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Introduction

The purpose of this section is to provide guidance for nurses working in the specialty area of sexual and reproductive health, their employers and providers of education.

Sexual and reproductive health (SRH) nursing officers (NOs) are at the forefront of providing SRH care in Queensland. Their role is considered to be an advanced specialist nursing stream and this document can be used as a framework to guide development from entry to practice in this specialty area and encompasses the beginner practitioner the advanced SRH NO and the SRH Nurse Practitioner.

This section includes relevant information and documents that can be used to:

1. guide the practice of NOs working in sexual and reproductive health (SRH) in Queensland
2. inform practice under the Drug Therapy Protocol – Sexual Health Program Nurse (including Reproductive Health) (DTP-SHPN).
3. guide development of education and clinical training courses
4. guide development of education courses leading to Sexual Health Program Nurse (SHPN) Authorisation

This section of the document includes links to the following documents:

   
   This document can be used in conjunction with the annual Queensland Health generic Performance Appraisal Document (PAD) to provide a framework for recording of individual performance and assessments in the SRH context and to assist in guiding peer review processes, identifying areas of practice where further training and on going professional development are required and the creation of personal development plans for SRH NO.

   
   This document provides the provisions, under Chapter 3, Part 3, s175(4) and Chapter 4, Part 3, s263(4) of the Health (Drugs and Poisons) Regulation 1996, by which appropriately trained and authorised Registered Nurses (or for the purposes of these Guidelines Nurse Officers) in Queensland can administer or supply the restricted drugs and scheduled poisons listed in Appendix 1 of the DTP-SHPN in accordance with the conditions of a Health Management Protocol (HMP) that meets the minimum requirements listed in Appendix 2 of the DTP-SHPN and is approved by their employer.

A Health Management Protocol (HMP) details the conditions for clinical use, administration and supply of the approved drugs listed in Appendix 1 of the DTP-SHPN and must be in the possession of any NO practising under the DTP-SHPN authorisation. See DTP-SHPN section for more details. Section 4 and 5 of these guidelines represent one of the approved HMPs for practice under the DTP-SHPN.
Definition of a sexual and reproductive health program

The term ‘sexual health program’ is referred to in Sections 175 (4) and 263 (4) of the Health (Drugs and Poisons) Regulation 1996. In reference to the DTP-SHPN, a sexual health program means:

(a) Sexual or reproductive health program carried out by a hospital and health service; or
(b) A certified sexual or reproductive health program.

Queensland Health sees it necessary to further define the term sexual or reproductive health program to ensure that both DTP-SHPN authorised NO and non-authorised NOs have access to the resources, peer support and skills necessary to support their practice in accordance with the Health (Drugs and Poisons) Regulation 1996, other relevant legislation and the DTP-SHPN requirements.

A sexual or reproductive health program has been defined to provide a benchmark for sexual health service planning, development, evaluation and performance management. Outlining minimum criteria for services provides a guideline for service planning to Local Hospital and Health Services and other relevant programs.

Defining the term also aims to describe what individuals, community and health care providers should be able to expect from a sexual health service, ensuring that people have prompt and convenient access to consistent, equitable and high quality sexual health care.

It is recommended that at a minimum, a sexual or reproductive program:

1. delivers a comprehensive multi-faceted service to meet a range of sexual and/or reproductive health needs, involving primary care and specialised services which provide integrated care pathways, informed client choice and consistent quality of care, including:
   - care and/or treatment for STIs including HIV;
   - screening and early detection of STIs, HIV, viral hepatitis and other sexual and reproductive health related conditions;
   - contact tracing;
   - sexual health promotion and community education;
   - protection of children, young people and at risk populations;
   - specialised training, professional development and consultancy for health care workers;
   - research;
   - collection of surveillance data.
2. provides services that foster teamwork and collaboration and have established pathways of consultation to a multidisciplinary team, including:
   - Infectious Disease Consultants;
   - Sexual health physician or Medical Officer (MO) with SRH post graduate specialised skills;
   - Sexual health and HIV Nursing Officers with specialised SRH post graduate skills;
   - Sexual health counsellors and allied health;
   - Pharmacists;
   - Aboriginal and Torres Strait Islander Sexual Health Workers;
   - Peer workers.

3. ensures prompt access to effective evidence based best practice, in the diagnosis, management and ongoing care of STIs, HIV/AIDS, hepatitis B and C and related reproductive health care issues;

4. enhances sexual and emotional wellbeing and helps reduce the risk of sexually transmissible infections, blood borne viruses and unwanted pregnancy to individuals and communities;

5. addresses local needs, reduces inequalities in sexual health, reaches marginalised groups and promotes action to encourage service uptake and targets high need communities across a range of health and community settings;

6. promotes individuals and community empowerment, collaboration and involvement in service planning, development and evaluation;

7. assists staff to develop skills in communication and provides a framework of equality and non-discriminatory services that support acceptance and awareness of sexual, cultural and racial diversity including social, psychological and cultural issues;

8. provides access to competency based professional development, training and assessment for staff and trainees;

9. ensures achievement and maintenance of core skills and knowledge essential for best practice specialised sexual and/or reproductive service provision in accordance with legislation.

Note:

If access to resources and/or multidisciplinary team members limits a service’s ability to meet the above mentioned criteria such as in the case of NO led services and/or rural and isolated practice settings, services should ensure that internal policy and/or procedures are in place to support scope of practice.

Such services should also ensure that communication and consultation pathways are established with other services to support practice and provision of consistent quality client care.
Definition of nursing roles

Beginner sexual and reproductive health nursing officer

Beginners are defined as having no experience of the situations in which they are expected to perform.\textsuperscript{2} Therefore the Beginner sexual and reproductive health NO can be described as a NO who is able to perform generalist nursing practices competently but is limited in their level of specialist knowledge and the range of skills they can perform in the area of sexual and reproductive health.

Though not an expert, a Beginner should be able to demonstrate competence in the level of behaviour and knowledge typical of a NO that is new to that area of practice.

The ANMC (2005) National Competency Standards for the Registered Nurse describe the attributes and performance required by all NOs in Australia but essentially describe those of a beginner. It is expected that all NOs should be able to meet these competencies no matter where or when they were educated, how long they have been a NO or in which setting they are practising.

The beginner sexual and reproductive health NO level of skill and knowledge will develop over time. As they gain experience and education in the specialty area of sexual and reproductive health nursing practice, a beginner will progress along the continuum towards expert.\textsuperscript{2}

With ongoing experience and education the NO will continue to develop a greater depth and breadth of knowledge and increasingly complex expertise in the speciality area and progress towards achieving competence as an Advanced Practitioner in sexual and reproductive health nursing.\textsuperscript{3}
Advanced sexual and reproductive health nursing officer

An Advanced practice nurse is a registered nurse who has acquired an expert knowledge base, complex decision making skills and clinical competence that allows them to practise in an expanded more autonomous scope of practice. Advanced practice nursing defines a level of nursing practice that uses extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the nursing care required. Nurses practising at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience applied in the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making.

This nursing role fulfils an essential function within the Australian health care system because they are capable of working independently; initiating the care process, as well as in collaboration with other health care professionals.

The role and responsibility of an advanced practice nurse is defined by scope of practice in accordance with relevant legislation and guidelines and includes, but is not limited to, competence to perform physical examinations, interpret laboratory results and determine treatment pathways including the supply and administration of approved drugs in complex situations. The Royal College of Nursing Australia outlines that an advanced practice nurse should:

- demonstrate mastery in all aspects of care, in evaluating protocols of practice and standards of nursing care including conducting comprehensive advanced assessments of individual, families, and communities;
- use communication, counselling, advocacy and interpersonal skill and knowledge to initiate, develop, and discontinue therapeutic relationships;
- initiate and coordinate intervention, including education for individuals, families and communities for their health protection, health promotion, and disease prevention;
- demonstrate high levels of critical analysis, problem solving and decision making in order to apply and adapt advanced skills in complex and/or unstable environments;
- serve as role models for their colleagues and the community by accepting accountability and responsibility for advanced professional judgement, actions and continued competence;
- utilise research findings, evaluate the quality of research and its relevance to practice, identify gaps in existing knowledge, and initiate and contribute to research to promote evidence-based nursing practice;
- consult with, and provide expert advice to, multidisciplinary committees and other health care providers to advance professional practice and the profession;
- provide leadership by articulating the rationale for innovation in nursing practice and responding to, and advocating for, the needs of the patients/clients and the community;
• engage patients/clients and community in health service planning and delivery;
• should be qualified at Masters degree level with some form of ‘grandparenting’ provision in the interim for those with graduate level qualifications who demonstrate competence and commitment to continuing professional development;
• undertake regular review of personal practice through peer review and other mechanisms against defined standards of competence for advanced practice nurses with additional specific competencies relevant to the context of practice as necessary;
• should demonstrate commitment to continuing professional development;
• develop a collaborative model of care with medical practitioners and other health professionals;
• include the family, carers or significant others of the patient/client in a plan of care; and
• participate in local and national policy making, in concert with professional organisations, to influence equitable health care and the maintenance of the advanced nursing practice role.

