

Purpose

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

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The Practice Plan form is in an 'approved form', approved by the Director-General under section 239 of the *Medicines and Poisons Act 2019* (Qld) and must not be altered. All sections must be completed in full. Additional documents may be attached as Addendum under Section 10.

Completion of the Practice Plan in the approved form is required under the Medicines and Poisons Act 2019 for Aboriginal and Torres Strait Islander health practitioners to lawfully deal with scheduled medicines authorised under Schedule 3, Part 1 of the Medicines and Poisons (Medicines) Regulation 2021 (Qld) and associated Extended Practice Authority - Aboriginal and Torres Strait Islander health practitioners.

Offences and penalties under the *Medicines and Poisons Act 2019* will apply if the Aboriginal and Torres Strait Islander health practitioner undertakes activities with scheduled medicines as detailed within Schedule 3, Part 1 of the *Medicines and Poisons (Medicines) Regulation 2021*, without a completed and current approved Practice Plan.

The Guide to completing the Aboriginal and Torres Strait Islander Health Practitioner Practice Plan may be used to assist in the development of an individual practice plan.

Privacy Notice – (an Aboriginal and Torres Strait Islander health service should delete the section below and insert a Privacy Notice in line with the organisation's Privacy Policy and the *Privacy Act 1998* (Cth))

Personal information is information which may identify a person [see section 12 of the *Information Privacy Act 2009* (Qld).and section 6 of the *Privacy Act 1998* (Cth).

Personal information collected by the employer organisation (health service) is handled in accordance with:

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

Personal information recorded in the Practice Plan collected by Queensland Health will be handled in accordance with the *Information Privacy Act 2009* (Qld) and the Medicines and Poisons (Medicines) Regulation 2021 (Qld) (Medicines Regulation). By completing the Practice Plan in the approved form, the employing 'relevant health' service' is collecting your personal information in accordance with the Medicines Regulation.

The personal information recorded in the Practice Plan is

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

All personal information collected will be securely stored and will not be disclosed to any other third parties without the consent of the Aboriginal and Torres Strait Islander health practitioner or subject individual, unless required or authorised by law.

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



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Clinical Governance

1. Practice Plan Date

The Aboriginal and Torres Strait Islander health practitioner Practice Plan will be used in accordance with the *Aboriginal and Torres Strait Islander health practitioner Clinical Governance Guideline*, the *Extended Practice Authority 'Aboriginal and Torres Strait Islander health practitioners'* relevant legislation, policy/s and health management protocols.

This individual Aboriginal and Torres Strait Islander health practitioner's Practice Plan will be reviewed annually or more

frequently if required.	
	cumstances such as a change of practice scope required by the employer or the experience, and as agreed between the clinical supervisor and Aboriginal Torres
Start Date:	Review Date:
Start Date.	Review Date:
2. Personal details	
	ait Islander health practitioner for whom this Practice Plan is written, their clinical evant health service ¹ ') chief executive or equivalent or their delegate.
Practitioner full name:	
Contact details:	
Primary Practice Location/s:	
Ahpra Registration Number:	
Registration Conditions, Undertakings and Notations:	
Qualifications (including specialised skill sets):	
Primary clinical supervisor name:	
Primary clinical supervisor position title:	
Contact details:	
Operational/Line Manager:	
Position title:	
Contact details:	

 $^{^{\}mathrm{1}}$ As defined in Schedule 22, Medicines Regulation



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3. Individual scope of practice	
The Aboriginal and Torres Strait Islander health practitioner and clinical supervisor will discuss and determine the ind of practice, based on job description, competencies, authorisations, and the health care setting.	ividual scope
In this Section 3, outline the broad parameters defining the practitioner's scope of practice. This is not intended to b list of activities or responsibilities, although the detail should be indicative of the types of activities that the practitioner in their position. Please refer to the Aboriginal and Torres Strait Islander Health Practitioner Scope of Practice Guid	may perform
4. Clinical supervision and consultation arrangements	
Clinical supervision can range from direct/personal to indirect, and the level of clinical supervision required will be at the level of risk of the activity, the health care setting, and the capabilities and competency of the practitioner. To and Torres Strait Islander health practitioner is responsible and accountable for making a professional judgement at activity is beyond their capability or education, and for initiating consultation with their clinical supervisor and other the health care team as appropriate.	he Aboriginal bout when an
If the Aboriginal and Torres Strait Islander Health Practice Board of Australia has required a period of supervised condition of registration, arrangements for supervised practice must meet the board's supervision and reporting of Aboriginal and Torres Strait Islander health practitioners.	
A clinical supervisor with primary responsibility for supervising the practice of an Aboriginal and Torres Strait Isl practitioner will have the skills to support the supervision, clinical review, and professional development of the A Torres Strait Islander health practitioner. It will be necessary to discuss the supervision arrangements and the c structure to agree the most appropriate and transparent processes for the duration of the Practice Plan.	boriginal and
In this Section 4, outline the agreed consultation and supervision arrangements that will be in place for the implement of the Practice Plan.	ntation period
Are there activities that require direct/personal supervision (i.e., direct observation)? Yes No	
Details of the activity that will be undertaken only under direct supervision:	
Are there activities where indirect supervision is acceptable? (i.e. Where the clinical supervisor is accessible but not directly observing practice, including Yes No if the clinical supervisor is to be available within the same facility/building, nearby, or remotely)	



