

Contents

Foreword

Explanatory Paper: Overview of the Process of Imposing Conditions and Orders

1. Powers

- 1.1 [Power to impose a condition or make a particular order](#)
 - 1.1.1 [Power to make a recommendation](#)
- 1.2 [Differentiating between conditions and orders](#)
- 1.3 [Making critical compliance conditions and/or orders](#)
- 1.4 [Dealing with pre-existing conditions and/or orders](#)

2. Drafting Conditions

- 2.1 [Finding template conditions](#)
- 2.2 [Making private conditions](#)
- 2.3 [Incorporating policies or protocols into conditions](#)
- 2.4 [Written reasons for imposing conditions and/or orders](#)

3. Effectiveness of Conditions

- 3.1 [Ensuring conditions are clearly understood by the public](#)
- 3.2 [Ensuring conditions are capable of effective monitoring](#)
 - 3.2.1 [Workability, effect dates and timeframes](#)
 - 3.2.2 [Creating mechanisms for information exchange with third parties](#)
 - 3.2.3 [Potential impact of conditions on third parties](#)
 - 3.2.4 [Other factors to consider](#)
- 3.3 [Notifying other parties of conditions and/or decision](#)

4. Reviews

- 4.1 [Reviewing conditions and orders](#)
- 4.2 [Self-executing conditions and orders](#)

5. Further Resources

Template Conditions Bank

- | | |
|--|--|
| A. Procedural conditions | G. Audit and inspection conditions |
| B. Limiting practice conditions | H. Supervision conditions |
| C. Prescribing and other drug conditions | I. Mentoring conditions |
| D. Dispensing and other drug conditions | J. Exclusion conditions |
| E. Training and education conditions | K. Health conditions |
| F. Complementary health care conditions | |

Tables

[Table 1: Powers to impose a condition or make a particular order](#)

[Table 2: Publishing Decisions - Summaries of the relevant provisions of *Health Practitioner Regulation National Law \(NSW\)*](#)

Foreword

Creating conditions to be imposed on the registration of health practitioners is not as easy as it looks. The aim is to create conditions that protect the health and safety of the public, whilst also allowing health professionals to practise their profession.

Conditions have a life beyond the moment of their imposition. Daily, the staff of the health professional Councils monitor practitioners' compliance with their conditions. In doing so, they develop a strong working knowledge of how conditions "operate", and some of the practical pitfalls that can occur when trying to interpret conditions and communicate with practitioners about their conditions.

This Conditions Handbook attempts to harness the knowledge gained into a single resource, to assist you in the drafting of conditions (and orders) that are both workable and effective, and ultimately achieve their intended purpose.

The Handbook is divided into two sections – the "Explanatory Paper" and the "Bank". The "Explanatory Paper" guides you through the practical considerations relevant when drafting conditions. The "Bank" provides a (non-exhaustive) set of template conditions, which have been formulated to suit most circumstances.

The Handbook will be updated from time to time. It is recommended that you refer to the online version or contact the relevant staff for an up-to-date version.

Please contact Council staff if you would like further assistance or if you would like to provide any suggestions or amendments to this document.

This edition was last revised April 2023.

Overview of the process of imposing conditions and orders

1 Powers

1.1 Power to impose a condition or make a particular order

The powers you have depend on the nature of the proceedings you are conducting and are set out in the [Health Practitioner Regulation National Law \(NSW\)](#) (“the Law”).

[Table 1](#) summarises those powers for ease of reference, however decision-makers should refer to the provisions of the Law, because powers are qualified in some instances.

1.1.1 Power to make a recommendation

[Table 1](#) also summarises those instances where the ability to make a recommendation is explicitly provided for in the Law. (It is open to a decision-maker to make a variety of recommendations or observations, for the consideration of the Council or other bodies, even if the ability to do so is not explicitly provided for in the Law). In these circumstances, these recommendations are helpful pointers to guide the Council or a practitioner.

1.2 Differentiating between conditions and orders

- Refer to [HPCA Legal Practice Note 1 – Conditions and Orders \(March 2014\)](#)
- A condition makes a practitioner’s or student’s registration conditional on compliance with the condition. An order requires them to do a specific activity or task.
- What do you want to achieve?

Are you seeking to restrict the practitioner’s registration i.e. the way in which they practise their profession?
 - If so, a condition may be appropriate
 - If not, some other order may be appropriate
- Conditions will generally be recorded in the public register, one exception being “health” conditions (see ss [225](#) and [226](#) of the Law and [2.2 Making private conditions](#), although note that health conditions imposed by a Tribunal usually appear on the register).
- Any other order (see ss [156C\(2\)](#), [146B\(1\)](#), [148E](#), and [149A\(1\)](#)), such as an order requiring a practitioner to attend an education course, will not generally appear on the register.

Both orders and conditions can be the subject of an appeal.
- Conditions (and suspensions and cancellations or disqualifications of registration) can be the subject of formal review under ss [150A](#), [150C](#), [152K](#) or [163B](#) of the Law depending on the circumstances (see [4.1 Reviewability of conditions/orders](#)).

- Orders cannot be the subject of formal review hearings (see [4.1 Reviewability of conditions/orders](#)).

1.3 Making critical compliance conditions and/or orders

- Only Professional Standards Committees (“PSC”) and Tribunals may impose critical compliance conditions (or orders).
- Conditions (or orders) become critical compliance conditions when the PSC or Tribunal orders that contravention of the condition (or order) will result in the practitioner’s or student’s registration being cancelled (see ss [146B\(3\)](#) and [149A\(4\)](#) of the Law).
- The effect of a proven contravention (breach) is swift and comprehensive (see [ss 150\(3\)](#) and [149C\(3\)](#) of the Law and the 2020 Tribunal case of [Medical Council of NSW v Ameisen \[2020\] NSWCATOD 18](#)). The Council and the Tribunal are not able to exercise any discretion if satisfied that the condition has been contravened. The Council must suspend the practitioner’s registration and the Tribunal must then cancel that registration. A critical compliance condition (or order) should therefore only be imposed when you are satisfied suspension and cancellation of the practitioner’s registration is appropriate in the event of a breach.
- Note that if you intend to impose critical compliance conditions (or orders), it is most unlikely (and probably inappropriate) that every condition or order warrants being designated for critical compliance.

1.3.1 Imposing critical impairment conditions

- Only a Council may impose critical impairment conditions: [s 150FA](#) of the Law. Critical impairment conditions may be imposed by a Council when exercising [s 150](#) powers, imposing conditions on the recommendation of an Impaired Registrants Panel or following determination of a complaint at a Council inquiry (not applicable to Medical and Nursing & Midwifery Councils).
- A Council may also alter a condition so that it is designated a critical impairment condition.
- Critical impairment conditions may only be imposed on registered practitioners, not on registered students.
- Only conditions imposed due to the impairment of a practitioner may be designated critical impairment conditions.
- If a Council is satisfied that a practitioner has contravened a critical impairment condition, it must refer a complaint to the Health Care Complaints Commission and the matter may be dealt with a complaint (investigated) by the Commission: [s 150FA\(3\) of the Law](#).

1.4 Dealing with pre-existing conditions and/or orders

- In some circumstances you will not have the power to remove or vary a condition already on a practitioner’s registration. You need to understand the origin of any such condition as this will dictate whether you have the power to review such conditions.

