

*Radiation Safety Regulation 2021*

*Medicines and Poisons (Medicines) Regulation 2021*

**Version 2, Form MPMR-SCH6**

Physician assistant Practice plan

Version 3, Form MPMR-SCH6

## Purpose

The practice plan is to provide a framework for clinical practice and supervision of the physician assistant (PA). The practice plan will define the individual scope of practice specific to the PA position.

## Compliance

**The practice plan template is in an approved form and all sections must be completed.**

This form complies with Section 48 of the Acts Interpretation Act 1954, the Medicines and Poisons Act 2019, and the Radiation Safety Act 1999, and is approved by the Director-General, Department of Health in accordance with the definition of ‘practice plan’ as stated under:

* Part 4 Physician Assistants of the Queensland Medicines and Poisons (Medicines) Regulation 2021.
* Part 9, Section 66 Physician Assistant authorised under Practice Plan of the Radiation Safety Regulation 2021.

The practice plan will be used in accordance with the ***Physician Assistant Clinical Governance Guideline*** (the Guideline) [www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-397.pdf](http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-397.pdf)

Process

* An interim practice plan is developed during the initial competency assessment period.
* A (final) Practice Plan is developed and agreed by the PA and supervising medical practitioners.
* An application for endorsement and supporting evidence is submitted to the Hospital and Health Service (HHS) Medical Credentialing Committee for consideration and verification.
* Approval from HHS Executive Director Medical Services as the HHS chief executive delegate.

## Physician assistant practice plan

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|  [ ]  Interim practice plan | [ ]  Practice plan |
| An interim practice plan may be used for a period of up to 60 days to assess the physician assistant competencies.  |
| Practice plan start date: |       | Review date: |       |
| A Practice plan is reviewed by the HHS Medical Credentialing Committee in the first year and then every 3 years.  |
| **Physician assistant** |
| Name: |       |
| Practice location/s: |       |
|       |
|       |
| Contact telephone number: |       |
|  |  |
| **Principal supervising medical practitioner** |
| Name: |       |
| Position title: |       |
| Contact telephone number: |       |
| Scope of Clinical Practice: |       |
|  |  |
| **Secondary supervising medical practitioner** |
| Name: |       |
| Position title: |       |
| Contact telephone number: |       |
| Scope of clinical practice: |       |
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| ***Please note:**** *The principal supervising medical practitioner can serve as a supervisor to a maximum of two physician assistants (including the applicant named in this practice plan).*
 |
| * *In the absence of the principal supervisor, the secondary supervisor is expected to fulfil this role. If the absence is for an extended period of time, an appointment of a principal and secondary supervisor is required.*
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| **1. Delegated practice** |
| Physician assistants are required to practice under delegation. Collaboratively, the physician assistant and the supervising medical practitioners will determine the delegated practice scope required.The physician assistant will only accept assigned activities that are:* consistent with the clinical service capability framework and facility policies
* within the credentialing and scope of clinical practice of supervising medical practitioners
* consistent with physician assistant education, training, experience, and competence.

This is not intended to be a complete list of activities or responsibilities but should be indicative of the types of activities that the physician assistant may be likely to perform in the role with direct or indirect supervision. **Physician assistant activities:** |
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| ***Please note:**** *Another health professional may refer aspects of a patient’s care to a physician assistant. Also, a physician assistant may refer aspects of a patient’s care to other health professionals, as previously agreed with the supervising medical practitioner.*
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| **2. Consultation requirements** |
| The physician assistant is responsible and accountable for making a professional judgement about when an activity is beyond their capability or scope of professional practice, and for initiating consultation with their supervising medical practitioner and other members of the health care team as appropriate. **Please consider and complete as appropriate:** |
| Activity/circumstances that always require immediate consultation |
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| Activity that will be undertaken only after consultation |
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| Activity that will be undertaken only under direct supervision |
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| ***Please note:**** *A physician assistant cannot take the place of the supervising medical practitioner as the principal medical decision maker.*
 |
| * *If a patient declines to be assessed or treated by the physician assistant, immediate referral to a medical practitioner must occur.*
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| **3. Practice exclusions** |
| **There are some activities which a physician assistant is prohibited to undertake:** |
| * sign a death certificate
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| * complete or sign a prescription that is eligible for reimbursement through the Pharmaceutical Benefits Scheme (facility pharmacies), or that will be filled by a private pharmacy
 |
| * complete or sign a prescription for highly specialised drugs that require medical specialist authority
 |
| * complete or sign a request for private pathology tests which are eligible for Medicare rebates covered by the pathology table of the *Health Insurance Act 1973*, or that otherwise would be valid if requested by a registered medical practitioner holding a valid Medicare Australia provider number for a private patient
 |
| * sign a workers compensation form or a medical certificate for a motor vehicle driver’s licence
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| * sign forms that attract a commonwealth benefit
 |
| * perform any medical service, procedure, function or activity, which is outside of the assigned role
 |
| * work without access to a nominated supervisor.