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Activity/circumstances that always require immediate consultation, method of consultation and with whom:
Activity that will be undertaken only after consultation and with whom:
Additional Informations (alicinal assessmentials attended to a liquid to a superson of manufactures and alicinal society
Additional Information: (clinical supervision structure, including frequency of meetings and clinical review. arrangements for access to consultation and supervision when the primary clinical supervisor is not available)
arrangements for access to consultation and supervision when the primary clinical supervisor is not available)

5. Scheduled medicines authorities N/A

Aboriginal and Torres Strait Islander health practitioners working in a Hospital and Health Service or Aboriginal and Torres Strait Islander health service ('relevant health service'') are authorised under Schedule 3, Part 1 of the Medicines and Poisons (Medicines) Regulation 2021 to –

- administer and/or give a treatment dose of a medicine mentioned in the Extended Practice Authority Aboriginal and Torres Strait Islander health practitioners (EPA), and in accordance with the EPA, if the medicine is administered and/or given:
 - under the EPA; and
 - in accordance with this Practice Plan
- repackage a medicine mentioned in the EPA, and in accordance with the EPA, if the medicine is repackaged for the purpose
 of giving a treatment dose under the EPA
- give a purchase order for stock mentioned in the EPA, and in accordance with the EPA, only if the Aboriginal and Torres Strait Islander health practitioner is employed by a 'relevant health service' in a defined isolated practice area (IPA) and the stock is to be used in that health service in a place in an isolated practice area [refer to Schedule 22 of the Medicines and Poisons (Medicines) Regulation 2021].

All activities undertaken by Aboriginal and Torres Strait Islander health practitioners with scheduled medicines must be within the scope of their approved Practice Plan and in compliance with the EPA and the approved health management protocol (e.g. Primary Clinical Care Manual) within the EPA.

This authority must be used only within the context of the practitioner's employed position.

Individual practice must be within any conditions, undertakings, or notations on the Aboriginal and Torres Strait Islander health practitioner's Ahpra registration and in accordance with the practitioner's assessed competence.

² As defined in Schedule 22, Medicines Regulation



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These medications can only be administered in accordance with the restrictions/conditions specified in the EPA.	Scheduled medicines			
Authority	S2 and S3 medicines	S4 medicines	S8 medicines	
Possess	N/A			
Administer				
Administer fluoride varnish (only if in scope in Section 3)	N/A		N/A	
Give a treatment dose			N/A	
Dispose of waste from diversion-risk medicines	N/A			
Give a purchase order (if employed in an IPA for stock in the IPA)	N/A			
With restrictions				
Authority is not required in this practice plan				
Process to obtain an instruction to administer or give a treatment dose the instruction is to be made:	of a medicine a	nd how a record	of who gave	
the instruction is to be made:				



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For an individua	al practitioner, additional restr	rictions apply to the following scheduled medicines:
	Name of medicine	Nature of restriction e.g. level of supervision required; clinical setting; patient type
Schedule 2		
Schedule 3		
Schedule 4		
Schedule 8		
7. Practice	referrals	
processes to othe referral following is outlined in the	ner health services, considering g oral health assessment and/c e relevant health management	th practitioner and clinical supervisor will discuss and agree on appropriate referral of the individual scope of practice of the practitioner and the clinical setting (including or treatment). The clinical assessment process for determining the need for referral protocol. esses that should be followed.
Agreed referral process/pathway (including for serious, severe and/or deteriorating health conditions):		