- **Power to remove or alter existing conditions**

When you are sitting as:	Do you have the power to remove/alter existing conditions?
The Council (or Council delegates) exercising powers under ss 150 , 150A , or 150C	Only if you are reviewing conditions previously imposed under the original s150 proceedings.
An Impaired Registrants Panel ("IRP")	<p>No, however, you can recommend that the Council remove or alter conditions imposed following a previous IRP, or s 150 conditions (using ss 150F and 150I of the Law) and the Council can put such recommendations into effect.</p> <p>Note: The Council's ability to remove or alter other pre-existing conditions on your recommendation will depend on whether the Council was given the power to review these conditions when they were originally imposed (see ss 163 and 163A).</p>
A Performance Review Panel ("PRP")	No (you could make recommendations for a subsequent review body to consider).
A PSC or Tribunal dealing with a complaint	<p>No (You could make recommendations for a subsequent review body to consider).</p> <p>Note: If the existing conditions were imposed under s 150 and you are now dealing with a complaint resulting from the same matter, the s 150 conditions fall away by reason of you dealing with the complaint (see s 150H of the Law).</p>
A Tribunal or a Council dealing with a review application under s 163B	Yes, but only as set out in s 163A(4) of the Law regarding "relevant orders" as defined in that section (i.e. suspension, cancellation, disqualification, conditions on registration).
A Tribunal dealing with an appeal concerning disciplinary outcomes or dealing with an appeal concerning National Board registration decisions under s 175	<p>May only deal with any conditions under appeal.</p> <p>(You could make recommendations about other pre-existing conditions for a subsequent review body to consider)</p>
A Council Inquiry dealing with a complaint under s 148	<p>No, not under your Inquiry powers.</p> <p>But if the Council is the review body under s 163B of the Law and the practitioner consents to, for example, alteration or removal of conditions under s 163B, the Council can deal with the conditions concurrently with the Inquiry. See also s 41P of the Law regarding the exercise of Council functions with consent.</p>

- If you do not have the power to deal with pre-existing conditions, as a general principle, it is best to impose all the conditions you think are appropriate in relation to the current complaint or issue before you, regardless of whether there are pre-existing conditions on the practitioner's registration related to the area of concern.
- If the result is superfluous or overlapping conditions on the practitioner's registration, it is appropriate to make recommendations as to what pre-existing conditions should be removed or varied. The Council staff can then arrange for the matter to be considered by the appropriate review body.
- Please contact Council staff for further advice on any specific issues.

2 Drafting Conditions

2.1 Finding template conditions

- Refer to the [Template Conditions Bank](#).
- Please refer to the most current version of the Template Conditions as:
 - They are generally capable of being monitored by the Council.
 - Practitioners have successfully complied with most of the conditions over the years.
 - They have been developed in consultation with relevant organisations e.g. Medicare, Pharmaceutical Regulatory Unit and QML Pathology
 - Template conditions are continually reviewed and evolve in response to submissions from subject practitioners and the Councils' monitoring and legal experiences.

2.2 Making private conditions

- Some conditions do not appear on the public register.
- Make it clear in your decision if you believe the National Board should not record certain conditions in the public register, as the National Board will generally be guided by the decision makers.
- Generally, it is appropriate to keep conditions relating to the personal health of a practitioner private, unless there is a stronger public interest in making the conditions public.

Typically, in such cases, the following statement appears on the register: "Registration is subject to conditions that relate to personal health. These conditions are not publicly available due to privacy considerations."

Note: Section [176BA](#) requires the Council to inform employers and accreditors of the imposition, alteration, and removal of a condition, including health conditions. However, it has been a long-standing policy not to provide other third parties with details of health conditions unless special circumstances apply. If you do consider it necessary that a third party be aware of a practitioner's health conditions (almost certainly for monitoring purposes), please explain this in your decision. See also [3.3 Notifying others of conditions and/or a decision](#).

- Be aware that while [s 225](#) of the Law stipulates what information must be recorded on the register, [s 226](#) allows the National Board to decide not to record certain information in the public register (including for reasons of impairment). Ultimately what information is recorded in the national register is a matter to be determined by the relevant National Board.

2.3 Incorporating policies or protocols into conditions

- Where applicable, you are strongly encouraged to incorporate relevant policy or protocol into your conditions and orders. It can save you a lot of detailed drafting, encourages consistency and greatly assists the Council and the practitioner in ensuring compliance. The Template Conditions have been drafted with this in mind.
- The Template Conditions includes a copy of all policies, position statements, guidelines or protocols incorporated in the conditions. Copies are provided to subject practitioners and they are also available on the HPCA or Councils' websites.
- Breach of a policy or protocol can amount to a contravention of conditions or orders if it has been incorporated into the condition, and in turn unsatisfactory professional conduct (see [sub-ss 139B\(1\)\(c\) and \(d\)](#) of the Law).

2.4 Written reasons for imposing conditions and/or orders

- If you have explained the “why”, the subject practitioner is more likely to accept the need for the order/condition and is therefore more likely to comply.
- It is important for your order or condition to be reasonably connected in your written decision to both the evidence you have relied on and your reasons.
- The Council will look to your written decision for guidance in its monitoring of the practitioner's compliance with any imposed conditions and/or orders.
- Any subsequent review body, usually the Council, will also look to your decision for guidance.

3 Effectiveness of Conditions

3.1 Ensuring conditions are clearly understood by the public

- Employers and members of the public are may check the public registers of practitioners.
- Avoid using ambiguous or undefined terms wherever possible (see the Australian Health Practitioner Regulation Agency's [Glossary of Terms in the Register](#)).
- Craft conditions that can stand alone, for example, include a specific date rather than referring to the “date of this decision”, as the decision will not be part of the public register. Also, conditions may be gradually eased and incrementally removed from the public register, so any remaining conditions will need to make sense.
- Refer to “the practitioner” in each condition (do not refer to them by name, remembering that the conditions can only be accessed through practitioners’ individual register entries.) Do not used gendered pronouns such as “she” and “he”. Also, avoid terms such as “applicant”, “respondent”, or “registrant” which are not meaningful to most people reading the public register.

3.2 Ensuring conditions are capable of effective monitoring

- The public is best protected if the Council can be satisfied a practitioner is demonstrating compliance with conditions and orders. The Tribunal has stated that a “condition must be drafted with precision, so that the practitioner understands the obligations placed on her or him, and its compliance capable of objective, not subjective assessment.”¹
- Your conditions and orders must be directed to the subject practitioner and not others. (It would be inappropriate to require the compliance of anyone other than the subject practitioner.) The [Template Conditions](#) are drafted with this in mind.

3.2.1 Workability, effect dates and timeframes

- Include clear effect dates (dates on which conditions come into effect) and allow workable and realistic timelines. If in doubt, contact Council staff for assistance.
- Practitioners, employers and other interested parties, including monitoring staff, need certainty. A clear effect date will prevent ambiguity about whether a condition or order has been breached.

¹ [Health Care Complaints Commission v Perceval \[2014\] NSWCATOD 38, \[133\]](#).

- Allow time for necessary administrative arrangements. Conditions and orders have immediate effect, unless otherwise stated and it can be unfair to expect a practitioner to comply immediately. For example, supervision involves approaching supervisors and having them submit to an approval process by the Council which may take 21-28 days.
- If your level of concern is such that you intend that the practitioner is not to practise until a condition is met, state this clearly. Otherwise, bear in mind that the practitioner will be allowed a reasonable time to make administrative arrangements to comply with conditions.
- With educative orders, check courses exist and are offered in the timeframe you are ordering, or ensure alternatives can be substituted (the Council staff can assist with this).
- Allow time for a practitioner to demonstrate improvement. For example, an audit may be appropriate in six months as audits are generally intended to assess a practitioner's implementation of revised practices.

3.2.2 Creating mechanisms for information exchange with third parties

- Wherever possible, create mechanisms for exchange of information with third parties, which assist the Council to independently verify a practitioner's compliance with conditions. Such mechanisms will also help inform any review of conditions (see [4. Reviews](#)).
- Mechanisms which assist the Council include:
 - Requiring supervision;
 - Requiring urine drug screens;
 - Facilitating the provision of Medicare data; and
 - Advising key stakeholders of the imposition of conditions (i.e. Pharmaceutical Regulatory Unit and the Public Health Unit of the Ministry of Health, current and future employers or treating practitioners etc) so they are in a position to notify any concerns.

Be aware that complaints from patients who have accessed the register and are aware of conditions can also play a role in the monitoring process.

- Be aware that some conditions are typically "paired" with other conditions to create mechanisms that allow verification and more effective monitoring. For example:
 - If aspects of practice (e.g. prohibiting the performance of certain procedures) or patient numbers are restricted, a condition authorising provision of information from Medicare allows the Council to

independently verify compliance with the restriction (a word of caution – to be effectively monitored, the restriction might need to match a Medicare item number);

- If you require review by a Council Directed Health Assessor (psychiatrist) (who sends their report to the Council) it is logical to also require subsequent attendance at a review interview or impaired registrants panel at the Council in the same timeframe;
- A condition to not possess, supply, administer or prescribe any Schedule 8 or Schedule 4 Appendix D drugs should also require the practitioner to attend Pharmaceutical Regulatory Unit to surrender the relevant drug authorities.

