

Aboriginal and Torres Strait Islander Health Practitioner

Guide to completing the Practice Plan 2021



**Queensland
Government**

Aboriginal and Torres Strait Islander Health Practitioner: Guide to completing the Practice Plan

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An electronic version of this document is available at www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/aboriginal-torres-strait-islander-health-practitioner/supporting-resources

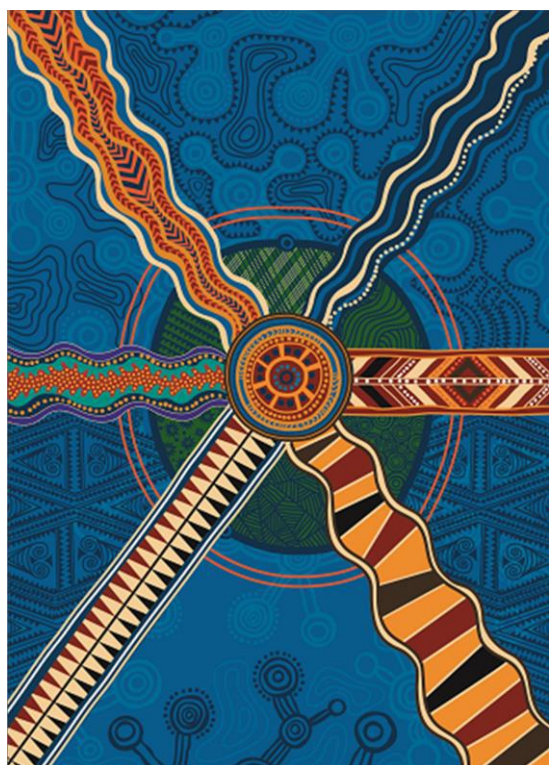
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Acknowledgement of Country

We pay our respects to the Aboriginal and Torres Strait Islander ancestors and custodians of this land, their spirits and their legacy. The foundations laid by these ancestors—our First Nations peoples—give strength, inspiration and courage to current and future generations. We are committed to working towards a stronger and healthier Queensland community for Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people.

Artwork produced for Queensland Health by Gilimbaa to promote Aboriginal and Torres Strait Islander health.



The artwork represents Aboriginal and Torres Strait Islander cultures in Queensland and speaks of the importance of traditional and cultural sensitivities.

The central circular motif represents Health in Queensland and the meeting place to trade knowledge about best health practice and procedures. The pathways leading both in and out represent people travelling from different professions, different communities, and different country, and the importance of everyone contributing equally to this journey. A journey of change and growth for a brighter, healthier and happier future for all Aboriginal and Torres Strait Islander Queenslanders.

The surrounding markings represent the important network of people from these communities, their connection to each other, and how they work together to empower Aboriginal and Torres Strait Islander Queenslanders to have long, healthy, productive lives.

The artwork reflects Queensland Health's commitment to Making Tracks towards closing the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders.

Purpose

- The Practice Plan defines an individual Aboriginal and Torres Strait Islander Health Practitioner's scope of practice specific to their employed position only.
- The Practice Plan is mandatory for an Aboriginal and Torres Strait Islander Health Practitioner to lawfully use scheduled medicines authorities under the *Medicines and Poisons (Medicines) Regulation 2021* in accordance with the Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'
- The Practice Plan template is an approved form published by the Department of Health and must not be changed, however, additional documents may be attached as addenda.
- The Practice Plan form must be completed in full and signed by all parties identified in Section 9.

Privacy Notice

- The Privacy Notice outlines:
 - the legislation requiring or allowing for collection of the information
 - why the information is being collected
 - who will use the information
 - who the information will or may be given to
 - the purpose for which the information will be used once given out (if known)
 - any other circumstances in which the information will be given out (e.g. where required by law) and/or steps that will be taken by the agency if it is proposed to give information to anyone other than those listed
 - the main consequences if all or part of the information is not provided
 - how the individual can access or amend their personal information.
- When signing the Practice Plan, the Aboriginal and Torres Strait Islander Health Practitioner is asked to confirm they have read and understood the Privacy Notice.
- When signing the Practice Plan, the Aboriginal and Torres Strait Islander Health Practitioner is asked to consent to the use of the information within the Practice Plan for the purposes outlined.

Clinical Governance

- The Practice Plan is to be informed by and will be used in accordance with the documents identified in Section 11.
- These include relevant legislation, drug therapy protocols, health management protocols, guidelines and policies.
- Documents relevant to the local service context may also be added to this list.