Other:       |
| **4. Medicines authority** |
|  | The physician assistant has been assessed as competent and is authorised in accordance with Schedule 6, Part 3 of the [*Queensland Medicines and Poisons (Medicines) Regulation 2021*](https://www.legislation.qld.gov.au/view/whole/html/inforce/current/sl-2021-0140#sch.6-pt.3)to prescribe, give a treatment dose, administer and possess a non-restricted medicines under the supervision of a medical practitioner and in accordance with the stipulations outlined below. |
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| **5. Medicines restrictions** |
| In accordance with the Medicines and Poisons (Medicines) Regulation 2021 Schedule 6, Part 3, the physician assistant may prescribe, give a treatment dose, administer and possess the following 2, 3, 4 & 8 scheduled medicines **with the following RESTRICTIONS:** (Complete if required) |
| **Medication schedule** | **Level of supervision**(determined by, and oversighted by the supervising medical practitioners) |
| **Level 1**All orders approved and co-signed in real time | **Level 2**All orders co-signed within 24 hours | **Level 3**Random review |
| Schedule 2 |       |       |       |
| Schedule 3 |       |       |       |
| Schedule 4 |       |       |       |
| Schedule 8 |       |       |       |
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| **The following medicines are not permitted except under a prescription:**(e.g. concentrated electrolytes, insulin and oral hypoglycaemics, NSAIDS, cytotoxics & immune suppressants, anticoagulants, aminoglycosides) |
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| **6. Pathology authority** |
|  | The physician assistant is authorised to request public pathology tests within the approved Queensland Pathology guidelines. |
| **Exceptions/restrictions:** |
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|  | The physician assistant is authorised to order blood and blood products. |
| **Exceptions/restrictions:** |
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| **7. Medical imaging authority** |
| The physician assistant is authorised to request medical imaging procedures as follows: |
|  | Plain film x-rays |
|  | Ultrasound |
|  | Computed tomography |
| **Exceptions/restrictions:** |
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| **8. Agreement** |
| **I accept and agree to the delegated activities defined within this practice plan.** |
| Physician assistant Name: | Signed: |
|       |  | Date: |       |
| Principal supervising medical practitioner Name:       | Signed: |
| Registration number: |       | Date: |       |
| Secondary supervising medical practitioner       | Signed: |
| Registration number: |       | Date: |       |
| Supplementary supervising medical practitioner Name:       | Signed: |
| Registration number: |       | Date: |       |

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| **9. Approval from Hospital and Health Service Executive Director Medical Services**  |
| [ ]  Approved | [ ]  Not Approved |
| Signature: |  |
| Name: |       |
| Position title: |       | Date: |       |

## Privacy notice

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| Personal information collected by the Department of Health and Hospital and Health Services is handled in accordance with the *Information Privacy Act 2009* *(Qld)*. By you completing the practice plan in the approved form, the employing Hospital and Health Service is collecting your personal information in accordance with the *Medicines and Poisons (Medicines) Regulation 2021 and the Radiation Safety Act 1999 and the Radiation Safety Regulation 2021.* The completion of the practice plan is required for physician assistants to lawfully use scheduled medicines authorities under the *Medicines and Poisons (Medicines) Regulation 2021* and request medical imaging under the *Radiation Safety Regulation 2021*. Offences and penalties under the *Medicines and Poisons (Medicines) Regulation 2021 and the Radiation Safety Act 1999* will apply if the physician assistant uses scheduled medicines or requests medical imaging without a completed and current approved practice plan.All personal information will be securely stored and only accessible by appropriately authorised Department of Health and Hospital and Health Service employees or their agents. The personal information recorded in the practice plan will only be made available to:* The individual physician assistant as a record of their individual scope of practice and for their communication purposes.
* Clinicians with supervisory responsibility for the physician assistant’s practice to inform the expectations and requirements of the supervisory relationship.
* The individual physician assistant’s operational 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 physician assistant education.
* Individuals engaged by the Department of Health and/or the employing Hospital and Health Service to undertake the evaluation of the physician assistant role in Queensland.

Personal information recorded in the practice plan will not be disclosed to any third parties without the consent of the physician assistant, 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](http://www.health.qld.gov.au). |