3.2.3 Potential impact of conditions on third parties

- Ensure that all your orders and conditions are drafted so they put any obligations onto the subject practitioner. The [Template Conditions](#) take this into account.
- Understand that whilst some conditions clearly require others to take on responsibilities (such as supervisors), affected people are always asked by the Council if they consent to the role before being formally approved.
- If your decision will place an appreciable burden on an identifiable third party, that third party must be given an opportunity to make a submission on the decision, see [s 176C](#) of the Law.
- This does not preclude you from stating in your decision that a particular person appears to be suitable for a role envisaged by your orders or conditions, because the Council will consult with them before formal approval is given.

3.2.4 Other factors to consider

- Craft stand-alone conditions. Imagine them subsequently being lifted incrementally. Any remaining conditions need to make sense for future monitoring and review and to future employers or supervisors.
- Ensure any critical compliance conditions are clearly identified as such (see [s 146B\(3\)-\(4\)](#) for PSCs and [s 149A\(4\)-\(5\)](#) for Tribunals).
- Ensure supervision, audit and like conditions (e.g. UDT, CDT and EtG testing) include who is to pay the costs. Generally, it is the practitioner who bears the associated costs of complying with conditions/orders. The exception is where a Council appointed health practitioner is required to review or assess a practitioner in the Council's health program.

- Note that some conditions can only be monitored by self-reporting. Although less effective, such conditions can still have a role.
- Avoid drafting conditions that put the Council in the position of approving an aspect of the practitioner's practice – rather aim to have the practitioner demonstrate they practise in accordance with published standards, policies, or guidelines. For examples, see the [Training and Education conditions A and D](#).

3.3 Notifying other parties of conditions and/or a decision

- Most conditions are recorded in the public register. This is regardless of whether the decision that imposed the conditions is made publicly available, or whether the relevant hearing or proceedings were open to the public. "Private" or "health" conditions generally are not recorded in the public register (see [2.2 Making private conditions](#)).
- A third party may need to be provided with a copy of your decision, or your conditions and orders, so they are suitably informed and in a position to assist the Council in its monitoring activities. Examples might be supervisors and treating practitioners. If a third party is to be provided with a copy of your decision, consider:
 - Ordering a third party be provided with your decision and/or your orders (see [Table 2](#)).
 - Including a condition that the subject practitioner/student is to ensure the provision of the conditions and/or decision to the relevant individuals. This may require the practitioner/student to return a copy of the conditions and/or decision signed by the relevant individual to the Council (see [Procedural conditions A and B](#)).
- Note also that certain decision-making bodies have specific statutory responsibilities to release a decision to parties or a third party (see [Table 2](#)). Understanding who receives a decision in any case may inform your decision as to whether protection of the public will be better served by an order that your decision, or your conditions and orders, be provided to others.
- Make sure you consider whether the disclosure of otherwise confidential information is warranted for the protection of the health and safety of the public and is lawful.

4 REVIEWS

4.1 Reviewing conditions and orders

- If you are imposing conditions as a Tribunal, PSC, PRP, Council Inquiry, or the Supreme Court on appeal, nominate the Council to be the “appropriate review body” if you want the relevant conditions to be reviewed by the Council, otherwise, the appropriate review body will default to the Tribunal (see [s 163\(1\)\(c\)](#) of the Law).
 - The Council is well placed to be the appropriate review body for applications to review conditions. It has regulatory experience, and there are cost and convenience benefits for both the practitioner and the Council. Many applications for review of conditions are dealt with by the Council considering the matter “on the papers”. A review hearing can also be conducted under [s 163B](#) of the Law.
 - In contrast, applications for review of a Tribunal order to cancel a practitioner’s registration (or to disqualify from being registered) must be referred back to the Tribunal for an Inquiry under [s 163A](#) of the Law. This is because [s 149E](#) provides that a person whose registration has been cancelled, or who has been disqualified from being registered cannot make an application for registration until the Tribunal has first made a “reinstatement order” under [s 163B](#).

Note: Orders requiring a practitioner to do a certain thing, eg. complete an educational course, are not reviewable but can be appealed. Once the ordered thing is done, the order should be able to be lifted (see [1.2 Differentiating between conditions and orders](#)).

- If you are the Council imposing conditions under [s 150](#), or under [ss 152J](#) or [152M](#) following an IRP, the Council will automatically be able to review its own orders under [ss 150A](#), [150C](#) and [152K](#) without you needing to specifically nominate the Council as the review body.
- In accordance with the Law’s objective of workforce mobility (see [s 3](#) of the Law), all decision making bodies should consider including a provision which caters for a practitioner moving interstate and seeking a subsequent review of conditions. The suggested form of words for achieving this is included in the [Monitoring conditions text box](#).

4.2 Self-executing conditions and orders

- Consider carefully whether you intend to impose a condition or order (a suspension order for example), which disappears once a period of time has passed.
- As a general rule, safety of the public is likely to be more effectively achieved if there is some reassuring monitoring activity on the expiration of a suspension or of certain conditions.
 - For example, simply requiring supervision for six months will mean the requirement for supervision will vanish despite the possibility of adverse feedback in supervision reports to the Council during the 6 months.

- Equally, suspension for 6 months without any conditions being required on the expiration of the suspension (such as a period of supervision) may do little to demonstrate that a practitioner has learned or improved.
- Ordering conditions that are intended to operate during a period of suspension is not recommended. It is doubtful whether a Council has jurisdiction to monitor a suspended practitioner. (See [1.1.1 Power to make a recommendation](#)).

Note: Suspensions by Tribunals and recommendations of suspension by IRPs need to specify the period of suspension (see [ss 149C](#) and [152I\(2\)\(b\)](#)), whereas suspensions under [s 150](#) do not need a period to be specified (because reviews can be made at any time under [s 150A](#) or [s 150C](#) of the Law).

- There may be merit in not specifying a condition expiry date at all, as you are operating in a protective jurisdiction. This is because the practitioner can always (subject to [s 163B\(5\)](#) of the Law) make a review application and ask that a condition be altered or removed.

5 FURTHER RESOURCES

- The Council staff are happy to discuss whether proposed conditions are workable.
- Given the sensitive nature of the matter, discretion is assured should you seek such assistance in the course of a hearing. Such discussions are best conducted as a hypothetical.

Conditions Handbook



A. Procedural Conditions

PROCEDURAL CONDITIONS		Supplementary Materials / Notes	Complementary Conditions
Relating to all professions			
Notifying current employers			
A	<p>To forward evidence to the [Profession] Council of NSW within 14 days of [insert date], that the practitioner has provided a copy of [this decision / full conditions / practice conditions] to:</p> <p>[List intended recipients: i.e Medical Director, Director of Nursing / Midwifery, Director of Clinical Services, Principal of practice, Chief Pharmacist/Director of Pharmacy, supervisor and the responsible senior officer in any place that they practice (including any locum agencies and hospitals)].</p> <p>[Optional: if allowed to practice at agencies, add the following: and/ or employment agencies through which the practitioner provides professional services.]</p>	<p>This condition can be worded to require the practitioner to provide different information to different parties.</p> <p>This condition is not required for the purpose of notifying employers or accreditors of conditions that have been imposed, altered or removed. This requirement is mandated under s 176BA of the National Law</p>	