1. Practice Plan date:

- The Start Date means the date the Practice Plan form is signed by the last party to execute it.
- The Practice Plan is to be reviewed and if necessary revised at the agreement of both the Aboriginal and Torres Strait Islander Health Practitioner and the clinical supervisor at least every 12 months.
- Planned review dates will be identified at the time of the development of a new Practice Plan and included in Section 1.
- The Practice Plan may also be reviewed at any other time, as agreed between the clinical supervisor with primary responsibility for providing supervision and the Aboriginal Torres Strait Islander Health Practitioner, including:
 - following a change in registration status e.g. the addition, removal or change of conditions, undertakings or notations
 - a change of practice scope required by the employer within the employed position, or
 - following the completion of additional qualifications and/or experience.
- At the completion of a review, Section 9 of the Practice Plan must be signed by the Aboriginal and Torres Strait Islander Health Practitioner and the clinical supervisor.
- If the Aboriginal and Torres Strait Islander Health Practitioner changes position within the same employing service provider, or moves to a position within another employing service provider, a new Practice Plan must be completed.
- The Practice Plan is to be endorsed by a third party who is the organisational delegate identified as having responsibility for this function. This could be the appropriate service manager or clinical executive.

2. Personal details

- This section documents the details of the relevant Aboriginal and Torres Strait Islander Health Practitioner, their clinical supervisor and their operational manager.
- The Aboriginal and Torres Strait Islander Health Practitioner details include the:
 - name – the name used as the employee of the employing service provider AND the name recorded on the national public register (in brackets) if it is different to the name commonly used in the employed position
 - registration number (as recorded on the national public register)
 - details of any registration conditions/undertakings/notations (as recorded on the national public register)
 - qualifications relevant to the employed position e.g. this may include a primary qualification and any additional formal education completed e.g. elective units of competency under the National Health Training Package (specialised skills sets)
- It should be noted that the completion of specific specialised skills sets may be required for the Aboriginal and Torres Strait Islander Health Practitioner to deliver certain services e.g. completion of the following elective units of competency are a mandatory prerequisite to be approved to apply topical fluoride:
 - HLTOHC001 Recognise and respond to oral health issues
 - HLTOHC002 Inform and support patients and groups about oral health
 - HLTOHC006 Apply fluoride varnish
- The clinical supervisor is the person who has primary responsibility for providing clinical supervision of the Aboriginal and Torres Strait Islander Health Practitioner's clinical practice in their employed position.
- It is recognised that an Aboriginal and Torres Strait Islander Health Practitioner may receive clinical supervision from other clinicians in addition to the primary clinical supervisor for certain tasks, in certain locations, or at specific times, e.g. when the primary clinical supervisor is not on shift.
- The operational manager is the person with administrative and/or line management responsibility for the Aboriginal and Torres Strait Islander Health Practitioner.

3. Scope of practice

- This section documents the individual scope of practice for the Aboriginal and Torres Strait Islander Health Practitioner within their employed position only.
- Please refer to the Aboriginal and Torres Strait Islander Health Practitioner Scope of Practice Guidelines to inform the completion of Section 3.
- The individual scope of practice should directly relate to the Aboriginal and Torres Strait Islander Health Practitioner's job description.
- A clinical skills assessment relevant to the job description should be undertaken to identify the Aboriginal and Torres Strait Islander Health Practitioner's current competencies to inform the development of the individual scope of practice. A copy of the clinical skills assessment will be attached to the Practice Plan for the purposes of endorsement.
- The section describing individual scope of practice should include:
 - the name of the service
 - the service type e.g. primary health service, sexual health service, child and youth service, oral health service etc
 - the health consumer group to receive a service e.g. age or gender group if relevant, community location
 - a broad description of types of activities to be performed
 - any limitations or exclusions on the types of activities to be performed.
- The delivery of specialised services/activities may require that relevant training has been completed, either as a component of the primary qualification or in addition to the primary qualification:
 - these activities should be identified in Section 3 and linked to the relevant qualification/s specified under Section 2.

4. Clinical supervision and consultation arrangements

- A clinical supervisor will have the clinical leadership skills to support the clinical supervision, clinical review, and professional development of the Aboriginal and Torres Strait Islander Health Practitioner.
- The following should be considered when determining the type of clinical supervision that will be required, including:

- the clinical conditions likely to be addressed
- the type of activities required to be performed
- the individual Aboriginal and Torres Strait Islander Health Practitioner's level of competence in relation to these activities
- the setting in which the activity is to be performed e.g. within a facility, at a person's home
- the health consumer group to receive the services delivered
- the availability of appropriately skilled and knowledgeable clinicians to provide clinical supervision e.g. available to be physically present in same room, in the same building, within a short distance, or remotely; and available in the specialised service area in which the Aboriginal and Torres Strait Islander Health Practitioner will work
- the availability of appropriately authorised clinicians to provide supervision of the Aboriginal and Torres Strait Islander Health Practitioner's use of scheduled medicines authorities as identified in Section 5 and Section 6.
- Direct clinical supervision means that activities are performed under direct observation of the primary or other clinical supervisor e.g. this may be provided in person or via telehealth.
- Indirect supervision means the primary or other clinical supervisor is accessible but not directly observing practice:
 - when detailing the activities that can be undertaken under indirect supervision, identify if the clinical supervisor is to be available within the same facility/building, nearby, or remotely.
- Identify the activities, clinical conditions or circumstances for which the Aboriginal and Torres Strait Islander Health Practitioner must seek immediate consultation and the mechanism by which this consultation is to occur, i.e. with whom (either a clinician or a clinical position), and how the clinician or clinical position is to be consulted.
- Additional information:
 - specify the frequency and method by which clinical supervision and clinical practice review will occur, e.g. daily, weekly, face to face meetings, videoconference etc.

- specify the frequency and method for access to consultation and clinical supervision when the primary clinical supervisor is not available e.g. alternative clinician's name, or an alternative clinical position, and the contact details.
- The Aboriginal and Torres Strait Islander Health Practitioner Board of Australia may require a period of supervised practice as a condition of registration. In this case, arrangements for supervised practice must meet the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia's Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners.

5. Scheduled medicines use

- Section 5 and Section 6 are only required to be completed where:
 - the Aboriginal and Torres Strait Islander Health Practitioner is authorised to use scheduled medicines and poisons under the *Medicines and Poisons (Medicines) Regulation 2021* in accordance with the Extended Practice Authority "Aboriginal and Torres Strait Islander Health Practitioners', and
 - the Aboriginal and Torres Strait Islander Health Practitioner is required to use scheduled medicines authorities within their employed position.
- If sections 5 is not relevant, please tick 'Not applicable'.
- Scheduled medicines authorities only apply to Aboriginal and Torres Strait Islander Health Practitioners working within isolated practice areas as defined in *Medicines and Poisons (Medicines) Regulation 2021* (see definition in Schedule 22 and local government areas in Schedule 20) on the written or oral prescription of a doctor, nurse practitioner or dentist.
- Section 5 defines the scope of scheduled medicines authorities that will apply to the individual Aboriginal and Torres Strait Islander Health Practitioner's practice in their employed position only.
- In completing this section, please consider the clinical skills assessment that has been undertaken in relation to the use of medicines.
- Tick each relevant box for S2 , S3, S4 and S8 medicines:
 - if the Aboriginal and Torres Strait Islander Health Practitioner may use scheduled medicines authorities for a specific schedule of medicines, but restrictions apply, please tick "with restrictions" (See Section 6)

- if the Aboriginal and Torres Strait Islander Health Practitioner has oral health in scope and may apply fluoride varnish, please tick this section.
- Define the process by which the Aboriginal and Torres Strait Islander Health Practitioner is to obtain an instruction to administer or supply and how a record of the instruction is to be made.
- **Note** that while Weipa Town Authority is identified as an isolated practice area, Aboriginal and Torres Strait Islander Health Practitioner may not give a treatment dose (supply) within this local government authority. The Aboriginal and Torres Strait Islander Health Practitioner may however possess and administer scheduled medicines within the Weipa Town Authority.

6. Individual practitioner scheduled medicines restrictions – Isolated practice areas only

- Section 5 and Section 6 are only required to be completed where:
 - the Aboriginal and Torres Strait Islander Health Practitioner is authorised to use scheduled medicines under the *Medicines and Poisons (Medicines) Regulation 2021* in accordance with the Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'; and
 - the Aboriginal and Torres Strait Islander Health Practitioner is required to use scheduled medicines and poisons authorities within their employed position.
- If Section 6 is not relevant, please tick 'Not applicable'.
- This section provides detail of any restrictions to the use of specific medicines by the individual Aboriginal and Torres Strait Islander Health Practitioner, and may be informed by (but not limited to):
 - the Aboriginal and Torres Strait Islander Health Practitioner's job description, and the types of services to be delivered and activities to be undertaken
 - any registration conditions/undertakings/notations which may limit practice
 - the Aboriginal and Torres Strait Islander Health Practitioner's clinical skills competency assessment
 - the Aboriginal and Torres Strait Islander Health Practitioner's level of experience with the use of specific scheduled medicines and poisons authorities for the relevant service type and health consumer group

- the level of clinical supervision available from an appropriately authorised clinician
- safety provisions for the possession, administration, giving a treatment dose, storage and disposal of scheduled medicines
- any other matter related to an assessment of risk to the Aboriginal and Torres Strait Islander Health Practitioner, relevant health consumers or the community.
- Restrictions may relate to (but not limited to):
 - the use of a specific medicine
 - the use of a class of medicines
 - route of administration
 - circumstances or locations for giving a treatment dose
 - setting or context in which medicines may be used
 - the authorised prescriber
 - level and type of clinical supervision required
 - requirements for consultation prior to obtaining/possessing/administering/giving a treatment dose of a scheduled medicine .

