

Supervisor Approval Position Statement

PURPOSE

This position statement sets out the Pharmacy Council's expectations of an approved supervisor and the criteria the Council applies when considering approval of a supervisor. It should be read in conjunction with the Council's Compliance Policy - Supervision, which sets out the obligations of a pharmacist subject to supervision conditions.

EXPECTATIONS

The *Health Practitioner Regulation National Law (NSW)* states that the protection of the health and safety of the public must be the paramount consideration when functions are being exercised under that law. Supervision is an effective mechanism for monitoring whether a pharmacist is practising safely. It is also a valuable tool for assisting a pharmacist to improve his/her practice to accepted standards.

The Council expects a pharmacist (subject to supervision conditions) to ensure that his/her practice (or specified aspects of practice) is/are overseen and regularly reviewed by a supervisor approved by the Council, in accordance with the conditions on his/her registration and the Council's Compliance Policy – Supervision.

By consenting to act as a supervisor, approved supervisors agree to oversee a pharmacist's practice and report to the Council in accordance with the requirements set out in the supervised pharmacist's conditions and the Council's Compliance Policy – Supervision.

WHAT INFORMATION THE SUPERVISOR RECEIVES

As part of their briefing, supervisors will receive publicly available information that is relevant to the pharmacist being supervised.

Other information may be provided, depending on the constraints of confidentiality in each particular case.

CRITERIA FOR APPROVING A SUPERVISOR

The following criteria will be taken into account when considering whether or not to approve a supervisor:

1. A supervisor should be experienced in the relevant area of practice i.e. community, hospital, compounding.
2. A supervisor:
 - a) Should be a registered pharmacist and be in active pharmacy practice.

- b) Should not be the subject of current investigation, assessment, inquiry or proceedings in relation to conduct, health or performance matters.
 - c) Should not have conditions imposed on his/her registration.
 - d) Should not have been the subject of an adverse finding in previous disciplinary proceedings, regardless of whether or not his/her registration remains subject to conditions.
3. Supervisors must consent to undertaking the role of supervisor.
 4. A supervisor must be willing to provide feedback to the Council, in a prescribed format (template provided by the Council) and at the frequency stipulated by the supervision requirements. The supervisor should provide sufficient information to the Council to enable the Council to determine whether the pharmacist being supervised has met his/her supervision requirements.
 5. A supervisor must be prepared to notify the Council of any immediate concerns in relation to the supervised pharmacist's compliance with the supervision requirement, or in relation to the pharmacist's conduct, performance or health, or if the supervisory relationship ceases.
 6. The relationship between supervisor and supervised pharmacist should be at a purely professional level:
 - a) A supervisor must not be a relative, partner or close friend of the supervised pharmacist.
 - b) A supervisor must not be the practitioner's Council-approved mentor.
 - c) Consideration should be given to relationships that might impact on the supervisor's ability to supervise the practitioner. Examples of such circumstances may include:
 - Relationships where there is a close social interaction;
 - Power imbalance within the relationship;
 - Financial/business relationship;
 - Employment relationship.
 7. In view of the commitment required, a supervisor should generally not supervise more than one pharmacist at a time.

Nominees who do not meet these criteria may not be approved.

The Council may withdraw a supervisor's approval if a supervisor ceases to meet the criteria set out above or if the supervisor fails to diligently perform the supervisory role.

IMPLEMENTATION OF THE POSITION STATEMENT

This Position Statement will be published on the Council's website, provided to pharmacists when a supervision condition is imposed, and provided to nominee supervisors. It should be read in conjunction with the Council's Compliance Policy - Supervision.

ATTACHMENTS

- Supervisor nomination form.

Nominated Supervisor Consent Form

Please return completed form with a brief CV to the Pharmacy Council of NSW
Attention: Nina Beeston either by **Fax:** 02 9281 2030 or **Email:** mail@pharmacycouncil.nsw.gov.au

Name: [FULL NAME]	Council ID: #	AHPRA Registration Number: PHY#
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Please strike out the option that does not apply:

1. I **do / do not** accept [PHARMACIST'S NAME] nomination of me as [his/her] supervisor.

If you do accept, please complete the following:

2. I have read the Pharmacy Council of NSW's Compliance Policy - Supervision Supervisor Approval Position Statement, and believe I meet the requirements to supervise [pharmacist's name] in accordance with this Policy and condition/s [X].
3. I will immediately notify the Pharmacy Council if I have any concerns about [pharmacist's name] compliance with conditions, or his/her conduct, performance or health, or if the supervisory relationship ceases.
4. I am a registered pharmacist (please answer the following questions):
- | | | |
|-----|---|------------------|
| (a) | Are you in active pharmacy practice? | Yes / No |
| (b) | Are you the subject of current conduct, health or performance investigation(s) or proceeding(s)? | Yes* / No |
| (c) | Do you have any conditions imposed on your registration? | Yes* / No |
| (d) | Have you been the subject of an adverse finding in previous disciplinary proceedings? | Yes* / No |
| (e) | Are you currently supervising any other practitioners? | Yes* / No |
| (f) | Are you aware of any relationship/association with [pharmacist's name] that may impact on your ability to supervise him/her (see Criteria 6 in Approval Statement)? | Yes* / No |

** Please provide further details if you answered Yes to questions 4 (b), (c), (d), (e) or (f).*

5. I wish to make a submission. (Optional)
6. I have enclosed a copy of my CV. **(Required)**

Signed: _____

Date: _____

Print Name: _____	Address: _____
Position: _____	_____
AHPRA Registration Number: _____	_____
Email Address: _____	Phone number: _____