PROCEDURAL CONDITIONS		Supplementary Materials / Notes	Complementary Conditions
Relating to all professions			
Notifying future employers			
B	<p>Within 14 days of a change in the nature or place of their practice, the practitioner is to forward evidence to the [Profession] Council of NSW that they have provided a copy of [this decision / full conditions / practice conditions] to:</p> <p>[List intended recipients: i.e Medical Director, Director of Clinical Services, Principal of practice, Chief Pharmacist/Director of Pharmacy, supervisor and the responsible senior officer in any place that they practice (including any locum agencies and hospitals)].</p> <p>[Optional: if allowed to practise at agencies, add the following: and/ or employment agencies through which the practitioner provides professional services.]</p>	This condition can be worded so as to require the practitioner to provide different information to different parties.	
Information exchange			
C	<p>To authorise and consent to any exchange of information between the [Profession] Council of NSW and Medicare Australia [and Pharmaceutical Regulatory Unit / Victims Services New South Wales / health funds] for the purpose of monitoring compliance with these conditions.</p>	<p><u>For IRP:</u> This condition is already included in the text of the standard agreement. Therefore, this condition is not required to be included.</p>	

PROCEDURAL CONDITIONS		Supplementary Materials / Notes	Complementary Conditions
Relating to all professions			
D	<p>To authorise the [Profession] Council of NSW to notify current and future persons or organisations at any places where they work as a health practitioner in Australia of any issues arising in relation to compliance with these conditions.</p> <p>[Optional: They must only be employed as a health practitioner in circumstances where the employer has agreed to notify the Council of any breach of the conditions or unsafe practice; and exchange information with the Council related to compliance with the conditions.]</p>	Optional addition is recommended for NMC or other employed professions. It allows for two-way communication with employers.	
Students			
E	To forward evidence to the [Profession] Council of NSW within 14 days of [insert date] , that the registered student has provided a copy of [this decision / these conditions] to their education provider.	<p>These conditions must be imposed to ensure conditions are capable of effective monitoring</p> <p>Note that the Council's powers in relation to students only relate to conduct (offences) and issues of impairment</p>	Conditions E, F & G are to be used together
F	Within 14 days of a change in their education provider, the registered student is to forward evidence to the [Profession] Council of NSW that they have provided a copy of [this decision/conditions] to their new education provider.		
G	To authorise the [Profession] Council of NSW and current / future education providers to exchange information regarding any issues arising in relation to compliance with these conditions.		

PROCEDURAL CONDITIONS		Supplementary Materials / Notes	Complementary Conditions
Relating to all professions			
Performance assessment			
H	To undergo a performance assessment	This condition is appropriate for s 150 proceedings that are to be referred under s 150E	

Review body provision

When sitting as a Tribunal, PSC, PRP or Council conducting an inquiry, include the following statement when imposing conditions where you intend the Council to be the review body, otherwise, the Tribunal is by default the review body (see [s 163 of the Law](#)).

The **[Profession]** Council is the appropriate review body for the purposes of Part 8, Division 8 of the Health Practitioner Regulation National Law (NSW).

Interstate review provision

When sitting as the Tribunal, PSC, PRP or the Council, include the following to ensure practitioners who move interstate can have conditions reviewed by the National Board when not practising in NSW.

Sections [125](#) to [127](#) of the Health Practitioner Regulation National Law are to apply whilst the practitioner's principal place of practice is anywhere in Australia other than in New South Wales, so that a review of these conditions can be conducted by the **[Profession]** Board of Australia.

Conditions Handbook



B. Limiting Practice Conditions

LIMITING PRACTICE		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Limiting the place/nature of practice			See also Procedural Supervision, Mentoring Conditions	
A	To obtain [Profession] Council of NSW approval prior to changing the nature or place of practice.			All
B	To advise the [Profession] Council of NSW in writing at least seven days prior to changing the nature or place of practice.	This condition is not required when the practitioner must obtain Council approval prior to changing their role or employment		All
C	<p>To practise only in a group practice approved by the [Profession] Council of NSW where there are at least [... of registered [Profession] /health] practitioners (excluding the subject practitioner) and:</p> <p>[Select all that apply]</p> <ul style="list-style-type: none"> a) The patients and patient records are shared between the practitioners. b) There is always one other registered [[Profession] /health] practitioner on site. c) Is an accredited practice. 	A deputising service is not considered to be a group practice.		All
D	<p>To practise only in a [select from list below] approved by the [Profession] Council of NSW.</p> <p>List: [hospital position / public hospital position / accredited teaching hospital or within its secondment network / resident</p>			All

LIMITING PRACTICE		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	medical officer position / residential aged care facility / locum position of greater than four weeks / other].			
E	<p>To practise only in a [employment location type</p> <p>e.g.</p> <ul style="list-style-type: none"> • an accredited teaching hospital or within its secondment network • Government ambulance service • Public hospital at the level of a Junior Medical Officer • accredited university teaching clinic or within its secondment network of accredited optometry practices • facility where a (Clinical) Nurse/Midwifery Educator is available (may be off site) for shifts worked]. 		To be imposed with Condition A	All
Limiting the scope of practice			See also Procedural Conditions and Limiting Procedures	
F	<p>Not to undertake:</p> <p>[list those that apply:</p> <p>solo practice, residential aged care facility visits, home visits, locum positions of less than four weeks</p> <p>Agency nursing, midwifery, midwifery group practice, private midwifery practice, on call duties, after-hours duties between 10pm and 6am, relief duties, duties other than at their appointed place of practice</p> <p>Preschool or school screenings, workplace or industrial assessments]</p>	Use to prevent certain specific services or practice areas	See Council policy on locum positions if applicable	All

LIMITING PRACTICE		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
G	<p>Not to practise:</p> <p>[list those that apply: as the sole practitioner, practitioner in charge, as senior clinician, in a paediatric unit or facility, in a mental health unit or facility, in a community health service, in a residential aged care facility, as officer in charge of a station, as a podiatric surgeon]</p>	Use to prevent specific locations or employment roles		All
H	<p>Not to provide:</p> <p>[list those that apply e.g care to mental health patients, wound care, home births, immunisation, care to residents of aged care facilities]</p>	Use to prevent specific services		All
I	Upon entering the pharmacy premises in which they intend to practise, the practitioner must notify the pharmacist in charge before commencing to practise.			Pharmacy
J	Not to supervise or deliver any training to any [profession] practitioner or [profession] student, whether registered or not, in any context.	Supervision is defined as any role, formal or informal, in which a practitioner provides oversight of another practitioner or student within Ahpra's definition of practice		All
K	<p>Not to undertake clinical work, meaning:</p> <ul style="list-style-type: none"> the practitioner must not practise in any role requiring direct or indirect clinical patient contact (including supervision of other practitioners engaged in direct or indirect clinical contact). 		A condition requiring Council approval of a practitioner's place of work should be considered alongside this restriction, See condition A	All

LIMITING PRACTICE		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	<ul style="list-style-type: none"> The practitioner may only use their professional knowledge to practise in [list those that apply e.g. management, administration, education, research, advisory, regulatory or policy development roles.] 			
Limiting hours Conditions limiting hours can be used to assist health impaired practitioners.			See also Procedural and Supervision Conditions	
L	To practise no more than [...] hours per week. a) These hours are inclusive of any administrative work			All
M	To practise no more than [...] hours per shift.			All
N	To practise no more than [...] hours per week with no more than [...] hours in any 24 hour period.			All
O	Not to [describe type of time-restricted practice] . For example: practice over-time / participate in any on-call roster / provide after-hour services / perform night-duty / practice on weekends / practice [x] consecutive days / other			All
P	To practise a maximum of [...] overtime shift(s) per week in addition to standard rostered hours.			All
Limiting the number of patients Conditions limiting patient numbers can be used to improve the quality of clinical care and conduct of the practitioner.				