Qualities required to practise at an advanced SRH nurse level
An advanced practice sexual and reproductive health NO is therefore an NO who is an expert in the field of SRH nursing practice who can demonstrate:

• advanced level of theoretical knowledge and experience;
• educational preparation with postgraduate qualifications;
• advanced and expanded competence in clinical practice including ability to:
  o determine best practice in the comprehensive management of client care
  o assess and address variables that might influence client care and service delivery
  o interpret objective and subjective data and choose optimal therapeutic intervention(s)
  o foresee responses to health, illness and nursing interventions
  o provide care in a variety of settings and levels of complexity;
• a high degree of autonomous and independent practice;
• ability to integrate research, critical analysis, problem solving and complex decision making into practice;
• leadership and professional standards that influence and progress practice, service delivery and policy in a collaborative manner through all levels of health service;
• critically analyse and reflect on their own practice and recognise areas requiring professional development;
• ability to develop and initiate ongoing professional development of self and others;
• participation in the advancement and promotion of sexual and reproductive health nursing;
• ability to accept responsibility for complex clinical, managerial, educational or research situations with a focus on outcomes for individuals and groups;
• leadership and the ability to initiate change while practising comprehensively as an interdependent team member.

Core Skills of an Advanced SRH Nurse
A DTP-SRHN should be able to demonstrate advanced knowledge and clinical decision making skills in relation to the management of STIs, BBVs and related SRH conditions and meet the following core skills:
• knowledge of epidemiology and natural history of sexually transmissible infections, blood borne viruses and associated infections and conditions;
• advanced communication skills necessary for conducting a comprehensive sexual health history and risk assessment and formulation of appropriate nursing management plans;
• advanced clinical problem-solving and decision-making in the diagnosis, treatment and management of sexually transmissible infections (STIs) and sexual health related issues within the scope of nursing practice;
• advanced competency in comprehensive assessment of clients’ medication needs;
• understanding of, and expert ability to apply Public Health aspects in STI prevention and control strategies;
• advanced knowledge and understanding of the impact of culture, society, attitudes and personal beliefs on sexual health, sexual behaviour and sexuality;
• expert ability to integrate critical analysis and evidence informed practice into the formulation of sexual health practice including an awareness of cultural beliefs and practices and their effects on preferred treatment options;
• ongoing professional development of relevant practice skills in accordance with best practice, emerging issues and changing nursing frameworks, Competency Standards and Guidelines of Practice specific to sexual and reproductive health nursing to ensure the delivery of best practice and support continuous quality improvement of the nursing profession.

Advanced practice nurses are experienced and competent health professionals involved in assessing nursing requirements and making nursing diagnoses for consumers. The clinical practice of the advanced practice nurse is logically derived from a theoretical base, grounded in evidence, and is applicable to health care practice in primary, secondary and tertiary settings in all communities. The role also encompasses the dimensions of education of individuals, families, communities and peers; mentorship; leadership; management and research participation. 12
These advanced practice qualities and skills are also qualities and core skills necessary to practice under the Drug Therapy Protocol – Sexual Health Program Nurse Authorisation framework.

Advanced practice nursing forms the basis for the role of nurse practitioner. The nurse practitioner role is an expanded form of advanced practice nursing which is specifically regulated by legislation and professional regulation.

**Sexual and reproductive health nurse practitioner**

A Nurse Practitioner is a registered nurse educated and authorised to function autonomously and collaboratively within a multidisciplinary team in an advanced and extended clinical role. The Nurse Practitioner role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, referral to other health care professionals, prescribing medications, and ordering diagnostic investigations. The Nurse Practitioner role is grounded in nursing professional values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise.

Nurse practitioners are regulated through the National Scheme under the authority of the Board. Under section 38 of the National Law, the Board has developed the registration standard on endorsement of nurse practitioners. This registration standard describes the requisite qualification and experience required for endorsement as a nurse practitioner.

The authority of the nurse practitioner is derived from a legislative and regulatory framework. Nurse practitioner means a nurse whose registration has been endorsed by the Board as a nurse practitioner under section 95 of the National Law. A nurse practitioner is a registered nurse who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management using nursing knowledge and skills. The role may include, but is not limited to, the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations. The role is grounded in the nursing profession’s values, knowledge, theories and practice, and provides innovative and flexible health care delivery that complements other health care providers.

The Health (Drugs & Poisons) Regulation 1996 (Queensland) (Sections 67(4), 175(5) & 263 (5)) authorises NPs, endorsed in Australia under the Health Practitioner Regulation National Law 2009, to prescribe and give written and oral instructions for the administration/supply of medications according to a Drug Therapy Protocol. The Drug Therapy Protocol - Nurse Practitioner (DTP-NP) outlines the conditions under which a NP may prescribe and give oral and written instructions for the administration or supply of medications.

The Drug Therapy Protocol for Nurse Practitioners (DTP-NP) applies to all nurse practitioners in the public and private sector who:

- Hold a current endorsement as a nurse practitioner under the Health Practitioner Regulation National Law 2009.
• Are employed in practice as a nurse practitioner in Queensland.

In order for nurse practitioners to prescribe medications and act under the new DTP-NP a Practice Scope of the Nurse Practitioner (Practice Scope) must be completed and approved. This Practice Scope is a legal document which provides additional detail around health service setting, service capability and scope of practice of the nurse practitioner position.

Note: All endorsed NP Health Management Protocols will remain valid (for the duration of their approval) from the 31 January 2011 until all nurse practitioners are transitioned under the new DTP-NP. The Practice Scope will replace the Health Management Protocol (HMP).

Amendments to Schedule 3A (Authorised Persons) of the Radiation Safety Regulation 1999 allow nurse practitioners to request plain film diagnostic radiography under the diagnostic radiography protocol.⑥

The DTP-NP is applicable to all nurse practitioners regardless of the clinical area of work. Health Management Protocols developed to support the DTP-NP are specific to the clinical conditions managed by the NP and delineate the medications used by the NP.⑥

**NP Scope of Practice**

The scope of practice for each Nurse Practitioner is determined by the context in which the Nurse Practitioner is authorised to practice.①,⑥ The nurse practitioner’s scope of practice is reflected in the ANMC (2006) National Competency Standards for the Nurse Practitioner.①,⑤ The core role of nurse practitioners is characterised by complexity, breadth and depth of practice in three domains of practice identified in the competency standards. These include: Dynamic Practice, Professional Efficacy, and Clinical Leadership.

Each nurse practitioner’s scope of practice is highly individual and context specific. The Nursing and Midwifery Board of Queensland (NMOQ) approves Queensland NP Practice Scope documents. Every NP in Queensland must practice under a Practice Scope that ‘...relates to the position in which the NP is employed and describes the model of care.’ The Practice Scope may be used by more than one NP in the same specialist service. Aspects of practice that may vary between nurse practitioners include the medications they may prescribe, referral practices and procedures allowed within their ‘scope of practice’.

The Australian Nursing and Midwifery Council outline the nurse practitioner competency standards and the Australian Health Practitioner Registration Authority (AHPRA) details the regulation of nurse practitioners.

The sexual health nurse practitioner will focus on developing, implementing and evaluating innovative and expanded nursing service delivery to increase access to sexual health care by people at high risk of sexually transmitted infections and blood borne viruses. This will require developing cooperative partnerships with government and non-government organisations on behalf of local Sexual Health Centres. The position will be required to remain flexible to enable effective responses to evolving national and state strategic priorities in sexual health.

Nurse practitioners in public health services may:
• refer clients to other health care professionals within the public health service;
• prescribe and give written and oral instructions for the administration/supply of medications according to a Drug Therapy Protocol (DTP) and PBS NP allowed medicines;
• request pathology tests as relevant to assist with client management. Nurse practitioners working for Queensland Health are set up as ‘Requesters’ on the Auslab system;
• request plain film diagnostic radiography as relevant to the patient condition being assessed/treated;
• request diagnostic ultrasound as relevant to the patient condition being assessed/treated;
• participate in clinical leadership and mentoring.

Each Hospital and Health Service is expected to manage the new and ongoing credentialing and scope of clinical practice process for each NP. This is detailed in the QH Implementation Standard- ‘Application process for credentialing and defining the scope of clinical practice for Nurse Practitioners.’

For the protection of the public it is essential that a nurse practitioner, currently practising in this role, has professional indemnity cover appropriate to their area of practice. Nurse practitioners working for Queensland Health will be indemnified according to IRM 3.8-3.

Nurse Practitioner Candidate

A Registered Nurse enrolled in an accredited university program leading to endorsement as a nurse practitioner can obtain a position as a NP Candidate. In this role they continue to work in their substantive position or at the discretion of their local Health Service ‘be employed in a Clinical Nurse Consultant role while they undertake their nurse practitioner studies.

The Queensland Health role statement for this position is ‘a Clinical Nurse Consultant is a registered nurse appointed to that position who is accountable at an advanced practice level for delivering advanced clinical nursing within an expanded scope of practice’.

