

Practice Plan Aboriginal and Torres Strait Islander Health Practitioner

Health (Drugs and Poisons) Regulation 1996 Version 1.0

Purpose

The purpose of this Practice Plan is to provide a framework for the clinical practice, supervision, and the utilisation of scheduled medicine authorities of the Aboriginal and Torres Strait Islander Health Practitioner in Queensland. The Aboriginal and Torres Strait Islander Health Practitioner and the clinical supervisor who is primarily responsible for supervising the Aboriginal and Torres Strait Islander Health Practitioner's practice will together develop the Practice Plan to define the practitioner's individual scope of practice specific to their employed position.

The Practice Plan template is in an approved form and must not be changed. All sections must be completed in full. Additional documents may be attached as addendum.

Completion of the Practice Plan in the approved form is required under the *Health (Drugs and Poisons) Regulation 1996* for Aboriginal and Torres Strait Islander Health Practitioners to lawfully use scheduled medicines authorities under the *Health (Drugs and Poisons) Regulation 1996* in accordance with the Drug Therapy Protocol - Aboriginal and Torres Strait Islander Health Practitioner Isolated Practice Area.

Offences and penalties under the *Health (Drugs and Poisons) Regulation 1996* will apply if the Aboriginal and Torres Strait Islander Health Practitioner uses scheduled medicines without a completed and current approved Practice Plan.

The Guide to completing the Aboriginal and Torres Strait Islander Health Practitioner Practice Plan is to be used to assist in the development process.

Personal information collected by the employing service provider is handled in accordance with:

- For Queensland Hospital and Health Services the Information Privacy Act 2009 (Qld).
- For Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHS) the Privacy Act 1998 (Cth).

Privacy Notice – (an ACCHS is to delete the section below and insert a Privacy Notice in line with the organisation's Privacy Policy)

Personal information collected by the Department of Health and Hospital and Health Services is handled in accordance with the *Information Privacy Act 2009 (Qld)*. By you completing the Practice Plan in the approved form, the employing Hospital and Health Service is collecting your personal information in accordance with the *Health (Drugs and Poisons) Regulation 1996*.

The completion of the Practice Plan is required for Aboriginal and Torres Strait Islander Health Practitioners to lawfully use scheduled medicines authorities under the *Health (Drugs and Poisons) Regulation 1996* in accordance with the Drug Therapy Protocol - Aboriginal and Torres Strait Islander Health Practitioner Isolated Practice Area. Offences and penalties under the *Health (Drugs and Poisons) Regulation 1996* will apply if the Aboriginal and Torres Strait Islander Health Practitioner uses scheduled medicines without a completed and current approved Practice Plan.

All personal information will be securely stored and only accessible by appropriately authorised Department of Health and Hospital and Health Service employees or their agents. The personal information recorded in the Practice Plan will only be made available to:

- The individual Aboriginal and Torres Strait Islander Health Practitioner as a record of their individual scope of practice and for their communication purposes.
- Clinicians with supervisory responsibility for the individual Aboriginal and Torres Strait Islander Health Practitioner's
 practice to inform the expectations and requirements of the supervisory relationship.
- The individual Aboriginal and Torres Strait Islander Health Practitioner's operational manager to inform workload management, professional supervision and support.
- The Hospital and Health Service delegate/s with responsibility for the endorsement of the Practice Plan, and supporting administration staff, for the purposes of the endorsement of the Practice Plan.
- Other employees of the Hospital and Health Service as required for the delivery of relevant services, for quality improvement activities, and to inform Aboriginal and Torres Strait Islander Health Practitioner education.
- Individuals engaged by the Department of Health and/or the employing Hospital and Health Service to undertake the evaluation of the Aboriginal and Torres Strait Islander Health Practitioner role in Queensland.



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Personal information recorded in the Practice Plan will not be disclosed to any third parties without the consent of the Aboriginal and Torres Strait Islander Health Practitioner, unless required or authorised by law.

For information about how the Department of Health and Hospital and Health Services protect your personal information and your rights to access your own personal information, please refer to the Queensland Health website at www.health.qld.gov.au.

Clinical Governance

1. Practice Plan Date

This Practice Plan will be reviewed at least every 12 months.

The Aboriginal and Torres Strait Islander Health Practitioner Practice Plan will be used in accordance with the Aboriginal and Torres Strait Islander Health Practitioner Clinical Governance Guideline and relevant legislation, regulation, policy, drug therapy protocols and health management protocols.