LIMITING PRACTICE		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Q	<p>To treat/consult with no more than [...] patients/clients in any one [hour / day / week].</p> <p>Optional:</p> <p>a) The practitioner is to provide the [Profession] Council of NSW with copies of records confirming the number of patients/clients treated/consulted, their consultation times and hours worked on any dates as specified by the Council.</p>	Please include part A for conditions relating to medical practitioners.	See periodic reporting conditions for monitoring purposes	
Limiting procedures <p>Conditions limiting procedures can be used to improve the quality of clinical care of surgeons.</p>				
R	<p>Not to undertake [describe specific procedure/surgery e.g.</p> <p>Orthodontics, implant treatment, any surgical procedures, tongue tie surgery, endodontics, crown and bridgework, Cosmetic surgery, Therapeutic prescribing, Podiatric surgery, nail surgery, administer local anaesthetic, dry needling, shockwave therapy, laser therapy, sharps debridement, treatments involving caustic agents, treatments of foot and leg ulcerations,</p> <p>End of life care, breast care, medication administration, wound care]</p>	<p>This condition should be limited to procedures, See above conditions for services</p> <p>It may assist to refer to the relevant MBS item number(s) in the condition, if applicable, to avoid any ambiguity about which procedures are prohibited</p>	See period reporting conditions for monitoring purposes	All
S	<p>To limit their procedures to:</p> <p>[List procedures (a) – (...)]</p>	It may assist to refer to the relevant MBS item number(s) in the condition, if applicable, to avoid any ambiguity	See periodic reporting conditions for monitoring purposes	All

LIMITING PRACTICE		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
		about which procedures are permitted		
Periodic reporting				
T	<p>Within seven days of the end of each calendar month, the practitioner is to provide the [Profession] Council of NSW with a record of all [type of procedure] undertaken in the previous month [until such time as the Council decides these reports are no longer necessary]. The record must include the following:</p> <p>[List appropriate record requirements. For example:]</p> <ul style="list-style-type: none"> a) the date and time of each procedure; b) Medicare item number; c) the patient's/client's full name and date of birth; d) the nature of the surgical procedure; e) the location where the surgical procedure took place; and f) any complications arising as a result of the procedure (and specifically advising of any unplanned return to theatre and/or any post-operative infection). 			All

LIMITING PRACTICE		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
U	<p>Within seven days of the end of each calendar month, the practitioner is to provide the [Profession] Council of NSW with a record of all patients/clients seen in the last month. The report must include the following:</p> <p>[List appropriate record requirements. For example:]</p> <ul style="list-style-type: none"> a) the date and time of each consultation; b) the full name and date of birth of the patient/client; c) the item number of the service provided; and d) any procedure performed in respect of each patient. 			
V	<p>Within seven days of the end of each calendar month, the practitioner is to provide the [Profession] Council of NSW with a copy of all the [Profession] [insert requirement e.g. nursing / midwifery rosters] for the preceding calendar month.</p> <p>The report must include the following:</p> <p>[List appropriate record requirements. For example:]</p> <ul style="list-style-type: none"> • the date and time of shift; • the responsible supervisor; and • the nature of practice undertaken. 			Nursing & Midwifery

C. Prescribing Conditions

- The following professions in NSW have the ability to **possess, supply, administer or prescribe** a certain drug or category of drug (e.g. Schedule 8 drugs, or benzodiazepines)
 - Medical practitioners
 - Dental practitioners
 - Nurse practitioners
 - Midwife (Only if endorsed to prescribe scheduled medicines)
 - Optometrists (Schedule 2,3 and 4 medicines approved by the Optometry Board of Australia only)
 - Podiatrists (Schedule 2,3 and 4 local anaesthetics only)
- Similarly, Pharmacists have the ability to **supply, dispense and manufacture** (see dispensing conditions) and Registered Nurses have the ability to **possess, supply, check or administer**.
- These abilities can be restricted by action taken under the:
 - *The Health Practitioner Regulation National Law 2009* (NSW) ("HPRNL"), and
 - *The Poisons and Therapeutic Goods Act 1996* (NSW) ("PTGA") and *Poisons and Therapeutic Goods Regulation 2008* (NSW) ("PTGR")
- It is common for a Council to restrict a practitioner's abilities in regard to a certain drug or category of drug (e.g. Schedule 8 or Schedule 4 drug listed in Appendix D to the PTGR) by imposing conditions.
 - Such conditions should be imposed, where appropriate, regardless of any concurrent lack of authority under the PTGA or PTGR.
 - Conditions apply nationally and are generally published on the Public National Online Register.
- Pharmaceutical Regulatory Unit ("PRU") is the body responsible for the administration of the PTGA and the PTGR.
 - The PTGA and the PTGR regulates the various authorities for registered health practitioners to possess, supply, administer, dispense or prescribe certain drugs or categories of drug.
- The restrictions made under the PTGA or the PTGR only apply within NSW. Councils and other decision makers under the HPRNL need to consider imposing conditions about prescribing matters independently (even if complementary) of any previous action that may have been taken under the PTGA or the PTGR. In a section 150 context specific consideration needs to be given to whether a condition of this nature can be considered "urgent".
- Communication between the Council and PRU provides a safety net to ensure that each is aware of the practitioner's conditions relating to prescribing or dispensing restrictions and assists in the monitoring of a practitioner's compliance with conditions.

PRESCRIBING		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Surrendering Authority and Restrictions				
A	<p>Schedule 8 drugs</p> <p>Not to [possess*, supply, administer or prescribe / possess, supply, check or administer] any “drug of addiction” (Schedule 8 drug) as defined by <i>Poisons and Therapeutic Goods Act 1966</i> (NSW).</p> <p>Optional: Not required if written evidence already exists.</p> <p>a) To provide written evidence to the [Profession] Council of NSW that the practitioner has attended the offices of the Pharmaceutical Regulatory Unit of the Ministry of Health and consented to an Order being made under the <i>Poisons and Therapeutic Goods Regulation 2008</i> to prohibit the practitioner from [possess, supply, administer or prescribe / possess, supply, check or administer] any [Schedule 8 drug/list specific S8 drug] by [insert date].</p> <p>OR</p> <p>a) To provide written evidence to the [Profession] Council of NSW that the practitioner has provided the Pharmaceutical Regulatory Unit of the Ministry of Health with copies of the notice of decision and the Council’s reasons for the decision to restrict the practitioner’s ability to [possess*,</p>	<p>See NSW Poisons List (1 July 2016)</p> <p>See s 8 of the Poisons and Therapeutic Goods Act 1966</p> <p>See cl 175 of the Poisons and Therapeutic Goods Regulation 2008</p> <p>For definition of supply, see s 4 of the Poisons and Therapeutic Goods Act 1966</p> <p>*If practitioner is an owner of a practice, consider the suitability of the use of the word possess. Owners may automatically be in breach of such conditions and making the conditions unreasonable.</p>	<p>See Procedural Conditions (Medicare condition on information exchange)</p> <p>Consider Supervision Conditions</p> <p>If the restriction is due to impairment, see the Health Conditions</p>	<p>“Possess, supply, administer or prescribe” applies to</p> <ul style="list-style-type: none"> - Medical, - Dental and - Nurse practitioners only <p>“Possess, supply, check, administer” applies to</p> <ul style="list-style-type: none"> - Nursing & Midwifery and - Paramedicine <p>“Possess, supply, administer” applies to</p> <ul style="list-style-type: none"> - Podiatry

PRESCRIBING		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	<p>supply, administer or prescribe / possess, supply, check or administer] any [Schedule 8 drug/list specific S8 drug] by [date].**</p>	<p>** The Council must consider whether there is any specific risk requiring a practitioner to relinquish their authority. If there is no specific risk, it may be sufficient to only require the PRU be informed of the Council's decision and reasons for a decision.</p>		
B	<p>Schedule 4 Appendix D drugs</p> <p>Not to [possess*, supply, administer or prescribe / possess, supply, check or administer] any Schedule 4 drug listed in Appendix D to the <i>Poisons and Therapeutic Goods Regulation 2008</i> (NSW).</p> <p>Optional: Not required if written evidence already exists.</p> <p>a) To provide written evidence to the [Profession] Council of NSW that the practitioner has attended the offices of the Pharmaceutical Regulatory Unit of the Ministry of Health and consented to an Order being made under the <i>Poisons and Therapeutic Goods Act 1966</i> to prohibit the practitioner from possessing, supplying, administering or prescribing any [Schedule 4 drug listed in Appendix D / list specific</p>	<p>See cl 61 and Appendix D of the Poisons and Therapeutic Goods Regulation 2008</p> <p>See NSW Poisons List (1 July 2016)</p> <p>See s 18AA of the Poisons and Therapeutic Goods Act 1966</p> <p>For definition of supply, see s 4 of the Poisons and Therapeutic Goods Act 1966</p>	<p>See Procedural Conditions</p> <p>If the restriction is due to impairment, see the Health Conditions</p> <p>Pharmacy should refer to Dispensing Conditions</p>	<p>"Possess, supply, administer or prescribe" applies to</p> <ul style="list-style-type: none"> - Medical, - Dental, - Optometry, - Podiatry and - Nursing & Midwifery (Nurse practitioner only) <p>"Possess, supply, check, administer" applies to</p> <ul style="list-style-type: none"> - Nursing & Midwifery - Paramedicine

