Update 27 September 2021

Aboriginal and Torres Strait Islander Health Practitioner use of medicines

Medicines authorities for Aboriginal and Torres Strait Islander Health Practitioners in Queensland have not changed in the new *Medicines and Poisons (Medicines) Regulation 2021.*

Overview

- Nationally registered Aboriginal and Torres Strait Islander Health Practitioners in Queensland are authorised to use medicines within their scope of practice in line with Queensland legislation.

- On 27 September 2021, the new *Medicines and Poisons (Medicines) Regulation 2021* (MPMR) commenced in Queensland and replaced the *Health (Drugs and Poisons) Regulation 1996* (HDPR).

- Medicines authorities for Aboriginal and Torres Strait Islander Health Practitioners in Queensland have not changed in the MPMR.

- Individual Aboriginal and Torres Strait Islander Health Practitioner Practice Plans continue to be required under the MPMR. Individual practice plans developed under the HDPR will be recognised under the MPMR, to enable seamless service delivery.


- While not immediately required, it is recommended that current individual Practice Plans are reviewed, and a Practice Plan in the new approved form is developed when practicable.

Navigating the MPMR

- Medicines authorities for Aboriginal and Torres Strait Islander Health Practitioners in isolated practice areas are now found in one location within the MPMR in *Schedule 3 Part 1 Divisions 1 and 2.*

- The information below is a summary for ready reference and is not intended to be a substitute for the direct utilisation of the MPMR, the *Medicines and Poisons Act 2019,* and supporting documents.

- The way in which medicines authorities for Aboriginal and Torres Strait Islander Health Practitioners are specified is different in the MPMR, including the use of some terms.
Medicines and Poisons (Medicines) Regulation 2021

Schedule 3  Aboriginal and Torres Strait Islander health professions

Part 1.   Aboriginal and Torres Strait Islander health practitioners in isolated practice areas

Division 1.   Preliminary

1.   Definitions for part

In this part—

**Aboriginal and Torres Strait Islander health practitioner** means a person registered under the Health Practitioner Regulation National Law to practise in the Aboriginal and Torres Strait Islander health practice profession.

**practice plan**, for an Aboriginal and Torres Strait Islander health practitioner, means a document in the approved form—

a)   developed and signed by the health practitioner and the primary clinical supervisor for the practitioner; and
b)   stating the circumstances and conditions for the practitioner to administer or give a treatment dose of a medicine.

**primary clinical supervisor**, for an Aboriginal and Torres Strait Islander health practitioner, means the person who has primary responsibility for supervising the clinical work performed by the health practitioner for the practitioner’s employment in a relevant health service.

**relevant health service** means—

a)   a Hospital and Health Service; or
b)   an Aboriginal or Torres Strait Islander health service

Division 2.   Aboriginal and Torres Strait Islander health practitioners

2.   Class of person

An Aboriginal and Torres Strait Islander health practitioner who is—

a)   employed by a relevant health service; and
b)   practising in an isolated practice area

3.   Dealing Authorised

<table>
<thead>
<tr>
<th>Column 1. Dealing (Use)</th>
<th>Column 2. Medicine</th>
<th>Column 3 Scope of dealing (Scope of use)</th>
</tr>
</thead>
</table>
| 1 give a treatment dose (previously ‘supply’) | a medicine mentioned in the extended practice authority called ‘Aboriginal and Torres Strait Islander health practitioners’ (Replaces the Drug Therapy Protocol – Aboriginal and Torres Strait Islander Health Practitioners – Isolated Practice Areas) | the medicine is given—
  •   under the extended practice authority; and
  •   in accordance with a practice plan for the Aboriginal and Torres Strait Islander health practitioner |
| 2 repackage | a medicine mentioned in the extended practice authority called ‘Aboriginal and Torres Strait Islander health practitioners’ | the medicine is repackaged for giving a treatment dose under the extended practice authority |
| 3 administer | a medicine mentioned in the extended practice authority called ‘Aboriginal and Torres Strait Islander health practitioners’ | the medicine is administered—
  •   under the extended practice authority; and |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Strait Islander health practitioners’</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>give a purchase order</td>
<td>stock of a medicine mentioned in the extended practice authority called ‘Aboriginal and Torres Strait Islander health practitioners’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the purchase order is given under the extended practice authority</td>
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<tr>
<td>5</td>
<td>possess</td>
<td>an S4 or S8 medicine mentioned in this column</td>
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<tr>
<td></td>
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<td>the medicine is possessed for a purpose mentioned in this column</td>
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<tr>
<td>6</td>
<td>dispose</td>
<td>waste from a diversion-risk medicine mentioned in this column</td>
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</tbody>
</table>