The nurse appointed to this position may be enrolled in an accredited university program which will lead to endorsement as a nurse practitioner and, as such, will be under the supervision of an approved clinical mentor.

Courses preparing registered nurses for the nurse practitioner endorsement are at a master level and are accredited by the Australian Nursing and Midwifery Accreditation Council.
For more information about NP in Queensland
Nursing and Midwifery Office Queensland

  Credentialing and defining the scope of clinical practice for NP; Implementation Standards

Nursing and Midwifery Board of Australia:
Scope of practice
Scope of practice describes the procedures, actions and processes that a licensed/registered nurse is permitted to perform in the context of practice. Guided by legislation and policy it provides boundaries for practice by determining the skills and roles that a licensed nurse is authorised to perform.

Scope of practice of SRH Nursing
The scope of practice for SRH Nurses is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within this specialty area are educated, competent and authorised to perform. 14,17

Their scope of practice is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

Scope of practice of an individual SRH Nurse
The scope of practice of an individual SRH Nurse is that which the individual is educated, authorised and competent to perform. The scope of practice of an individual SRH nurse may be more specifically defined depending on their level of competence, education and qualifications of the individual nurse; and, service providers’ policies and the context in which they practice. For example Advanced Practice SRH Nurses may be required to update or increase their knowledge, skills or competence to practise within the full scope of practice with the Queensland DTP-SHPN Authorisation context. 14,17

A nurse’s scope of practice is also guided by their professional boundaries. 13
The ANMC National Framework for the Development of Decision Making Tool and Summary Guide can be used to reflect on current scope of practice and potential for expansion and change. 17 The Framework complements the key characteristics of accountability for practice, advocacy, autonomy and collaboration, and supports accountability when individuals use their professional discretion to make scope of practice decisions.

Scope of practice in relation to these guidelines
NOs are not expected to have the clinical expertise or skills to perform every clinical practice outlined in this manual.
NOs are responsible for identifying their scope of practice and practising within it.
A NO’s level of competence and scope of practice should also be determined in consultation with their employer, line manager and/or clinical supervisor.
Employers, line managers and/or clinical supervisors are then responsible for providing appropriate clinical support, training and supervision to assist the NO to achieve and maintain the necessary skills, knowledge and aptitude to practice competently within this defined scope of practice.

These guidelines do not apply to the treatment of children. A Medical Officer should be consulted regarding clients <14 years old.
Nurses must be aware of relevant competency standards and have a responsibility to work within their scope of practice.
Competence

Competence is the combination of knowledge, skills, attitudes and values necessary for you to practise at an acceptable standard. It is the combination of these skills, knowledge, attitudes and values that underpin effective nursing performance in the individuals' area and context of practice. A nursing officer (NO) is deemed competent when they possess the skills and abilities required for lawful, safe and effective professional practice without direct supervision.

NOs authorised under the DTP-SHPN must continue to demonstrate competence and be accountable for operating within their scope of practice.

Employers have an obligation to ensure SRH NOs maintain their competence to practise in accordance with:

- The guidelines of this document.
- Drug Therapy Protocol- Sexual Health Program Nurse (including reproductive health) DTP-SHPN
- Relevant approve Health Management Protocol
- Internal practice and policy of individual sexual and reproductive health services.

Continuing competence

It is important to keep knowledge in sexual and reproductive health up-to-date. The employer should also provide an environment which supports ongoing learning and evaluation of practice standards and competence.

The ANMC define Continuing Competence as ‘The ability of nurses and midwives to demonstrate that they have maintained their competence to practice in relation to their context of practice.’

The Australian Nursing and Midwifery Council (ANMC) have developed a framework to help NOs systematically evaluate their practice against relevant competency standards, identify development and learning needs and demonstrate their continued competence.

The Continuing Competence Framework was published by the ANMC in February 2009 and can be accessed at http://www.anmc.org.au/userfiles/file/competency_standards/Competency_standards_RN.pdf
Assessing competence
Assessment of competence determines the extent to which you achieve and maintain desired skills, knowledge, attitudes and understanding, and effectively apply these in the practice setting.
Using standard competency assessment guidelines, in conjunction with practice guidelines, ensures transferability of skills, knowledge, attitudes and understanding required to provide competent sexual and reproductive health care.
Assessment of competence is recommended in accordance with the ANMC Continuing Competency Framework, employer requirements and in the following circumstances:

1. **Employee in sexual and reproductive healthcare**
   Competence is to be assessed on each individual NO.

2. **Annually for NOs practising in sexual and reproductive healthcare**
   It is recommended that NOs currently employed in a sexual and/or reproductive health service be assessed annually, in the following areas:
   - **Recency of practice**
     A minimum of 60 days or 450 hours clinical practice in sexual and reproductive health in the last two years.
   - **Continuing Professional development**
     Evidence of ongoing professional development in sexual and reproductive health.
   - **Assessment: Evidence of competencies for scope of practice**
     - self-assessment of performance against the Australasian Sexual Health and HIV Nurses Association (ASHHNA) Competency Standards for Sexual and Reproductive Health and HIV Nurses Performance Criteria;
     - professional review in the form of formal clinical and peer review by a competent assessor.

   NOs currently practising in sexual and reproductive health are required to provide documented evidence to demonstrate the above criteria when required. NOs who do not meet the criteria will be required to practise under direct clinical supervision until assessed as competent.

3. **More than five years practising in sexual and reproductive healthcare**
   Competence for practice requires a NO to have undertaken nursing practice in the relevant specialty area within the last five years. It is recommended that NOs who do not meet this requirement, complete a Re-entry Orientation and Competency Assessment within their place of employment.
Competence assessor

The assessor should be another NO in the area of sexual and reproductive healthcare, who meets the following criteria:

1. advanced and current clinical experience of at least five years;
2. has relevant qualifications and education;
3. holds DTP-SHPN Authorisation;
4. has demonstrated experience in the supervision and assessment of nursing practice preceptor Certificate IV in Training and Assessment.
Competency Standards

A competent nurse can meet all applicable competencies at a standard that is judged appropriate for the level of nursing being assessed. Competency standards are units and elements that describe competence. They must:

- reflect the skills, knowledge and attributes required in the workplace;
- reflect the relationship, and be conducive to articulation, between the different levels of nursing;
- form the basis for curriculum development;
- reflect the relationship between nursing work and work performed by others in the health sector.

All NOs should meet the core domains of the ANMC National Competency Standards for the Registered Nurse:

1. professional practice;
2. critical thinking and analysis;
3. provision and coordination of care;
4. collaborative and therapeutic practice.

An advanced practice NO should meet the core domains of the ANF Competency Standards for the Advanced Registered Nurse:

1. conceptualises practice.
2. adapts practice.
3. leads practice.

Competency Standards for the Sexual and Reproductive Health Nursing Officer

In 2004, Queensland Competency Standards for the Advanced Sexual and Reproductive Health Nursing Officer was approved for use in Queensland sexual and reproductive healthcare settings. These standards were originally developed using the Australian Nursing Federation (ANF) - Competency Standards for the Advanced Nurse (1997). In 2007, the Queensland Competency Standards for the Advanced Sexual and Reproductive Health Nursing Officer were revised in order to remain consistent with the updated Australian Nursing Federation (ANF) - Competency Standards for the Advanced Nurse (1997) which were renamed ANF Competency Standards for the Advanced Registered Nurse 2005. The standards were revised to better reflect the core domains of advanced practice for registered nurses (RN) and differentiate between levels of competence for a RN and advanced RN practice.

In 2011, the Australasian Sexual Health and HIV Nurses Association (ASHHNA) released their second edition of the Competency Standards for sexual and reproductive health and HIV Nurses and as of August 2012, these standards have
been adopted in Queensland and will replace the 2007 *Queensland Competency Standards for the Advanced Sexual and Reproductive Health Nursing Officer*. 
ASHHNA Competency Standards for sexual and reproductive and HIV Nurses

The Australasian Sexual Health and HIV Nurses Association (ASHHNA) is the peak Australasian Sexual, Reproductive Health and Human Immunodeficiency Virus (HIV) nurses’ professional organisation. They believe as nurses working in the specialties of sexual health, sexual and reproductive health and HIV nursing are employed in a diverse range of health care settings including clinical practice, research, education and management, these competency standards can be used to guide best practice in the provision of these specialist clinical nursing services. The aims of ASHHNA are to:

- promote sexual and reproductive health and HIV nursing as a professional specialty;
- advance the standards and scope of sexual and reproductive health and HIV nursing practice;
- facilitate the exchange of professional information to ensure effective communication and networking;
- act as the representatives of the Australasian sexual and reproductive health and HIV nurses in discussions with government and non-government bodies at the State, Territory and federal level;
- support the standard and scope of evidence based professional development of nurses in the speciality;
- promote collaborative research in sexual and reproductive health and HIV nursing.

The ASHHNA Competency Standards for sexual and reproductive health and HIV nurses are linked to the core domains of the ANF Competency Standards for the Advanced Registered Nurse. The core domains of the ANF Competency Standards for the Advanced Registered Nurse are designed to identify and characterise the core components that underpin the level of competence identified as essential to advanced NO practice and aim not to repeat but build onto the core domains of the RN.