PRESCRIBING		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	<p>Schedule 4 drug listed in Appendix D] by [insert date]</p> <p>OR</p> <p>a) To provide written evidence to the [Profession] Council of NSW that the practitioner has provided the Pharmaceutical Regulatory Unit of the Ministry of Health with copies of the notice of decision and the Council's reasons for the decision to restrict the practitioner's ability to [possess*, supply, administer or prescribe / possess, supply, check or administer] any [Schedule 4 drug listed in Appendix D / list specific Schedule 4 drug listed in Appendix D]by [date].**</p>	<p>*If practitioner is an owner of a practice, consider the suitability of the use of the word possess. Owners may automatically be in breach of such conditions and making the condition unreasonable.</p> <p>** The Council must consider whether there is any specific risk requiring a practitioner to relinquish their authority. If there is no specific risk, it may be sufficient to only require the PRU be informed of the Council's decision and reasons for a decision.</p>		
C	<p>Schedule 4 drugs</p> <p>Not to possess, supply, check, administer [or prescribe] any "restricted substance" Schedule 4 drug as defined in the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW).</p>	<p>Nursing & Midwifery note: 'or prescribe' only relevant to Nurse Practitioners and any other approved prescribers</p>		Nursing & Midwifery

PRESCRIBING		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
D	<p>Schedules 2 and 3</p> <p>Not to possess, supply or administer any drug listed in Schedule 2 or Schedule 3 of the Poisons List in force under section 8 of the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW).</p>			<p>Nursing & Midwifery</p> <p>Paramedicine</p>
E	<p>Not to possess*, supply, administer or prescribe [list specific drug e.g. <i>Benzodiazepines</i>].</p>	<p>*If practitioner is an owner of a practice, consider the suitability of the use of the word possess. Owners may automatically be in breach of such conditions and making the condition unreasonable.</p>	<p>See the Health Conditions</p> <p>See Procedural Conditions</p>	<p>Dental</p> <p>Medical</p> <p>Nursing & Midwifery</p> <p>Paramedicine</p> <p>Podiatry</p>
F	<p>Not to treat or prescribe to themselves or immediate family members.</p> <p>a) Within seven days of [insert decision date] to provide the [Profession] Council of NSW with the full name and date of birth of their immediate family members.</p>	<p>See Medical Council's Guideline for self-treatment and treating family members</p>		<p>Medical</p>
Qualified Restrictions				
G	<p>Not to possess, supply, administer or prescribe any ["drug of addiction" (Schedule 8 drug) as defined by <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) / Schedule 4 drug listed in Appendix D to the <i>Poisons and Therapeutic Goods</i></p>		<p>Consider whether you want current and future employers to be sent a copy of the practitioner's</p>	

PRESCRIBING		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	<p><i>Regulation 2008 (NSW)</i></p> <p>Except to prescribe on a [describe type of prescribing chart e.g. medication chart/ discharge summary] to a patient in a [describe type of approved setting i.e. public hospital/ day surgery]</p>		<p>conditions.</p> <p>See Procedural Conditions</p>	

D. Dispensing and Other Drug Conditions

- A NSW practitioner's ability to possess, supply, manufacture or dispense a certain drug or category of drug (e.g. Schedule 8 drugs, or benzodiazepines) can be restricted by action taken under the:
 - a) The HPRNL ; and
 - b) PTGA and the PTGR
- a. Council can restrict a practitioner's ability to possess, supply, manufacture or dispense a certain drug or category of drug (e.g. Schedule 8 or Schedule 4 Appendix D) by imposing conditions.
 - Such conditions should be imposed, where appropriate, regardless of any concurrent lack of authority under the PTGA or the PTGR.
 - Conditions apply nationally and are generally published on the Public National Online Register.
- Pharmaceutical Regulatory Unit ("PRU") is the body responsible for the administration of the PTG.
- It is the PTGA and the PTGR that gives a registered pharmacist the various authorities to possess, supply, manufacture or dispense certain drugs or drug categories.
 - The restrictions made under the PTGA or the PTGR only apply within NSW. Councils and other decision makers under the HPRNL need to consider imposing conditions about dispensing matters independently (even if complementary) of any previous action that may have been taken under the PTGA or the PTGR. In a section 150 context specific consideration needs to be given to whether a condition of this nature can be considered "urgent"
- Communication between the Council and PRU provides a safety net to ensure that each is aware of the practitioner's conditions relating to supply/dispensing restrictions and assists in the monitoring of a practitioner's compliance with conditions.

DISPENSING AND OTHER DRUG CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Surrendering Authority and Restrictions				
A	<p>Schedule 8 drugs</p> <p>a) Not to possess*, supply, manufacture or dispense any “drug of addiction” including derivatives or compounded medication (Schedule 8 of the NSW Poisons List) as defined by <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) or any substance in an equivalent List in any other Australian state or territory.</p> <p>Optional: <i>Not required if written evidence already exists.</i></p> <p>b) To provide written evidence to the Pharmacy Council of NSW that they have attended the Pharmaceutical Regulatory Unit (PRU) of the Ministry of Health and consented to an Order being made under the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) to prohibit them from possessing, supplying manufacturing, or dispensing any [Schedule 8 drug / list specific S8 drug] by [insert date].</p> <p>OR</p> <p>b) To provide written evidence to the [Profession] Council of NSW that the practitioner has provided the Pharmaceutical Regulatory Unit of the Ministry of Health with copies of the notice of decision and the Council’s reasons for the decision to restrict the practitioner’s ability to [possess*, supply,</p>	<p>See NSW Poisons List (1 July 2016)</p> <p>See s 8 of the Poisons and Therapeutic Goods Act 1966</p> <p>See cl 175 of the Poisons and Therapeutic Goods Regulation 2008</p> <p>For definition of supply, see s 4 of the Poisons and Therapeutic Goods Act 1966</p> <p>*If practitioner is an owner of a pharmacy, consider the suitability of the use of the word possess. Owners may automatically be in breach of such conditions and it precludes employed pharmacists from</p>	<p>If the restriction is due to impairment, see the Heath Conditions</p> <p>See the Procedural Conditions</p>	Pharmacy

DISPENSING AND OTHER DRUG CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	<p>manufacture or dispense] any [Schedule 8 drug/list specific S8 drug] by [date].**</p>	<p>dispensing because the drugs are possessed by the owner making the condition unreasonable. It also impacts customers of the pharmacy obtaining their medication. The issue is aggravated where there are multiple owners and multiple pharmacy businesses</p> <p>** The Council must consider whether there is any specific risk requiring a practitioner to relinquish their authority. If there is no specific risk, it may be sufficient to only require the PRU be informed of the Council's decision and reasons for a decision.</p>		
B	<p>Schedule 4 Appendix D drugs</p> <p>a) Not to possess*, supply, manufacture or dispense any substance listed in Schedule 4</p>	<p>See NSW Poisons List (1 July 2016)</p>	See the Health Conditions	Pharmacy

