if more space is needed.

Area of focus	Planned activities and goals, including evidence measures to address areas of focus	Type of supervision	Proposed number of clients	Proposed review frequency	Review date	Successfully achieved goal
<p>Examples:</p> <ul style="list-style-type: none"> HWCA's Principles of Practice Workers Rehabilitation and Compensation Act 1988 Communication Stakeholder management Client confidentiality Privacy legislation RTW hierarchy Report writing RACP Health Benefits of Good Work Clinical Framework for the Delivery of Health Services 	<p>When planning activities, supervisors should:</p> <ul style="list-style-type: none"> identify suitable activities and explain what 'good evidence' is to enable the supervisee to demonstrate competency in an area screen cases to check for suitability to the supervisee's experience and qualifications 	<p>Examples:</p> <ul style="list-style-type: none"> Direct supervision of assessment Observation of assessment Discussion of treatment plan after assessment Debrief Case reviews Review of patient records Professional education sessions 		<p>For example daily, weekly, fortnightly</p>		<p>Yes/No</p> <p>If no, explain why</p>
1.	1.1					
	1.2					
	1.3					
	1.4					
	1.5					

2.	2.1					
	2.2					
	2.3					
	2.4					
	2.5					
3.	3.1					
	3.2					
	3.3					
	3.4					
	3.5					
4.	4.1					
	4.2					
	4.3					
	4.4					
	4.5					

5.	5.1					
	5.2					
	5.3					
	5.4					
	5.5					

SECTION G: DECLARATION

By signing this declaration, I acknowledge and confirm:

- I have completed this supervised practice plan in consultation with the supervisee and in my professional opinion consider the goals and planned activities to be appropriate in the identified needs.
- I have adequate time to carry out the role of supervisor
- I will submit to WorkCover Tasmania a report stating whether the supervisee has successfully achieved their planned goals at the end of their supervision plan.

Name of Supervisor 1:

Signature of Supervisor 1:

Date:

Name of Supervisor 2
(if applicable):

Signature of Supervisor 2:

Date:

I have read, understood, and agree to all the goals and planned activities included in this supervised practice plan.

Name of supervisee:

Signature of supervisee:

Date:

Personal Information Protection Statement

The personal information we collect from you will be used by WorkCover Tasmania for the purposes of assessing your application for accreditation as a workplace rehabilitation provider and may be used for other purposes permitted by the *Workers Rehabilitation and Compensation Act 1988* and associated laws. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information may be disclosed to contractors and agents of WorkCover Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service.

worksafe.tas.gov.au
1300 366 322

For more information contact

Phone: 1300 366 322 (within Tasmania)

(03) 6166 4600 (outside Tasmania)

Email: workcover.tasmania@justice.tas.gov.au

An initiative of the WorkCover Tasmania Board delivered by WorkSafe Tasmania