Within the Queensland context, these standards should be used to:

1. provide standards of practice for advanced NOs working in sexual and reproductive health programs;
2. assist in creation of personal development plans for NOs and guide peer review;
3. provide a state-wide benchmark for best practice in the delivery of sexual and reproductive health nursing;
4. assist in the development of position descriptions and recruitment;
5. guide development of post graduate and clinic based training programs.

Supply of Medication Competency Standards

A sound understanding of the principles of safe medication management is essential for all nurses involved in the provision of health care. As nurses are accountable for their own practice they should only undertake medication management activities for which they are legally entitled to perform; educationally prepared for; competent to undertake; authorised to supply and/or administer and for which they are willing to be accountable.

Health professionals, including nurses, who prescribe need to be equipped with competencies to make decisions which maximise the benefits, and minimise the harms, of medicines and maintain the health of individuals and the community.

In administering any medication, nurses are required to:

- know the relevant legislation relating to medication administration;
- have adequate knowledge of the medication, its therapeutic purpose; usual dose, frequency and route of administration, specific precautions, contraindications, side effects and adverse reactions;
- have awareness of the correct storage requirements for medications;
- adhere to required checking policies and procedures developed by agencies;
- adhere to agency policies and procedures for identifying individuals where they have no identification;
- determine whether an individual has any known allergies to the medication being administered;
- check with the prescriber if there is any doubt about the accuracy of any aspect of the prescription and refer to a current Australian pharmaceutical guide; and/or a pharmacist before administering the medication;
- wherever possible, ensure the individual and family (where appropriate) know why the medication has been prescribed;
- consider self-medication issues in relation to knowledge, pharmacological interactions and education requirements according to the health care agency medication policy;
- consider the assessment of the individual in relation to functionality, dexterity and cognition;
- document the administration of the medication in the individual’s record as directed by state and local policies and guidelines;
- assess the individual for the efficacy of the medication;
- report to the prescriber and other relevant people or program any side effects or adverse reactions experienced by the person and document the episode;
- report and manage medication incidents and variations according to scope of practice and local policy and legislation;
- adhere at all times to the '6 Rights' of medication administration:
  1. Right drug
  2. Right individual
  3. Right dose
  4. Right time
  5. Right route
  6. Right documentation.
Nursing officers practicing under the DTP – SHP Authorisation

All nursing officers practicing under the DTP - SHP need to be equipped with the right knowledge, skills, attitudes, behaviours and values to make decisions regarding the safe supply and administration of medications listed in Appendix 1 of the DTP - SHP in order to facilitate the best possible health and economic outcomes for the consumer. The supply and administration of medications by a SHP Authorised Sexual and Reproductive Health nurse is an extension to their advanced scope of practice.

In order to practice safely and therapeutically it is the SHP Authorised nurses responsibility to understand the:

1. fundamental principles of drug actions;
2. principle and methods of drug administration and supply;
3. drug calculations;
4. application of the specific drugs and scheduled poisons listed in Appendix 1 of the DTP - SHP in the treatment of specific conditions as outlined in the relevant approved HMP;
5. needs of select groups i.e. immunosuppressed, pregnancy & lactation;
6. normal and adverse responses to drug therapy;
7. appropriate interventions.

Prescribing Competencies Framework

This Prescribing Competencies Framework (PCF) contributes to achieving the quality use of medicines objective of the National Medicines Policy by describing the competencies required to prescribe medicines judiciously, appropriately, safely, and effectively in the Australian healthcare system. 

Like other competency frameworks, these competencies describe the knowledge, skills, and behaviours of practitioners who perform their work to an acceptable standard across the range of contexts in which they are reasonably expected to practice. As such, this framework describes foundation competencies for autonomous prescribing.

Note: This Prescribing Competencies Framework does not extend to the specialised competencies required by some groups of prescribers.

While the PCF is focused on the safe and effective prescription of medication the seven competencies areas can be applied to the safe and effective supply and administer of medications via an approved formulary such as the relevant approved HMPs in accordance with the DTP – SHP Authorisation. And can be used in guiding practice, self-assessment of performance and development of education leading to DTP – SHP Authorisation.

The seven competency areas in the Prescribing Competencies Framework each describe an activity essential for prescribing.

The order in which they are presented does not imply a hierarchical order of importance; all are equally important for ensuring that prescribing is judicious, appropriate, safe and effective.
1. Competency Area 1: understands the person and their clinical needs;
2. Competency Area 2: understands the treatment options and how they support the person’s clinical needs;
3. Competency Area 3: works in partnership with the person to develop and implement a treatment plan;
4. Competency Area 4: communicates the treatment plan clearly to other health professionals;
5. Competency Area 5: monitors and reviews the person’s response to treatment;
6. Horizontal Competency Area H1: practices professionally; *
7. Horizontal Competency Area H2: communicates and collaborates effectively with the person and other health professionals. *

* Note: The horizontal competencies (H1 and H2) are competencies that health professionals integrate with the other competency areas during the prescribing cycle.

**For more information:**

Clinical consultation protocols

Role of practice guidelines

Practice guidelines provide direction to practice by defining ‘best practice’ based evidence. They should allow some flexibility in clinical decision making.

While practice guidelines are based on evidence, they should be applied with discretion and interpreted using professional judgement and clinical decision making. You should consider individual case needs and the scope of practice of clinicians using the guidelines.

The NO referring to this document to guide their practice needs to be able to identify situations or client needs that are outside their scope of practice and refer accordingly.

This document is therefore a reference tool for NOs employed in specialised sexual health services and other programs providing sexual and reproductive health care. They are not intended as a substitute for consultation with MOs, colleagues and/or more experienced NOs working in the clinic setting.

Consultation is always encouraged, to ensure safe and competent practice, but is particularly important in circumstances where referral to a MO is recommended or essential.

Role of Nursing Officer in consultation and/or referral

A NO with a current licence certificate under the Nursing Act 1992 that holds DTP-SHPN program authorisation is authorised to possess, administer and/or supply approved restricted drugs listed in Appendix 1 of the DTP-SHPN, according to the Health (Drug and Poisons) Regulation 1996.

DTP-SHPN program authorisation does not authorise a NO to give oral or written instruction regarding the administration or supply of a restricted drug to another NO or Health Care Worker (HCW). Only a Medical Officer or an endorsed Nurse Practitioner is authorised to instruct other NOs or HCWs regarding supply of restricted drugs.

Consultation and referral

There are differences between consultation and referral and it is important to determine how these impact on ongoing management of client care. Levels of consultation and/or referral include:

1. Informal consultation
   Client case is reviewed in consultation with a MO, endorsed NP or a more experienced NO working in the clinic setting to assist clinical decision-making. The NO who is the primary care provider is responsible for continuing the client consultation and determining ongoing management of the client.
2. **Formal consultation**
Client’s case is reviewed by a MO, endorsed NP, and/or more experienced NO working in the clinic setting. The client must be physically reviewed by a consulting HCW and the outcomes of consultation clearly documented by both HCWs involved.

3. **Immediate referral**
A situation when a client requires immediate review by a MO or endorsed NP where appropriate/available. This would occur in the case of a medical emergency or when the presenting condition is outside the NO scope of practice and the client outcome could be improved by immediate (or same day) medical/NP review.

4. **Referral in a timely manner**
This would occur in the case of the presenting condition being outside the NO’s scope of practice and the client outcomes would be enhanced by additional MO/NP management at the client’s convenience.

Note: If access to a MO or endorsed NO for referral and/or consultation is limited as is the case in some NO lead services and rural/isolated practice settings, services should ensure that internal policy and consultation pathways are in place to support scope of practice.

**Documentation of consultation and referral**
It is essential you provide clear, concise documentation for the consultation. All formal consultations and/or referrals of any kind, require a MO or endorsed NP to document and countersign.

NOs have a responsibility and obligation to work within their scope of practice, heed legislation and engage in collaborative practice in order to achieve optimal client outcomes.
Drug Therapy Protocol: Sexual Program Nurse (DTP-SHPN) (including Reproductive Health)

Background

In Queensland appropriately educated and skilled registered nurses can gain authorisation from their employer to supply and/or administer medications to their patients. This supply is provided for by The Health (Drug and Poisons) Regulation 1996 - Section 175(4) and 263(4) in accordance with the Drug Therapy Protocol: Sexual Health Program Nurse (DTP-SHPN) (including Reproductive Health).

The Drug Therapy Protocol: Sexual Health Program Nurse (DTP-SHPN) (including Reproductive Health) states the circumstances and conditions under which a sexual health program nurse is authorised to administer or supply the restricted drugs or supply the Scheduled poisons listed in Appendix 1 of the DTP-SHPN document.

A sexual health program nurse practising in a sexual health program service and under this Drug Therapy Protocol may only supply or administer those restricted drugs or supply the Scheduled poisons listed in Appendix 1 in accordance with a Health Management Protocol (HMP) approved by the nurse’s employer. The HMP must meet the specified minimum requirements for a HMP listed in Appendix 2.