The Practice Plan may also be reviewed at any time including following a change in registration status, change of practice scope required by the employer or the completion of additional qualifications and/or experience, as agreed between the clinical supervisor and Aboriginal Torres Strait Islander Health Practitioner.				
Start Date:		Review Date:		
Review Date:		Review Date:		
2. Personal details				
Record details of the Aboriginal and Torres S supervisor and operational manager.	Strait Islander Health	Practitioner for whom this Practice Plan is written, their clinical		
Practitioner name:				
Practitioner contact:				
Primary Practice Location/s:				
Registration Number:				
Registration Conditions/Undertakings/Notations:	N/A □			
Qualifications:				
Clinical supervisor name:				
Clinical supervisor position title:				
Clinical supervisor contact:				
Operational manager name:				
Operational manager position title:				
Operational manager contact:				



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3. Individual scope of practice		
The Aboriginal and Torres Strait Islander Health Practitioner and clinical supervisor will discuss and determine the individual scope of practice, based on job description, competencies, authorisations, and the health care setting.		
n this section, outline the broad parameters defining the practitioner's scope of practice. This is not intended to be a complete lis f activities or responsibilities, but should be indicative of the types of activities that the practitioner may perform in their position.		
4. Clinical supervision and consultation arrangements		
Clinical supervision can range from direct/personal to indirect, and the level of clinical supervision required will be appropriate to the level of risk of the activity, the health care setting, and the capabilities and competency of the practitioner. The Aboriginal and Torres Strait Islander Health Practitioner is responsible and accountable for making a professional judgement about when an activity is beyond their capability or education, and for initiating consultation with their clinical supervisor and other members of the health care team as appropriate.		
If the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia has required a period of supervised practice as a condition of registration, arrangements for supervised practice must meet the board's Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners.		
In this section, outline the agreed consultation and supervision arrangements that will be in place for the implementation period of the Practice Plan.		
Are there activities that require direct/personal supervision (i.e. direct observation)? Yes □ No □		
Details of the activity that will be undertaken only under direct supervision:		
Are there activities where indirect supervision is acceptable?		
(i.e. Where the clinical supervisor is accessible but not directly observing practice) Yes No		
Details of the activity that can be undertaken under indirect supervision:		
A stiritulaire une stance of the tellurary menuine immediate consultation and with rub and		
Activity/circumstances that always require immediate consultation and with whom:		
Activity that will be undertaken only after consultation and with whom:		
Tourney that will be and of taken only also beneather and with whom:		



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A clinical supervisor with primary responsibility for supervising the Aboriginal and Torres Strait Islander Health Practitioner's practice will have the clinical leadership skills to support the supervision, clinical review, and professional development of the Aboriginal and Torres Strait Islander Health Practitioner. It will be necessary to discuss the supervision arrangements and the clinical review structure to agree the most appropriate and transparent processes for the duration of the Practice Plan

Aboriginal and Torres Strait Islander Health Practitioner. It will be nec clinical review structure to agree the most appropriate and transparent pr	
 Additional Information: clinical supervision structure, including frequency of meet arrangements for access to consultation and supervision 	
5. Scheduled medicines and poisons use – Isolate	ed Practice Areas only
Aboriginal and Torres Strait Islander Health Practitioners working in Hos Islander Community Controlled Health Services within defined isolated Health (Drugs and Poisons) Regulation 1996 in accordance with the Dru Health Practitioner Isolated Practice Area and the Practice Plan to:	d practice areas*, are authorised under the Queensland
 Administer and supply S2 and S3 poisons 	
 Obtain and possess S4 restricted medicines and S8 controlled r 	
 Administer and supply S4 restricted medicines on the oral or writer 	itten instruction of a doctor, nurse practitioner or dentist
 Administer S4 medicines in an emergency 	
 Administer S4 fluoride varnish if oral health is in scope 	
 Administer S8 controlled medicines on the oral or written instruction. 	ction of a doctor or nurse practitioner
in line with relevant health management protocols.	
(*as defined in the Health (Drugs and Poisons) Regulation 1996)	
This authority will be utilised only within the context of the practition	
Individual practice must be within any conditions, undertakings, accordance with the practitioner's assessed competence.	or notations on the practitioner's registration and in
In this section, tick the appropriate response and provide additional interpretations on practice is to be outlined in Section 6.	formation, if required. Additional information in relation to
S2 and S3 scheduled poisons	Administer □ Supply^ □ With restrictions □
S4 scheduled medicines~ Obtain □ Possess □	Administer □ Supply^ □ With restrictions □
~ Specify if to Administer (not suppl	ly) fluoride varnish ☐ (only if in scope in Section 3)
S8 scheduled medicines: Obtain □ Possess □	Administer □ With restrictions □
Process to obtain an instruction to administer or supply and how a	a record of who gave the instruction is to be made:



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Additional Infor	mation:	
^Note Aboriginal	l and Torres Strait Islander He	ealth Practitioners may not supply in Weipa Town Authority
TVOIO TIDONGINA	and romos chair lolandor m	Salar Fradutionor may not dapply in Worpa Fown Flationty
6. Individua Areas or		luled medicines and poisons restrictions – Isolated Practice N/A □
For an individual	practitioner, the following ad	Iditional scheduled medicines and poisons restrictions apply:
Medication Schedule	Name of drug	Nature of restriction e.g. level of supervision required; clinical setting; patient type
Schedule 2		
Schedule 3		
Schedule 4 Restricted		
Schedule 8 Controlled		
Johnsoned		



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7. Practice referrals				
The Aboriginal and Torres Strait Islander Health Practitioner and clinical supervisor will discuss and agree an appropriate referr processes, considering the individual scope of practice of the practitioner and the clinical setting (including referral following or health assessment and/or treatment). The clinical assessment process for determining the need for referral is outlined in the relevant health management protocol.				
In this section, outline the local referral processes that should be	e followed.			
Agreed referral process/pathway (including for seriou	is, severe and/or deteriorating health conditions):			
8. Supervision of Aboriginal and Torres Stra	ait Islander Health Practitioner students N/A			
Aboriginal and Torres Strait Islander Health Practitioners may provide clinical and practice supervision for Aboriginal and Torres Strait Islander Health Practitioner students* during the completion of their training within the workplace. Supervision may only be provided for student practice that is within the Aboriginal and Torres Strait Islander Health Practitioner's individual scope of practice. *Under the Health (Drugs and Poisons) Regulation 1996, a student is defined as a 'trainee' In this section, identify if the Aboriginal and Torres Strait Islander Health Practitioner (for whom this Practice Plan is written) may				
supervise students and the scope of the supervision to be provi				
Settings in which student supervision may be provide	ea:			
Activities for which student our amining many be used	id-d-			
Activities for which student supervision may be provi	aea:			
Can the Aboriginal and Torres Strait Islander Health Practitioner provide direction to an Aboriginal and Torres Strait Islander Health Practitioner 'trainee' for the possession of scheduled medicines, in line with the individual practitioner's scope as outlined in this Practice Plan (including sections 5 and 6):	Can the Aboriginal and Torres Strait Islander Health Practitioner provide personal supervision to an Aboriginal and Torres Strait Islander Health Practitioner 'trainee' in the administration of scheduled medicines and poisons, in line with the individual practitioner's scope as outlined in this Practice Plan (including sections 5 and 6):			
	Schedule 2 Yes □ No □			
	Schedule 3 Yes □ No □			
Schedule 4 (Restricted) Yes □ No □	Schedule 4 (Restricted) Yes □ No □			
(Fluoride varnish Yes □ No □)	(Fluoride varnish Yes □ No □)			
Schedule 8 (Controlled) Ves D No D	Schedule 8 (Controlled) Yes □ No □			



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9. Agreement					
Aboriginal and Torres Strait Islander Health Practitioner name:					
I understand and agree to all infor	mation within this Practice Plan Yes	No □			
I have read and accept the Privac	y Notice Yes □	No □			
I consent to this information being evaluation purposes as outlined in	used for supervision, service delivery, quality improvement, education and the Privacy Notice Yes	No □			
Signed:	Date:				
	Date:				
	Date:				
Clinical supervisor name:					
I understand and agree to all information within this Practice Plan		No □			
Signed:	Date:				
	Date:				
	Date:				
Endorsing organisational delegate name:					
I understand and agree to all infor	mation and endorse this Practice Plan Yes	No □			
Organisational delegate title:					
Signed:	Date:				
10. Addendum:					
1					
2					
11.Guiding Legislation, Protocols and Guidelines					
	ulation and governance for the Aboriginal and Torres Strait Islander Health Practition of the practice scope in this Practice Plan. (Links to be inserted)	oner and			
Queensland state-wide:					
Guide to completing the Aborigina	al and Torres Strait Islander Health Practitioner Practice Plan				
Queensland Health Aboriginal and	d Torres Strait Islander Health Practitioner Clinical Governance Guideline				



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Drug Therapy Protocol – Aboriginal and Torres Strait Islander Health Practitioner Isolated Practice Area

Drug Therapy Protocol – Communicable Diseases Program

Drug Therapy Protocol – Pandemic Influenza Program

Primary Clinical Care Manual

Fluoride Varnish Health Management Protocol for Aboriginal and Torres Strait Islander Health Practitioners in Isolated Practice Areas

Chronic Conditions Manual: Prevention and Management of Chronic Conditions in Australia

Queensland Health Certified Written Policy: Packing of repacking of scheduled medicines in rural hospitals or isolated practice areas

Other (may include local protocols and guidelines):