DISPENSING AND OTHER DRUG CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	<p>Appendix D to the <i>Poisons and Therapeutic Goods Regulation 2008</i> (NSW).</p> <p>Optional: Not required if written evidence already exists.</p> <p>b) To provide written evidence to the Pharmacy Council of NSW that they have attended the Pharmaceutical Regulatory Unit ("PRU") of the Ministry of Health and consented to an Order being made under the <i>Poisons and Therapeutic Goods Act 1966</i> to prohibit them from possessing, supplying manufacturing, or dispensing any [Schedule 4 Appendix D drug / list specific S4D drug] by [insert date].</p> <p>OR</p> <p>b) To provide written evidence to the [Profession] Council of NSW that the practitioner has provided the Pharmaceutical Regulatory Unit of the Ministry of Health with copies of the notice of decision and the Council's reasons for the decision to restrict the practitioner's ability to [possess*, supply, manufacture or dispense] any [Schedule 4 drug listed in Appendix D / list specific Schedule 4 drug listed in Appendix D] by [date]**.</p>	<p>See cl 61 and Appendix D of the Poisons and Therapeutic Goods Regulation 2008</p> <p>See s 18AA of the Poisons and Therapeutic Goods Act 1966</p> <p>For definition of supply, see s 4 of the Poisons and Therapeutic Goods Act 1966</p> <p>*If practitioner is an owner of a pharmacy, consider the suitability of the use of the word possess. See notes to condition A above. Owners may automatically be in breach of such conditions and making the condition unreasonable.</p> <p>** The Council must consider whether there is</p>	See the Procedural Conditions	

DISPENSING AND OTHER DRUG CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
		any specific risk requiring a practitioner to relinquish their authority. If there is no specific risk, it may be sufficient to only require the PRU be informed of the Council's decision and reasons for a decision.		
C	Not to possess*, supply, manufacture or dispense [list all drugs] (all forms, strengths, and brands) at [specify name / address of pharmacy / in any pharmacy in which they have a financial interest] .	*If practitioner is an owner of a pharmacy, consider the suitability of the use of the word possess. Owners may automatically be in breach of such conditions and making the condition unreasonable.		
D	Compounding Not to allow the compounding of any of the following pharmaceutical products for [human and / or veterinary] use: [list all drugs] (all forms, strength, and brands at [specify name/address of pharmacy/ in any pharmacy in which he/she has a financial interest] .		See the Health Conditions See the Procedural Conditions	Pharmacy

DISPENSING AND OTHER DRUG CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	<p>To provide to the Pharmacy Council of NSW on a [specify frequency] basis the following records from [specify pharmacy name / location]:</p> <p>a) Instructions received from all veterinary surgeons and health practitioners for the compounding of medications, including the name, address and registration number of the instructing veterinary surgeon or health practitioner,</p> <p>b) The compounding records for all medications where instructions were received, including the date of compounding,</p> <p>c) Copies of all prescriptions subsequently received relating to the compounding instructions and records referred to in paragraphs a & b above, and</p> <p>d) The date and manner of supply of the compounded medication to the relevant instructing veterinary surgeon / health practitioner.</p>			

DISPENSING AND OTHER DRUG CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Education Courses				
E	<p>To complete within [e.g. 6 or 12 months] of [insert date of decision] the [insert name of course/seminar e.g. the online Prescription Drug Misuse Module] organised by [insert name of education / training provider e.g. Royal Australasian College of Physicians (RACP) Australasian Chapter of Addiction Medicine] or such other course with similar learning objectives to be selected by Pharmacy Council of NSW.</p> <p>a) Within [insert timeframe] of [insert date of decision] the practitioner must provide evidence to the Council of their enrolment in the abovementioned course.</p> <p>b) Within [insert timeframe] of completing the abovementioned course, the practitioner is to provide documentary evidence that they have satisfactorily completed the course.</p> <p>c) To bear responsibility for any costs incurred in satisfying this condition.</p>		See the Training and Education Conditions	Pharmacy

E. Training and Education Conditions

When ordering a practitioner to undertake further training or education, consider whether you require the practitioner to:

- Attend a particular conference / seminar;
- Demonstrate that they have satisfactorily completed a particular course.

Appropriate education providers include universities and professional associations.

The monitoring team and / or Professional Officers of the Council can assist decision makers in finding a suitable course and advising whether a particular course or seminar is running.

TRAINING AND EDUCATION CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
A	To complete within [e.g. 6 or 12 months] of [insert date of decision] the [insert name of course/seminar] organised by [insert name of education/training provider] .	<p>Note: the monitoring team can assist decision makers by contacting course providers to confirm course availability so that the timeframes within the conditions can be met.</p> <p>See 3.2.1 workability, effect dates and timeframes</p>	Notification and Monitoring Conditions	All
	a) Within [insert timeframe] of [insert date of decision] they must provide evidence to the [Profession] Council of NSW of their enrolment in the abovementioned course.			
	b) Within [insert timeframe] of completing the abovementioned course, they are to provide evidence to the Council from the training provider that they have satisfactorily completed the course.			
	c) To bear responsibility for any costs incurred in meeting this condition.			
	d) If the [list specific course] is unavailable, they must propose to the Council for approval a similar course to be undertaken in accordance with the requirements of this condition and provide a written explanation			

TRAINING AND EDUCATION CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	as to the reasons why they are making this proposal, by no later than [date - suggestion 2 months from date of conditions] .			
B	<p>To satisfactorily complete within [e.g. 6 or 12 months] of [insert date of decision] education approved by the [Profession] Council of NSW and that has the following characteristics:</p> <ul style="list-style-type: none"> (i) type of institution: tertiary / vocational, (ii) content or learning objectives: specify, (iii) course duration: The course is to be not less than [...] (iv) supervised clinical practice: The course to include a minimum placement of [...] weeks in supervised clinical practice, (v) theoretical assessment, (vi) clinical assessment. <p>a) Within [insert timeframe] of [insert date of decision] the practitioner must provide evidence to the Council of enrolment in the approved course.</p> <p>b) Within [insert timeframe] of completing the approved course, the practitioner is to provide documentary evidence of satisfactory completion to the Council.</p> <p>c) To bear responsibility for any costs incurred in meeting this condition / order.</p>	See 3.2.1 workability, effect dates and timeframes	<p>Notification and Monitoring Conditions compliment these conditions</p> <p>Consider Limiting Practice Conditions</p> <p>Consider Periodic Reporting Conditions</p>	Nursing & Midwifery

TRAINING AND EDUCATION CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
C	To deliver a [seminar/tutorial] within [insert timeframe] from [insert date of decision] to a panel of [practitioners / pharmacists] approved by the Pharmacy Council of NSW on the subject of [specify e.g. the management, supply and recording of pseudoephedrine based products] .			Pharmacy
D	<p>To provide the [Profession] Council of NSW within [...] months from [insert date of decision] with the following:</p> <ul style="list-style-type: none"> a) A summary prepared by the practitioner of the relevant legislation, guidelines, code of conduct, and / or policy on the making and maintaining of [medical / patient / clinical] records. This summary must describe the information to be included in a [medical / patient / clinical] record. b) An overview of the steps they have taken to ensure that they are creating and keeping adequate [medical / patient / clinical] records. c) A copy of the [de-identified] records of [...] [patients / clients] who have attended for consultation with them since the date of this decision. <p>Optional:</p> <ul style="list-style-type: none"> d) Any audit of their [medical / patient / clinical] records subsequently conducted in accordance with any condition on their registration will include a review of those [medical / patient / clinical] records to determine if they meet the standards required. 		If including option (d) – see Audit and Inspection Conditions	Chinese Medicine Chiropractic Dental Medical Nursing & Midwifery Occupational Therapy Optometry Osteopathy Physiotherapy Podiatry

TRAINING AND EDUCATION CONDITIONS		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
E	Provide the [Profession] Council of NSW by [specify date] a copy of their Continuing Professional Development learning plan for the period [specify year] to [specify year] learning period. The learning plan is to address deficits in the practitioner's knowledge / skill identified in the [decision / statement of reasons] dated [insert date] .			All

F. Complementary healthcare conditions

COMPLEMENTARY HEALTHCARE CONDITIONS		Supplementary Materials / Notes	Complementary Conditions
<p>Relating to the following professions:</p> <ul style="list-style-type: none"> • Chinese medicine • Chiropractic • Medical • Osteopathy • Physiotherapy 			
A	<p>If the practitioner works in, and / or proposes complementary health care to provide the patients at the time of consultation with:</p> <ul style="list-style-type: none"> a) A copy of the [Profession] Council of NSW Policy on Complementary Health Care; and b) An acknowledgement confirming the patient has received a copy of the Council policy, to be signed and dated by each patient and placed on their medical record. <p>To complete and forward to the Council a Patient Log within seven days of the end of each calendar month listing all patients who have been provided with a copy of the Council's Policy by them during the calendar month.</p> <p>The Patient Log must include:</p> <ul style="list-style-type: none"> a) The date and time of each consultation; b) The name of each patient; and the c) Contemporaneous signature of each patient. 	See the Council's policy regarding complementary healthcare	Consider including an audit condition