Drug Therapy Protocol (DTP)

A DTP is a certified document published by Queensland Health stating the circumstances and conditions affecting the use of controlled or restricted drugs or poisons. A DTP contains the conditions and restrictions of the approved drugs that are pertinent to that specific DTP. It also lists the relevant drugs in Appendix 1. A copy of the DTP-SH program must be in the possession of any NO practising under the DTP-SH program.

The currently approved Drug Therapy Protocol for Sexual Health Program nurses is the Drug Therapy Protocol - Sexual Health Program (DTP-SH) (Including Reproductive Health).

Table 1 outlines and differentiates between the various classes of persons or positions of nurses endorsed and/or authorised regarding controlled drugs, restricted drugs and poisons and poisons.
Table 1: Endorsements of Classes of Persons or Positions Regarding Controlled Drugs, Restricted Drugs and Poisons

<table>
<thead>
<tr>
<th>ENDORSED ACTIVITY</th>
<th>Obtain</th>
<th>Possess</th>
<th>Use</th>
<th>Administer</th>
<th>Sell</th>
<th>Supply</th>
<th>Destroy</th>
<th>Issue</th>
<th>Dispense</th>
<th>Prescribe</th>
<th>Manufacture</th>
<th>Give</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses (RN)</td>
<td>CR</td>
<td>C<em>R</em>P*</td>
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<td></td>
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<tr>
<td>RN (Sexual Health Program)</td>
<td></td>
<td></td>
<td>R*</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>RN (Immunisation Program)</td>
<td>R*</td>
<td>R*</td>
<td></td>
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</tr>
<tr>
<td>RN Nurse practitioner</td>
<td>CR</td>
<td>C<em>R</em>P*</td>
<td>C<em>R</em>P*</td>
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<tr>
<td>Indigenous health workers</td>
<td>C<em>R</em></td>
<td>C<em>R</em></td>
<td>C<em>R</em>P*</td>
<td>R<em>P</em></td>
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</tr>
</tbody>
</table>

Legend
- C Controlled Drugs
- R Restricted Drugs
- P Poisons
- * Specific conditions apply; see the specific section of the Health (Drugs and Poisons) Regulation 1996. Manufactures and wholesalers will have licence conditions.

Sexual Health program
The Health (Drug and Poisons) Regulation 1996 Appendix 9 Dictionary defines a sexual health program to mean:
   a. sexual or reproductive health program carried out by a Hospital and Health Service; or
   b. a certified sexual or reproductive health program.

Sexual health program nurse
The Health (Drug and Poisons) Regulation 1996 Appendix 9 Dictionary defines a sexual health program nurse means a registered nurse who—
   a. immediately before 1 July 2010, held a Queensland Nursing Council annual licence certificate* endorsed under the Nursing Act 1992 that authorised the registered nurse to practise in a sexual health program; or
   b. has obtained a qualification in sexual health approved by the chief executive.

Health Management Protocols (HMP)
A HMP details the conditions for clinical use, administration and supply of the approved drugs listed in Appendix 1 of the DTP-SHPN and must be in the possession of any NO authorised to practice under the DTP-SHPN.

A DTP-SHPN authorised NO must operate from a current endorsed Health Management Protocol (HMP) supporting and detailing clinical use and supply of the approved drugs and may only administer and supply the approved medications if clinical use is supported by the endorsed HMP.

For the purposes of the DTP-SHPN, Queensland Health’s Health Management Protocols are based according to location of practice and include the current:

   Section 4 and 5 of this document are designed to incorporate all the required components of a HMP and act as the approved HMP for DTP–SHP Program Authorised Nursing Officers employed in services providing sexual and reproductive health care in Queensland.

2. The Primary Clinical Care Manual.
   This document incorporates all the required components of a HMP and act as the approved HMP for DTP–SHP Program Authorised Nursing Officers employed in services providing sexual and reproductive health care in rural remote and isolated practice regions of Queensland.  

For non-Queensland health employing organisations nurses practicing under the DTP–SHPN must have access to a HMP that is endorsed and dated by the Chief Executive Officer of that organisation.
Content of a Health Management Protocol

The Health Management Protocol must clearly identify the following:

1. the procedures for clinical assessment, management and follow-up of patients, including the recommended drug therapy for the relevant clinical problem;
2. a clinical indication of time when medical referral/consultation must occur for that condition;
3. the name, form and strength of the restricted drug or scheduled poison and the condition/situation for which it is intended;
4. the recommended dose of the restricted drug or scheduled poison;
5. the route of administration of the restricted drug or scheduled poison.
6. the frequency (including rate where applicable) and duration of administration of the restricted drug or scheduled poison;
7. the duration of the restricted drug or scheduled poison supply before medical intervention/follow-up is required;
8. the type of equipment and management procedures required for management of an emergency associated with the use of the restricted drug or Scheduled poison.\(^\text{16}\)

Endorsement of a Health Management Protocol

HMPs are endorsed by the Chief Executive Officer of a Hospital and Health Service or Chief Executive Officer of a non-Queensland Health employing organisation.

1. the Queensland Sexual Health Clinical Management Guidelines must be endorsed and dated by the Senior Director, Communicable Diseases Branch;
2. the Primary Clinical Care Manual must be endorsed and dated by the Hospital and Health Service Manager or chief executive officer of a non-Queensland Health employing authority;
3. the Health Management Protocol for a non-Queensland health employing organisation must be endorsed and dated by the Chief Executive Officer;
4. a Health Management Protocol for a Queensland Health program other than those listed above must be endorsed and dated by the Hospital and Health Service Manager;
5. the Health Management Protocol shall be effective for a maximum of two (2) years from the date of endorsement;
6. following this period of two years or sooner if considered necessary, the Health Management Protocol must be reviewed by the interdisciplinary team and endorsed again.\(^\text{16}\)
Responsibilities of a DTP-SHPN authorised Nurse

The actions of the NO authorised by their employer to practice in accordance with the provisions of this DTP-SH program in regard to the administration, and in certain specified circumstances the supply of drugs, must at all times, be in accordance with the relevant HMP.

A NO authorised to practise under DTP-SHPN must have access to the current version of the following literature:

- A copy of the Drug Therapy Protocol; Sexual Health and
- The Health Management Protocol relevant to this Drug Therapy Protocol; and
- A current MIMS Annual and Australian Medicines Handbook; and
- A copy of the Health (Drugs and Poisons) Regulation 1996; and

A NO who is authorised to practise in accordance with the provisions of this DTP-SHPN, must be aware that practising within the provisions of the DTP-SHPN, does not relieve them of legal responsibility/accountability for their actions and may not provide immunity in the case of negligence.

Before an SHPN commences employment or commences practising, they should ensure the employer has a current HMP. An SHPN practising where these criteria are not satisfied would be in breach of the Health (Drugs and Poisons) Regulation 1996.

NOs are required to demonstrate awareness of their role and responsibility in regards to the expected standards and scope of practice for NOs practising in accordance with the Drug Therapy Protocol – Sexual Health Program as outlined in the Health (Drugs and Poisons) Regulation 1996 and other relevant nursing frameworks competency standards and legislation. In relation to supply, there are specific labelling requirements for the medicine container, and reference should be made to Legislative matters applicable to all registered nurses below, Sections 85, 198 and 276 of the Health (Drugs and Poisons) Regulation 1996 Labelling of dispensed medicines. Where a drug is supplied by a NO, the primary medicine container must be labelled as per the Health (Drugs and Poisons) Regulation 1996.

Prior to the administration/supply of a drug, a NO authorised to practise in accordance with the DTP-SHPN must familiarise themselves with the drug interactions, contra-indications and known side effects of that drug, and advise the client accordingly.

A DTP-SHPN authorised person cannot obtain restricted drugs Section 200 Health (Drugs and Poisons) Regulation 1996.

A registered nurse practising under a DTP-SHPN authorisation must keep a record of all restricted drugs supplied by the nurse under section 175 of the Health (Drugs and Poisons) Regulation 1996. Section 207 describes the way the records of restricted drugs are to be kept.
Section 263(4) of the *Health (Drugs and Poisons) Regulation 1996* describes how a DTP-SHPN is authorised to supply an S2 or S3 poison under a drug therapy protocol.

When consumer product information is available for a particular drug, a NO authorised to practise in accordance with the DTP-SH, should provide this information to each client when administering or supplying medication.

Note: While maintaining competence for practice is the responsibility of each NO, it will be assessed by the authorised NO's employer through peer review and self-assessment as a requirement for annual licence renewal with AHPRA.

The DTP-SHPN authorised nurse needs to undertake ongoing professional development pertaining to DTPs, safe and effective supply and administration of medication in the management of STIs and reproductive health issues outlined in the relevant approved HMPs to ensure their practice is consistent with contemporary knowledge and practice standards. This could involve reflecting on their practice, maintaining a personal professional portfolio and undertaking professional development activities on a regular basis.

