



Update 27 September 2021

Indigenous health workers with Isolated Practice Authorisation use of medicines

Medicines authorities for Indigenous health workers with Isolated Practice Authorisation (IHW IPA) in Queensland have not changed in the new *Medicines and Poisons (Medicines) Regulation 2021*.

Overview

- There are a small number of Aboriginal and Torres Strait Islander health workers working in remote areas within Torres and Cape, North West and Cairns and Hinterland Hospital and Health Services who have medicines authorities in line with legislation.
- Under Queensland medicines legislation, these Aboriginal and Torres Strait Islander health workers (who hold a relevant Diploma qualification and have completed additional approved isolated practice area training) are identified as Indigenous health workers.
- 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 these Indigenous health workers have not changed in the MPMR.

Navigating the MPMR

- Medicines authorities for Indigenous health workers in remote areas are now found in one location within the MPMR in **Schedule 3 Part 2 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 Indigenous health workers in remote areas 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 2. Indigenous health workers in remote areas

Division 1. Preliminary

4. Definitions for part

In this part— Indigenous health worker means a person who—

- a) holds a Diploma of Health Science ATSI Primary Health Care (Generalist) ASF 5 from a college of technical and further education or an equivalent qualification approved by the chief executive; and

- b) has successfully completed the North Queensland Rural Health Training Unit Isolated Practice Course, or an equivalent course of training approved by the chief executive, for the accreditation of registered nurses for practice in an isolated practice area

Division 2. Aboriginal and Torres Strait Islander health practitioners

5. Class of person

An Indigenous health worker who—

- a) is practising in an isolated practice area; and
 b) is employed by any of the following Hospital and Health Services—
 (i) Cairns and Hinterland Hospital and Health Service;
 (ii) North West Hospital and Health Service;
 (iii) Torres and Cape Hospital and Health Service

6. Dealing Authorised

	Column 1. Dealing	Column 2. Medicine	Column 3 Scope of dealing
1	give a treatment dose (previously supply)	a medicine mentioned in the extended practice authority called 'Indigenous health workers' (Replaces the Drug Therapy Protocol)	the medicine is given for a patients under the extended practice authority
2	repackage	a medicine mentioned in the extended practice authority called 'Indigenous health workers'	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 'Indigenous health workers'	the medicine is administered under the extended practice authority
4	possess	an S4 or S8 medicine mentioned in this column	the medicine is possessed for a purpose mentioned in this column
5	dispose	waste from a diversion-risk medicine mentioned in this column	

Other key sections of the MDPR

Schedule 1 Part 1 Approved extended practice authorities	Names the extended practice authority for Indigenous health workers
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	Fully defines Isolated Practice Area the same as in the HDPR – a place that is Cow Bay, Mapoon or Weipa; OR a place that is within the <u>local government mentioned in Schedule 20</u> ; 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.

Extended practice authorities

- The Extended Practice Authority (EPA) 'Indigenous health workers' has replaced the Drug Therapy Protocol – Indigenous health workers'.
- The EPA 'Indigenous health workers' covers -

Application	Applies to an Indigenous health worker (as defined in the MPMR) practicing in a hospital and health service (Torres and Cape, North West and Cairns and Hinterland HHSs) practising in an isolated practice area
General conditions	Includes: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Requires a prescription (previously defined as an oral or written direction) of a medical practitioner, nurse practitioner or physician's assistant unless identified. A prescription may be written or oral. • Must be undertaken in accordance with a current health management protocol • Other conditions.
Indigenous health worker (Sexual health authorisation)	An Indigenous health worker (as defined in the MPMR) who has completed the North Queensland Workforce Unit – Course in sexual health for indigenous health workers may only administer or supply a medicine listed in Appendix 4, column 1. <ul style="list-style-type: none"> • Requires a prescription (previously defined as an oral or written direction) of a medical practitioner, nurse practitioner or physician's assistant 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
Appendix 3.	Lists chronic diseases medicines
Appendix 4.	Lists sexual health authorisation 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 *Drug Therapy Protocol – Communicable Diseases Program* will translate into an emergency order and will continue to include authorisation for Indigenous health workers working in



Aboriginal and Torres Strait Islander communities in remote areas to use listed medicines (including vaccines) in a declared public health emergency.

- It is anticipated that the *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 and Aboriginal and Torres Strait Islander Health Workers working in clinical roles to support the delivery of COVID vaccination services. This may include Indigenous health workers as defined in the MPMR.

Link to MPMR and EPAs: <https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/legislation-standards>