7. Practice referrals

- The individual Aboriginal and Torres Strait Islander Health Practitioner and their clinical supervisor will discuss and agree on an appropriate referral process and parameters for referral.
- In completing this section, refer to Fact Sheet 7 in the Aboriginal and Torres Strait Islander Health Practitioner Clinical Governance Guideline, and the Primary Clinical Care Manual.

8. Supervision of Aboriginal and Torres Strait Islander Health Practitioner students

- Aboriginal and Torres Strait Islander Health Practitioners may provide clinical and professional supervision for Aboriginal and Torres Strait Islander Health Practitioner students during the completion of their clinical practice experience as part of a qualification that provides eligibility for registration.

- If Section 8 does not apply, please tick 'Not applicable'.
- The Aboriginal and Torres Strait Islander Health Practitioner must only provide Aboriginal and Torres Strait Islander Health Practitioner student supervision for activities that are within their individual scope of practice as defined in the Practice Plan.
- Where an Aboriginal and Torres Strait Islander Health Practitioner may provide supervision to an Aboriginal and Torres Strait Islander Health Practitioner student, the following are to be defined in the Practice Plan:
 - the settings in which supervision may be provided e.g. within a facility, in a person's home.
 - activities for which student supervision may be provided. This may be limited to specific activities or services.
 - if supervision may be provided for Aboriginal and Torres Strait Islander Health Practitioner students (trainees*) in the use of scheduled medicines, this must:
 - be in line with the relevant *Medicines and Poisons (Medicines) Regulation 2021* provisions for Aboriginal and Torres Strait Islander Health Practitioner trainees, in accordance with the Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'
 - be on the prescription of an authorised prescriber
 - specify if the Aboriginal and Torres Strait Islander Health Practitioner may provide a direction to an Aboriginal and Torres Strait Islander Health Practitioner trainee to obtain and possess an S4 or S8 medicine
 - specify if the Aboriginal and Torres Strait Islander Health Practitioner may provide direct supervision to an Aboriginal and Torres Strait Islander Health Practitioner trainee for the administration of S2 , S3 , S4 or S8 medicines
 - specify if the Aboriginal and Torres Strait Islander Health Practitioner may direct an Aboriginal and Torres Strait Islander Health Practitioner trainee to obtain and possess fluoride varnish and directly supervise the Aboriginal and Torres Strait Islander Health Practitioner trainee in the administration of fluoride varnish.

* Schedule 20 Part 7 of the *Medicines and Poisons (Medicines) Regulation 2021* defines a trainee as a person undertaking training to obtain a qualification required to become a member of a relevant class of health practitioner mentioned in schedules 3 to 11, 13 or 15, other than an enrolled nurse or pharmacist. Aboriginal and Torres Strait Islander Health Practitioners are a class of person identified in schedule 3.

9. Agreement

- The Practice Plan is to be signed by:
 - the individual Aboriginal and Torres Strait Islander Health Practitioner
 - the clinical supervisor with primary responsibility for the supervision of the Aboriginal and Torres Strait Islander Health Practitioner's practice; and
 - the organisational delegate with responsibility for endorsing the Practice Plan e.g. the appropriate service manager or clinical executive of the employing service provider.
- Signing the Practice Plan confirms that each party accepts and agrees to all information in all sections of the Practice Plan.
- The Aboriginal and Torres Strait Islander Health Practitioner is also asked to identify that they have read and accept the Privacy Notice.
- The Aboriginal and Torres Strait Islander Health Practitioner is also asked to consent to the information within the Practice Plan being used for supervision, service delivery, quality improvement, education and evaluation purposes as outlined in the privacy notice.

10. Addenda

- Other documents may form addenda to the Practice Plan by agreement between the Aboriginal and Torres Strait Islander Health Practitioner and primary clinical supervisor e.g. documented clinical skills assessment.

11. Guiding legislation, policies, protocols and guidelines

- This section lists the key documents that support Aboriginal and Torres Strait Islander Health Practitioner practice.

- This list is not exhaustive and does not include documents related to the Aboriginal and Torres Strait Islander's employment arrangements.
- Additional documents specific to the employing service provider may be listed for reference as they apply to the Aboriginal and Torres Strait Islander Health Practitioner's position and practice.