**For more information**

While the following resource was published prior to the 2010 transition from the DTP Endorsement governed by the Queensland Nursing Council to the current *Drug Therapy Protocol – Sexual Health Program Nurse* (including Reproductive Health) Authorisation governed by the employer it remains a useful resource.

This document will assist the NO practicing under the DTP-SHPN Authorisation to understand and comply with the requirements of the *Health (Drugs and Poisons) Regulation 1996* in relation to the administration, management and supply of controlled and restricted drugs and poisons.

Core Skills of a DTP-SRHN

A DTP-SRHN should be able to demonstrate the qualities and core skills of an advanced SRH Nurse outlined earlier in this section in conjunction with the following:

1. advanced level of knowledge and skill in the application of legislation, policies and ethical principles relevant to professional practice as a DTP-SHP Nurse;

2. advanced level of knowledge about the DTP-SRH authorised nurses roles and responsibilities in the supply and administration of drugs;

3. advanced competency in comprehensive assessment of clients’ medication needs, initiation of treatment and supply and administration of medications, according to the conditions set out in the Health (Drugs and Poisons Regulation 1996 (Qld), relevant Queensland Drug Therapy Protocol, the organisation’s Health Management Protocol (HMP) as well as other pertinent legislation, standards, common law and organisational policy;

4. advanced competency in comprehensive medication assessment for the treatment of STIs, contraception needs, and the supply of medications listed in Appendix 1 of the Drug Therapy Protocol - Sexual Health Program (including Reproductive Health) and in accordance with the employer’s approved Health Management Protocol;

5. advanced competency in the delivery a quality immunisation service according to the employer’s Health Management Protocol, Drug Therapy Protocol - Sexual Health Program (including Reproductive Health), Australian Immunisation Handbook and the National Vaccine Storage Guidelines (2005);

6. ongoing professional development of relevant practice skills in accordance with best practice, emerging issues and changing nursing frameworks, Competency Standards and Guidelines of Practice specific to sexual and reproductive health nursing and the safe and effective supply of drugs.
Gaining DTP-SHPN Authorisation

In order to be authorised by their employer to practice under the DTP-SHPN, a NO must be able to demonstrate to their employer the following outcomes:

1. successful completion of a Chief Executive Officer ‘approved’ course and qualifications necessary to perform as a Sexual Health Program Nurse;
   
a. a 2010 Queensland Nursing Council Annual License Certificate with a DTP- Sexual and Reproductive Health Endorsement may be used as evidence of completing a relevant qualification;

2. advanced level of professional initiative, clinical problem-solving and decision-making in the diagnosis and management of sexually transmissible infections (STI) and sexual health related issues within the scope of nursing practice;

3. use of advanced practice functions is evidence-based and in accordance with the recognised clinical standards, practice and procedures for health care in Australia including the requirements of the current version of the ‘Queensland Sexual Health Clinical Management Guidelines, Primary Clinical Care Manual’ and other associated National and Queensland clinical guidelines;

4. advanced practice functions in regards to performing comprehensive assessment of clients’ medication needs, initiating treatment and the supply medications, according to the conditions set out in the Queensland Health (Drugs and Poisons Regulation 1996, relevant Queensland Drug Therapy Protocol, the organisation’s Health Management Protocol (HMP) as well as other pertinent legislation, standards, common law and organisational policy;

5. evidence of Nursing and Midwifery Board Australia Continuing Professional Development points related to sexual health practice;

6. evidence of continued competency to perform as a Sexual Health Program Nurse (as required by the employing organisation’s governance processes).
Employers’ obligations in authorising a NO under the DTP-SRHN

The purpose of this section is to provide information for employers of Sexual Health Program Nurses (SHPN) about their obligations under the Health (Drugs and Poisons) Regulation 1996.

An employer’s requirements do not diminish the individual responsibility of NOs to ensure they are professionally accountable and practice in accordance with relevant legislation regulatory and organisational policy requirements.

Employers must be provided with evidence of completing an approved course by NOs wishing to gain DTP-SHP Authorisation.

Employers are required to ensure suitably qualified NOs are employed in a sexual health program and/or approved position deemed relevant to the administration or supply of medications under the DTP-SHP approved by the Chief Executive Officer. A NO’s job description should reflect they are in a position that is in a sexual health program and/or position deemed relevant to the administration or supply of medications under the DTP-SHP.

Before an SHPN commences employment or commences practising under the DTP-SHPN, they should ensure their employer has a current HMP. Employers must ensure a DTP-SHP authorised nurse has access to a current HMP.

Employers must also ensure that all NOs authorised to practice as a DTP-SHPN have evidence of relevant recency of practice and continuing professional development that is at a minimum comparable to the recency of practice and continuing professional development requirements of the Nursing and Midwifery Board of Australia and those that are outlined in this document.

Guidelines for the governance of DTP-SHP authorisation

Prior to employment or practising as an IPN or SHPN, governance checklists for employees and employers should be completed. The governance checklist templates provide a mechanism to ensure nurses hold approved qualifications.

For more information about the governance processes

Sexual Health Program Nurse Authorisation Course

Minimum core course requirements

On February 1st 2012 the Royal College of Nursing Australia (RCNA) was approved by the Chief Executive Queensland Health as the accreditation service provider for the DTP-SHPN education courses for authorisation in Queensland.

The RCNA is the only nursing body in Australia that offers a nationally consistent course accreditation service. Courses are assessed by an expert panel against pre-determined standards. An RCNA accredited course certified that the course meets professional standards and requirements.

The Royal College of Nursing Australia (RCNA) will assess courses against their accreditation standards and the following minimum core requirements of a Queensland DTP-SHPN authorisation approved courses:

1. alignment with the core learning objectives and requirements outlined the Nursing Officer Information Section of the Queensland Sexual Health Management Guidelines;
2. theoretical component relevant to the supply of approved controlled and restricted drugs and S2 or S3 poisons within the context of the specialty field;
3. pharmacology component relevant to the supply of approved controlled and restricted drugs and S2 or S3 poisons
4. responsibilities in accordance with the Health (Drugs and Poisons) Regulation 1996 (Qld);
5. clinical practice component (simulated or real) specific to the supply of medicines in accordance with the approved Drug Therapy Protocol for Sexual Health Program Nurses.

For more information about the RCNA accreditation standards

Please refer to http://www.rcna.org.au/wcm/
Course accreditation and approval

The Chief Executive Officer of Queensland Health will upon application from an education provider, consider, and approve or not approve the course qualification associated with the training course accredited by the Royal College of Nursing, Australia (RCNA).\(^{18}\)

The life of the accreditation is currently three years.

If the qualification is approved, the approval expiry date will be the expiry date stated on the RCNA accreditation documentation.

The RCNA has been selected to accredit education courses (leading to a qualification) because it is the only nursing body in Australia that currently offers a nationally consistent course accreditation service.

Education providers will need to have new and existing training courses accredited by the RCNA.

**For more information**

The Queensland Health fact sheet ‘Education provider – process for approving qualifications by the Chief Executive Officer - Immunisation Program Nurse and Sexual Health Program Nurse’ describes the application and approval process to have a qualification approved for new and existing qualifications.

Course Requirements

This section outlines the minimum core learning objectives and requirements for a Queensland DTP-SHPN authorisation course.

Learning Objectives

- to demonstrate the application of relevant legislation, policies and ethical principles to professional practice as a sexual health program nurse;
- to understand key pharmacological principles and the ability to integrate these into the practice of the supply and administration of drugs;
- develop knowledge and awareness of medication needs assessments for sexually transmissible and other infections including initiation, supply and administration of medications according to the conditions set out in the Health (Drugs and Poisons) Regulation 1996, Drug Therapy Protocol - Sexual Health Program (including Reproductive Health), the organisation’s Health Management Protocol as well as other pertinent legislation, standards, common law and organisational policy;
- develop knowledge and awareness of medication needs assessments for contraception including initiation, supply and administration of medications according to the conditions set out in the Health (Drugs and Poisons) Regulation 1996, Drug Therapy Protocol - Sexual Health Program (including Reproductive Health), the organisation’s Health Management Protocol as well as other pertinent legislation, standards, common law and organisational policy;
- to understand the role of quality vaccination provision within sexual and reproductive health services and develop professional responsibility to maintain pharmacological knowledge about vaccines used under the Drug Therapy Protocol - Sexual Health Program (including Reproductive Health).