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	Health Prac	ctitioner stu	ıdents
Aboriginal and Torres Strait Islander health practitioners may provide clinical and practice supervision for Aboriginal and Torres Strait Islander Health Practitioner students ³ during the completion of their training within the workplace. Supervision may only be provided for student practice that is within the Aboriginal and Torres Strait Islander Health Practitioner's individual scope of practice. In this Section 8, identify if the Aboriginal and Torres Strait Islander health practitioner (for whom this Practice Plan applies) may supervise students and the scope of the supervision to be provided:			
Settings in which student supervision may be provided: N/A			
Activities for which student supervision may be provided: N/A			
Possession and administration of scheduled medicines Can the Aboriginal and Torres Strait Islander health practitioner provide direct Islander health practitioner 'health trainee' for the possession and/or administration	stration ⁴ of sche		
individual practitioner's scope as detailed in this Sections 5 and 6 of this Practic In this Section, tick the appropriate check-boxes and provide additional information	tion, if required	eaulea mealcine	
		S4 medicines	
In this Section, tick the appropriate check-boxes and provide additional information	tion, if required S2 and S3	S4	s, in line with the
In this Section, tick the appropriate check-boxes and provide additional information and the section in the sec	S2 and S3 medicines	S4 medicines	s, in line with the S8 medicines
In this Section, tick the appropriate check-boxes and provide additional information. Authority Direct supervision of health trainees to possess scheduled medicines	S2 and S3 medicines	S4 medicines	S8 medicines
In this Section, tick the appropriate check-boxes and provide additional information. Authority Direct supervision of health trainees to possess scheduled medicines Direct supervision of health trainees to administer scheduled medicines	s2 and s3 medicines N/A	S4 medicines	S8 medicines
In this Section, tick the appropriate check-boxes and provide additional information. Authority Direct supervision of health trainees to possess scheduled medicines Direct supervision of health trainees to administer scheduled medicines Direct supervision to Administer fluoride varnish (only if in scope in Section 3) Supervision of health trainees to possess and/or administer medicines is not	S2 and S3 medicines N/A N/A	S4 medicines	S8 medicines N/A

³ Under Schedule 12, Part 7 of the Medicines and Poisons (Medicines) Regulation 2021, an Aboriginal and Torres Strait Islander health practitioner student is defined as a 'health trainee'. https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2021-0140#sch.12-pt.7

⁴ Under Schedule 12, Part 7, Section 16 of the Medicines and Poisons (Medicines) Regulation 2021, a health trainee is authorised only administer and/or possess a medicine within the Scope of dealing specified. https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2021-0140#sch.12-sec.16



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9. Agreement				
	al and Torres Strait Islander actitioner full name:			
I have rea	ad and understand the information contained within this Practice Plan.		Yes	No
I have read and understood the Privacy Notice. Yes No			No	
I consent to the information contained within this Practice Plan, including my personal information, being collected, stored, used and disclosed where required for supervision, service delivery, quality improvement, education and evaluation purposes as outlined in the Privacy Notice.			Yes	No
		Date:		
Signed:		Date:		
		Date:		
Primary (Primary clinical supervisor:			
I have rea	ad and understand the information contained within this Practice Plan.		Yes	No
		Date:		
Signed:		Date:		
		Date:		
Relevant	health service chief executive or equivalent or their delegate:			
Title/designation:				
	ad and understand the information contained within this Practice Plan and his Practice Plan.		Yes	No
		Date:		
Signed:		Date:		
		Date:		



10.	Addendum – any additional information or documents:
1	
2	
3	
4	
11.	Guiding Legislation, Protocols and Guidelines
rega	links below provide relevant information for the Aboriginal and Torres Strait Islander health practitioner and clinical supervisor arding this Practice Plan.
Que	ensland state-wide:
i.	Aboriginal and Torres Strait Islander health practitioner Clinical Governance Guideline https://www.health.qld.gov.au/ data/assets/pdf file/0030/731388/ATSIHP-clinical-governance-guideline.pdf
ii.	Medicines and Poisons Act 2019 Medicines and Poisons Act 2019 - Queensland Legislation - Queensland Government
iii.	Medicines and Poisons (Medicines) Regulation 2021 https://www.legislation.qld.gov.au/view/pdf/2023-01-01/act-2019-026
iv.	Extended Practice Authority - Aboriginal and Torres Strait Islander health practitioners https://www.health.qld.gov.au/data/assets/pdf_file/0024/1108941/epa-atsi-health-practitioners.pdf
V.	Primary Clinical Care Manual https://www.health.qld.gov.au/rrcsu/clinical-manuals/primary-clinical-care-manual-pccm
vi.	Chronic Conditions Manual: Prevention and Management of Chronic Conditions in Rural and Remote Australia https://www.publications.qld.gov.au/dataset/chronic-conditions-manual-2nd-edition-2020
vii.	National Immunisation Program (NIP) Schedule https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule
Oth	er (may include local protocols and guidelines):