Queensland Health

Medicines and Poisons Act 2019

Fact sheet - Extended practice authorities– current as at March 2023

What is an extended practice authority?

The Act allows the chief executive (or delegate) to make a document called an *extended practice authority*:

- stating the places or circumstances in which an approved person may deal with a regulated substance; or
- imposing conditions on dealing with a regulated substance; or
- requiring an approved person to hold certain qualifications or training to deal with a regulated substance.

The chief executive may make an extended practice authority by adopting another entity's code, guideline, protocol or standard, whether in whole or part.

Extended practice authorities impose conditions as they contain detailed, clinical requirements such as patient criteria for exclusion, medication forms and routes of administration, and the required education and qualifications for practitioners working under them.

What is the purpose of an extended practice authority?

As the name implies, an extended practice authority provides an extension to what an approved person may do under the Act. An extended practice authority may authorise a suitably qualified approved person to administer or supply medicines in specific clinical circumstances. The authorisation of the approved person depends on clinical circumstances and the current treatment for a health condition, both of which change over time.

Extended practice authorities require clinical advice on contemporary best practice and consideration of clinical resources to determine the nature of the treatment that may be delivered safely in the circumstances.

The ability for the chief executive to make an extended practice authority that sits outside the Act is considered appropriate, as extended practice authorities contain detailed clinical information. Extended practice authorities take effect when approved by regulation.

Who has the authority to make an extended practice authority?

The chief executive of Queensland Health (or delegate) may make an extended practice authority. The *Medicines and Poisons (Medicines) Regulation 2021* (**MPMR**) prescribes that the chief executive must consider the following matters before making an extended practice authority authorising a dealing with a medicine:

- the nature of the dealing;
- whether there is a community need for any service to be facilitated by the extended practice authority;

- the way in which any health risks associated with the dealing are to be managed under the authority;
- whether there is a need for a review of the authority and the timing of any review needed;
- if the approved person is subject to the governance of an entity under the authority—the governance capability of the entity;
- if the medicine is a restricted medicine or unregistered medicine—whether it is in the public interest to make the authority, considering the particular health risks associated with restricted medicines and unregistered medicines.

Extended practice authorities must be published on the department's website:

https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/legislation-standards

What are the approved extended practice authorities?

The following are the approved extended practice authorities:

- Aboriginal and Torres Strait Islander health practitioners;
- Aboriginal and Torres Strait Islander health workers;
- Indigenous health workers;
- Midwives;
- Pharmacists;
- Physiotherapists;
- Queensland Ambulance Service;
- Registered nurses.

Further information

For further information, contact the Healthcare Approvals and Regulation Unit:

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