Learning Outcomes

On successful completion of an approved Queensland Sexual Health Program Nurse Authorisation Course the registered nurse should be able to:

- apply relevant legislation, policies and ethical principles to professional practice as a DTP-SHP Nurse;
- demonstrate an advanced level of knowledge around Authorised nurses roles and responsibilities in the supply and administration of drugs;
- define the differences between the key pharmacological principles, including drug actions; principles and methods of administration and supply; drug calculations; application of specific drugs in specific conditions; identify needs of specific groups; normal and adverse responses to drug therapy and appropriate interventions;
- demonstrate an advanced level of professional initiative, clinical problem-solving and decision-making in the diagnosis and management of sexually transmissible infections (STIs) and sexual health related issues within the scope of nursing practice;
• demonstrate the ability to conduct a comprehensive assessment of clients’ medication needs, initiate treatment and supply medications, according to the conditions set out in the Health (Drugs and Poisons Regulation 1996 (Qld), relevant Queensland Drug Therapy Protocol, the organisation’s Health Management Protocol (HMP) as well as other pertinent legislation, standards, common law and organisational policy;

• provide comprehensive medication assessments for contraception, and supply of medication according to the employer’s Health Management Protocol and Drug Therapy Protocol - Sexual Health Program (including Reproductive Health);

• demonstrate the ability to deliver a quality immunisation service according to the employer’s Health Management Protocol, Drug Therapy Protocol - Sexual Health Program (including Reproductive Health), Australian Immunisation Handbook and the National Vaccine Storage Guidelines (2005);

• demonstrate the ability to practice in accordance with relevant legislation, DTP-SRHN, Competency Standards and Guidelines of Practice specific to sexual and reproductive health nursing to ensure the delivery of best practice and support continuous quality improvement of the nursing profession.

Requirements

It is recommended that education providers establish eligibility criteria for entry into an approved Queensland Sexual Health Program Nurse Authorisation Course that:

• ensures the applicant is a nurse who has the necessary advanced level of knowledge and skills relevant to sexual and reproductive health to be able to meet the qualities and core skills required to practise at an advanced SRH nurse level outlined earlier in this section of the guidelines;

• requires the applicant to have a minimum of one year or 1976 hours working in a sexual or reproductive health program;

• requires the applicant to be employed in a sexual health program and/or position that incorporates SRH duties and is deemed suitable by their employer to practice under the DTP-SRHN;

• obtains evidence the applicants employer supports the application and has assessed the nurse as competent according to:
  o ASHHNA Competency Standards for sexual and reproductive health and HIV nurses;
  o ANMC Competency Standards for nurses;
  o ANMB regulatory requirements and;
  o the core qualities and skills required to practice as an advanced sexual and reproductive health nurse.
DTP-SHPN Education Providers

On February 1st 2012 the Royal College of Nursing Australia (RCNA) was approved by the Chief Executive Officer Queensland Health as the accreditation service provider for the DTP-SHPN education courses for authorisation in Queensland.

From the 1st October 2012 all DTP-SHPN courses, previously approved by the Chief Executive Officer for the interim transition phase must be accredited by the RCAN. However the two previously approved courses list below have been withdrawn from offer and as such will not be gaining RCNA accreditation within this timeframe.

From the 30th November 2012 the qualifications granted on successful completion of the RCNA accredited education course must be approved by the Chief Executive Officer.

List of Approved education providers and courses

<table>
<thead>
<tr>
<th>Education provider</th>
<th>Course title</th>
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<td>Family Planning Queensland</td>
<td>Sexual and Reproductive Health Nurse Authorisation Course</td>
</tr>
<tr>
<td>ABN 61 009 860 164</td>
<td>Note: On completion of a relevant course FPQ will issue a certificate for presentation to an employer to certify the NO has achieved the required standard.</td>
</tr>
<tr>
<td>Postal address: PO Box 215, Fortitude Valley QLD 4006</td>
<td></td>
</tr>
<tr>
<td>Address: 100 Alfred Street, Fortitude Valley QLD 4006 AUSTRALIA</td>
<td></td>
</tr>
<tr>
<td>For further information contact the Administration Officer on</td>
<td></td>
</tr>
<tr>
<td>Phone + 61 7)3250 0240</td>
<td></td>
</tr>
<tr>
<td>Fax: +61 7 3250 0294 email:</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:trngadmin@fpq.com.au">trngadmin@fpq.com.au</a></td>
<td></td>
</tr>
</tbody>
</table>


Interstate and Overseas Trained NOs

Nurses who have completed sexual and reproductive health and / or pharmacology courses interstate and / or overseas may meet equivalency for the educational preparation requirements deemed necessary for gaining DTP-SHPN Authorisation based on the prior learning.

For more information about assessment of equivalency, contact the approved education providers listed above or the Queensland Health State Nurse Educator for Sexual Health Services at Judith_Dean@health.qld.gov.au.
List of Previously Approved courses  
Transition period 01 July 2010 to 31 December 2012

The following are the former Queensland Nursing Council accredited Sexual Health Program courses that were approved by the Chief Executive Officer for the interim transition phase. Any nurse previously completing these courses can DTP-SHPN authorisation if they meet the other eligibility criteria.

<table>
<thead>
<tr>
<th>Education provider</th>
<th>Course title</th>
</tr>
</thead>
</table>
| **Griffith University**  
School of Nursing & Midwifery, Logan Campus  
School of Nursing  
University Drive  
Meadowbrook Qld 4131  
Website: [www.griffith.edu.au](http://www.griffith.edu.au) | 2005 - 2010  
1. 8914NRS Sexual Health Practice  
2. 9916NRS Miscellaneous Studies Challenge Mode - Sexual Health Practice RPL2 (Recognition of prior learning – Advanced Practitioner)  
3. 9915NRS Miscellaneous Studies Challenge Mode – Sexual Health Practice RPL1 (Recognition of prior learning – Beginner Practitioner)  
1998 - 2005  
1. 6909NRS, 7909NRS, 8909NRS |
| **Cunningham Centre Cairns**  
(formerly Workforce Directorate)  
308 Hartley Street  
Cairns Qld 4870  
Ph. (07) 4033 3000 | Sexual & Reproductive Health Endorsement Course |

Supporting Documents
Drug Therapy Protocol – Sexual Health Program Nurse (including Reproductive Health)

Health (Drugs and Poisons) Regulation 1996

Queensland Health (June 2012). Factsheet: Immunisation Program Nurse and Sexual Health Program Nurse obligations under the *Health (Drugs and Poisons) Regulation 1996*

ASHHNA Competency Standards for sexual and reproductive and HIV Nurses

Supply of Medication Competency Assessment Tool

Guidelines

1. The Supply of Medication Competency Assessment tool can be in conjunction with the ASHHNA Competency Standards during annual performance reviews, self-assessment of competency and employer assessment as part of professional development planning.

2. Nurses who are completing the DTP-SHPN Authorisation course may also find it useful to undertake an interim assessment of their performance during their placement to identify areas that need further practice and development.

3. For each competency tick the appropriate cell to indicate performance standard for that competency according to the scale below.

4. Students must achieve a scale of ACHIEVED on all Standards to successfully meet the PASS requirements of this assessment and the course. If the student receives a NOT ACHIEVED score on any competency they will fail this assessment and will not be able to progress to complete the CAT: Performance Appraisal or completion of the course.

5. If the student has been unable to demonstrate the competency because of the nature of the clinical placement and / or the context of the position, please comment appropriately and contact the Course convenor.

6. If the Preceptor &/or Student identify an incident or a deficient in practice or knowledge document appropriately and contact the Course Convenor to negotiate options.

Grading

<p>| ACHIEVED: | Demonstrated an acceptable and safe standard of knowledge, skill and attitudes in accordance with the DTP – Sexual &amp; Reproductive Health Program. |
| NOT ACHIEVED | Demonstrated an inability to achieve an accepted standard in one or more of the expected competency standards of the DTP – Sexual Health Program Nurse |</p>
<table>
<thead>
<tr>
<th>Competency Standards</th>
<th>Self-Assessment</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses multiple approaches to decision making</td>
<td>Yes, No</td>
<td>Yes, No</td>
</tr>
<tr>
<td>• Demonstrates clinical skills and knowledge to undertake the nursing activities necessary to implement relevant HMP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstrates the ability to synthesise and apply theoretical knowledge into clinical practice in accordance with the <em>Health (Drugs &amp; Poisons) Regulation 1996</em>, HMP &amp; DTP-SHPN requirements to supply medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstrates the ability to obtain (and document) a comprehensive and accurate health assessment and medication needs assessment relevant to the provision of appropriate medication under the DTP-SHPN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Makes decisions in accordance with organisational policies, clinical protocols and guidelines in the process of supply and administering medications.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Consults appropriately with other health professionals</strong></td>
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</tr>
</tbody>
</table>

2. Manages the care of individuals and groups

<table>
<thead>
<tr>
<th></th>
<th>Self-Assessment</th>
<th>Employer</th>
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</thead>
<tbody>
<tr>
<td>• Identifies and implements HMPs appropriate to the needs of the individual</td>
<td></td>
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</tr>
<tr>
<td>• Identifies and implements education programs to promote proper use of medication and treatment modalities consistent with HMP and appropriate to the client’s needs and context</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maintains accurate records of nursing care, including documentation of decisions, actions, responses to care, evaluation of nursing care and health outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensures the administration of medication has been clearly, concisely, completely and correctly documented in the client record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Initiates recommended emergency procedures, including the use of medications, to treat acute and late onset adverse drug reactions</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Demonstrates knowledge of contraindications to medications supplied/administered
• Ensures client is aware of possible side effects of the medication supplied / administered
• Appropriately refers client’s with adverse reactions to medications
• Demonstrates knowledge of emergency procedures for possible adverse reactions to medications supplied and administered