*red text is explanatory only

Other key sections of the MDPR

| Schedule 1 Part 1 Approved extended practice authorities | Names the extended practice authority for Aboriginal and Torres Strait Islander Health Practitioners. |
| Schedule 12 Part 7 Trainee health practitioners in other professions | Outlines the authorities for trainees (including students completing the qualification leading to registration as an Aboriginal and Torres Strait Islander Health Practitioner). These include authority to administer and possess a medicine mentioned in the table for Aboriginal and Torres Strait Islander Health Practitioners and outlines the conditions on that use i.e. under direct supervision. |
| Schedule 20 Isolated practice areas – local governments | Local government areas identified as isolated practice areas - Remain the same as under the Health (Drugs and Poisons) Regulation 1996. |
| Schedule 22 Dictionary | Defines Aboriginal and Torres Strait Islander health service. Fully defines Isolated Practice Area as in the HDPR – a place that is Cow Bay, Mapoon or Weipa; OR a place that is within the local government mentioned in Schedule 20; AND is remote from pharmaceutical services; OR a clinic of the RFDS in an area isolated from medical, pharmaceutical and hospital services, OR an RFDS plane. |
| Chapter 10 Division 3 s255 Practice Plans | Provides transitional provisions so that if an Aboriginal and Torres Strait Islander Health Practitioner has a current practice plan under the HDPR, then this practice plan will be taken as a practice plan under the MPMR. |

Extended practice authority

- The Extended Practice Authority (EPA) ‘Aboriginal and Torres Strait Islander health practitioners’ has replaced the Drug Therapy Protocol – Aboriginal and Torres Strait Islander Health Practitioners in Isolated Practice Areas.

- The EPA ‘Aboriginal and Torres Strait Islander health practitioners’ is available at: https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/legislation-standards and outlines -
Application of the EPA
Applies to an Aboriginal and Torres Strait Islander health practitioner practising in an isolated practice area.

General conditions
Includes:
- Requirement to access and comply with the applicable health management protocol, Australian Immunisation Handbook and current guidelines, manual or protocols adopted by the employer.
- Must not give a treatment dose of a monitored medicine
- Must be familiar with contraindications and know side effects and advise patient
- Range of conditions for use of vaccines.

Authority
Identifies the administration or giving a treatment dose:
- Requires a prescription (previously defined as an oral or written direction) of a medical practitioner, nurse practitioner or dentist unless identified. A prescription may be written or oral.
- Must be undertaken in accordance with a current health management protocol
- Other conditions.

Appendix 1.
Requirements for health management protocols

Appendix 2.
Lists acute care medicines
- Includes administration or supply of the following without the prescription of a dentist, doctor or nurse practitioner - fluoride varnish, box jelly fish antivenom, S4 ipratropium and S4 salbutamol.
- This authority was previously granted under s164B(2) of the HDPR.

Appendix 3.
Lists chronic diseases medicines.

Emergency orders
- The Medicines and Poisons Act 2019 provides for the Chief Executive to make emergency orders that authorises a person to carry out a regulated activity with a medicine or poison, such as in a biosecurity event, in a disaster situation, a declared public health emergency, or another event at State or local level that poses a health risk, including through infection. (see sections 57, 58 and 59)
- It is anticipated that the previous Drug Therapy Protocol – Communicable Diseases Program will translate into an emergency order and will continue to include authorisation for Aboriginal and Torres Strait Islander Health Practitioners to use listed medicines (including vaccines) in a declared public health emergency.
- It is anticipated that the previous Queensland COVID-19 Vaccination Code will translate into an emergency order and will continue to include authorisation for Aboriginal and Torres Strait Islander Health Practitioners to support the delivery of COVID vaccination services.