• **Decision making on nurse-initiated medications demonstrates knowledge of pharmacokinetics, and appropriate use of medications listed in the DTP**
  • Provides accurate information on all aspects of medication supplies / administered to ensure clients are fully informed
  • Ensures medications are stored in accordance with manufacturers recommendations and at the recommended temperature, including monitoring of refrigerators used for storing medications to ensure appropriate temperature
  • Stores Schedule 4 medications as per Health (Drugs and Poisons) Regulations 1996
  • Correctly labels and supplies medications as per the Health (Drugs and Poisons) Regulations 1996
  • Checks expiry date of medication prior to supply or administration

• **Demonstrates the necessary knowledge and skills to carry out treatment recommended in the relevant HMP and scope of practice.**
  • Demonstrates accurate and comprehensive knowledge for safe supply and administration of medications supported by best practice, HMP and clinical laboratory findings
  • Demonstrates knowledge of the 5 R’s of drug administration: i.e. Right client, Right medication, Right dosage, Right route, Right time for administration of medications have been used.
  • Ensures clients who are being supplied
and administered medication are aware of the necessity to contact their sexual partner/s and refer them for treatment if applicable

<table>
<thead>
<tr>
<th>3. Engages in collaborative practice to achieve individual outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Works collaboratively with nursing colleagues and other health care providers to ensure appropriate supply and administration of medication in accordance with the principles of Best Practice</td>
<td></td>
</tr>
<tr>
<td>• Identifies when referral to Medical Officer is appropriate</td>
<td></td>
</tr>
<tr>
<td>• Seeks further advice from appropriate health professionals when necessary to ensure safe administration of medications</td>
<td></td>
</tr>
<tr>
<td>• Demonstrates the ability to identify situations when collaboration or referral is necessary to ensure safe supply of medication according to the requirements of the Health (Drugs &amp; Poisons) Regulation 1996, HMP &amp; DTP.</td>
<td></td>
</tr>
<tr>
<td>• Demonstrates an awareness of the diversity of issues that may present and refers when outside area of own ability</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Provides a supportive environment for colleagues</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Works in a collaborative and cooperative way with nursing colleagues and other health care professionals</td>
<td></td>
</tr>
<tr>
<td>• Fosters open communication with nursing colleagues and other health professional</td>
<td></td>
</tr>
<tr>
<td>• Supports nursing colleagues undertaking accredited DTP and Sexual Health Program Authorisation courses through provision of supervised experience</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Manages the uses of staff and physical resources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understands expectations, responsibilities and accountabilities for self and others in staff and resource management</td>
<td></td>
</tr>
<tr>
<td>• Negotiates resource allocation to support the use of DTPs and safe and effective supply of medication according to DTP-SHPN and local context</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Engages in ethically justifiable nursing practice</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Practices in accordance with the relevant</td>
<td></td>
</tr>
<tr>
<td>Legislation pertaining to Code of Ethics and duty of accountability for nursing practice</td>
<td></td>
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<tr>
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<tr>
<td><strong>7. Advocates and protects the rights of individuals or groups</strong></td>
<td></td>
</tr>
<tr>
<td>• Complies with organisational policy and legal requirements when disclosing information about an individual</td>
<td></td>
</tr>
<tr>
<td>• Ensures confidentiality and privacy of individuals is maintained</td>
<td></td>
</tr>
<tr>
<td>• Obtains informed consent for the implementation of the plan of care for an individual</td>
<td></td>
</tr>
<tr>
<td>• Recognise the client’s right to respect and self-determination including the right to refuse treatment</td>
<td></td>
</tr>
<tr>
<td>• Allows the client the opportunity to make informed decisions regarding medications, for example, contraception options</td>
<td></td>
</tr>
<tr>
<td>• Actively listens and responds to the client’s needs and concerns using appropriate to the level of the client’s understanding regarding the medication supplied or administered</td>
<td></td>
</tr>
<tr>
<td><strong>8. Engages in activities to improve nursing practice</strong></td>
<td></td>
</tr>
<tr>
<td>• Reflects on own practice to support continuous quality improvement</td>
<td></td>
</tr>
<tr>
<td>• Displays the ability to reflect upon own nursing practice and recognize the boundaries of knowledge and skills regarding medication administration and supply</td>
<td></td>
</tr>
<tr>
<td>• Attends professional development activities which maintain and enhance nursing practice in drug administration and supply</td>
<td></td>
</tr>
<tr>
<td>• Maintains and updates knowledge of medications and treatments</td>
<td></td>
</tr>
<tr>
<td>• Reviews organisational policies and procedures to ensure maintenance of appropriate standards of practice</td>
<td></td>
</tr>
<tr>
<td>• Integrates new knowledge and research into practice and participates in quality assurance activities</td>
<td></td>
</tr>
<tr>
<td>• Consults individuals, colleagues and other stakeholders and utilises feedback to facilitate quality improvement of nursing practice</td>
<td></td>
</tr>
</tbody>
</table>
- Participates in a peer review process and responds positively to suggestions for professional development highlighted by the process
- Ensures HMPs are reviewed and are evidence-based
  - Demonstrates an awareness of evidence based practice and the ability to apply it to practice and the safe and effective supply of medications and scheduled poisons

9. Develops therapeutic and caring relationships
- Identifies when professional judgment is in conflict with the decisions of individuals and negotiates a mutually agreed plan of care
- Demonstrates the ability to develop therapeutic relationships with colleagues and individuals
- Therapeutic relationships are goal directed to promote self-care and independence of the individual
  - Identifies needs of self, colleagues and individuals and demonstrates understanding and support
- Practice is consistent with the Guidelines for Registered Nurses and Enrolled Nurses regarding the Boundaries of Professional Practice.

10. Fulfils the conduct requirements of the profession
- Practice of the Sexual Health Program Authorised nurse is consistent with ANMC standards of practice
  - Practice is consistent with the ASHHNA Competency Standards for the Advanced Sexual and Reproductive Health and HIV Nurse

11. Acts to enhance the professional development of self
- Undertakes on-going professional development pertaining to *Health (Drugs & Poisons) Regulation 1996*, DTP(s) and HMPs to ensure practice is consistent with contemporary knowledge and practice standards
- Seeks opportunities for professional development to maintain competence in the use of the DTP
12. Functions in accordance with legislation and common law affecting nursing practice

- **Demonstrates awareness of common law and its application in nursing practice**
  - Functions in accordance of legislation and standards relating to nursing practice and the supply and administration of medicine within the area of Sexual & Reproductive Health
- **Complies with all sections of the Health (Drugs and Poisons) Regulations 1996 relevant to the DTP requirement**
  - Functions according to legislation and guidelines that impact on the supply and administration of medicines
  - Ensures policies and guidelines relating to administration of medications have followed established within the service to comply with the Health (Drugs and Poisons) Regulations 1996 and relevant legislation

<table>
<thead>
<tr>
<th>Achieved</th>
<th>/</th>
<th>Not Achieved</th>
</tr>
</thead>
</table>

**Students summary comments**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Clinical Assessors Summary comments**

<table>
<thead>
<tr>
<th>Clinical Assessor’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Anaphylaxis competency
All NOs should be able to demonstrate skills and knowledge to effectively and safely manage anaphylaxis as below.
1. Carry out effective and safe management of an anaphylaxis event.
2. Control the situation prior to administering treatment.
3. Appropriately apply anaphylaxis treatment using relevant equipment.
4. Accurately communicate and document client details appropriately.

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance criteria</th>
<th>Achieved</th>
<th>Not Achieved</th>
</tr>
</thead>
</table>
| Assess situation                                    | 1. Physical hazards are identified and removed  
2. Risks to self, staff and client are identified and assessed  
3. Client’s vital signs and physical condition are assessed and recorded appropriately  
4. Signs of an acute allergic reaction (anaphylaxis) are recognised and diagnosed appropriately  
5. Appropriate response is determined to ensure prompt control of situation                                                                                                       |          |               |
| Provide appropriate treatment for anaphylactic reaction | 1. Client reassured in a caring and calm manner and made comfortable using available resources  
2. Resources and equipment are identified, accessed and assessed  
3. Appropriate treatment for client status is commenced  
4. Adrenaline administered according to practice guidelines / HMP  
5. Client’s condition monitored until stable or transferred for ongoing care                                                                                                     |          |               |
| Communicate details of incident                    | 1. Medical Officer notified  
2. Appropriate emergency assistance is requested  
3. Details of client’s condition and management is accurately conveyed to Medical Officer / emergency services                                                                 |          |               |
| Documentation                                       | 1. Completed in a timely manner  
2. All relevant facts presented according to established procedures                                                                                                                                                 |          |               |

Declaration of competence: competent / not competent
Signature of assessor: __________________________ Date: __________
This assessment has been discussed with me.
Candidate signature: __________________________ Date: __________
Action taken:
References

1. Australian Nursing and Midwifery Council (ANMC) Competency Standards
2. Queensland Competency Standards for the Advanced Sexual and Reproductive Health Nursing Officer
4. ANF Competency Standards for the Advanced Registered Nurse 2005