G. Audit and Inspection Conditions

Clinical Records Applicable Councils: <ul style="list-style-type: none"> Chinese Medicine Chiropractic Dental Medical Nursing & Midwifery Occupational Therapy Optometry Osteopathy Physiotherapy Podiatry 	Supplementary Materials / Notes: Medical: <ul style="list-style-type: none"> For regulations applying to medical practitioners see: <u>Sch 4 of the Health Practitioner Regulation (New South Wales) Regulation 2018 (NSW)</u>; For standards in good medical record keeping see: <u>NSW Health Standard – Health Care Records – Documentation and Management 2012</u> For audit conditions regarding non-GP specialists, please contact monitoring staff for advice. <p>Nursing & Midwifery: See <u>Professional standards</u></p> <p>Psychology: See <u>APS Code of Ethics</u></p> <p>All other professions: See the <u>Shared Code of Conduct</u></p> <p>In person or ‘on the papers’</p> <p>Note that due to the wide use of electronic clinical records in practice it can be efficient to undertake record only audits without the need to visit the practice. If there is a reason to prefer one method, then please specify in your decision. Do not add to the condition as this limits flexibility should practical issues arise</p>
A	<p>To submit to an audit by a random selection of their [medical / patient / clinical] records by a person or persons nominated by the [Profession] Council of NSW and:</p> <ol style="list-style-type: none"> a) The audit is to be held within [...] months from [insert date of decision / recommencement of practice] and subsequently as required by the Council. b) The auditor(s) is to assess the practitioner's compliance with [select those that apply]: <ul style="list-style-type: none"> the [Profession] Board of Australia's Policy on Health Records [and / or]; the [Profession] Board of Australia's Code of Conduct, [and / or]; Good [medical/patient/clinical] record keeping standards and legislative requirements, [and, if required] compliance with conditions. <p>Optional:</p> <p style="margin-left: 40px;">The auditor(s) should pay particular attention to:</p>

	<p>[List areas of concern e.g. prescribing, administering and recording of drugs of addiction and drugs of dependence]</p> <p>c) To authorise the auditor(s) to provide the Council with a report on their findings.</p>
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AUDIT AND INSPECTION		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Practice Audit				
B	<p>To submit to an audit of their [profession] practice, by a person or persons nominated by the [Profession] Council of NSW and:</p> <p>a) The audit is to be held within [...] months from [insert date of decision / recommencement of practice] and subsequently as required by the Council.</p> <p>b) The auditor(s) is to examine and assess the following aspects of their practice including:</p> <p>[List areas of concern e.g. infection control standards / dispensing supply / history taking / physical examination / informed consent / record keeping / dilated fundus examination / therapeutics prescribing / safe needling and needling accuracy / inspection of facilities]</p> <p>c) To authorise the auditor(s) to provide the Council with a report on their findings</p>			<p>Chinese Medicine</p> <p>Chiropractic</p> <p>Dental</p> <p>Medical</p> <p>Nursing and Midwifery</p> <p>Occupational Therapy</p> <p>Optometry</p> <p>Osteopathy</p> <p>Physiotherapy</p> <p>Podiatry</p>

AUDIT AND INSPECTION		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Audit on Completion of Prescribing Course				
C	<p>To submit to an audit of their [profession] practice by a person or persons nominated by the [Profession] Council of NSW.</p> <p>a) The audit is to be held within [...] months of having completed the [prescribing/drug misuse/other] course and subsequently as required by the Council. The auditor(s) should:</p> <ol style="list-style-type: none"> Inspect [medical/patient/health] records; Review their drug register; and Inspect their drug storage facilities. <p>b) The auditor(s) is to assess their practice with particular attention to:</p> <p>[List areas of concern e.g. prescribing, dispensing, administering and recording of drugs of addiction and drugs of dependence, compliance with Poisons and Therapeutic Goods Act and Regulation]</p> <p>c) To authorise the auditor(s) to provide the Council with a report on their findings.</p> <p>d) [For Pharmacy only: The audit is to occur in each pharmacy in which the practitioner has a pecuniary interest/each]</p>		<p>Education Condition B is required for the related course</p> <p>Health Conditions E and F</p>	<p>Chinese Medicine</p> <p>Chiropractic</p> <p>Dental</p> <p>Medical</p> <p>Nursing and Midwifery</p> <p>Occupational Therapy</p> <p>Optometry</p> <p>Osteopathy</p> <p>Pharmacy</p> <p>Physiotherapy</p> <p>Podiatry</p>

AUDIT AND INSPECTION		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	pharmacy where the practitioner works]			
Infection Control Audit				
D	<p>To submit to an audit of their [profession] practice(s), by a person or persons approved by the [Profession] Council of NSW and:</p> <ul style="list-style-type: none"> a) The audit is to be held within [...] months from [insert date of decision / recommencement of practise] and subsequently as required by the Council. b) The auditor(s) is to examine and assess infection control standards c) To ensure the auditor(s) provides a report to the Council of their findings in the form required by the Council. 			<p>Chinese Medicine</p> <p>Chiropractic</p> <p>Dental</p> <p>Medical</p> <p>Nursing & Midwifery</p> <p>Paramedicine</p> <p>Physiotherapy</p> <p>& others as required</p>

H. Supervision Conditions

SUPERVISION		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Standard These conditions are to be read with the Compliance Policy – Supervision		Council's Compliance Policy - Supervision		
A	<p>To practise under category [A/B/C] supervision in accordance with the [Profession] Council of NSW's Compliance Policy – Supervision (as varied from time to time) and as subsequently determined by the appropriate review body.</p> <p>a) At each supervision meeting the practitioner is to review and discuss their practice with their approved supervisor with particular focus on:</p> <ul style="list-style-type: none"> [List relevant areas of concerns (a) – (...)] <p>For example: communication issues; substance abuse; workload; clinical performance; medical record reviews; appropriate prescribing practices; patient follow-up; clinical outcomes etc.</p> <p>Optional:</p> <p>To review [...] patient records.</p> <p>To observe the approved supervisor's [consultations/practice]</p> <p>b) To authorise the approved supervisor to provide written reports to the Council at [monthly/quarterly] intervals, or as specified by the Council.</p>	Refer to 4.2 Self-executing conditions and orders.	<p>Condition D to be imposed with this condition</p> <p>Consider whether any further restrictions are required (see Limiting Practice conditions)</p>	All (except Nursing & Midwifery)

SUPERVISION		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
B	<p>To practise under [direct/indirect close/indirect/remote] supervision in accordance with the [Profession] Council of NSW regulatory supervision policy (as varied from time to time) and as subsequently determined by the appropriate review body.</p> <p>a) to nominate a supervisor for approval by the Council, within 14 days of commencing work or as specified by the Council.</p> <p>b) to authorise the approved supervisor to provide written reports to the Council at [monthly/quarterly] intervals, or as specified by the Council.</p>		Condition D to be imposed with this condition	Nursing & Midwifery
C	<p>Supervision of administration</p> <p>To only administer any medications under the direct supervision of a [registered nurse (division 1) / midwife] who has no conditions on their registration.</p>	Consider limiting practice conditions	<p>Notification and Monitoring Conditions complement these condition</p> <p>Consider periodic reporting condition compliments these condition</p>	Nursing & Midwifery

SUPERVISION		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Additional Requirements <ul style="list-style-type: none"> Consider whether any further restrictions are required (see Information Sheet and see Limiting Practice conditions) These conditions specify additional requirements to the Compliance Policy – Supervision. 		Council's Compliance Policy – Supervision		
D	<p>To authorise the [Profession] Council of NSW to provide proposed and approved supervisors with:</p> <p>[List all that apply: i.e. a [copy/extract/summary] of the decision which imposed this condition [or any relevant decision or report], a copy of the private conditions on the practitioner's registration, [any other required document].</p>	Consider whether non-publicly available information should be provided to the practitioner's proposed and approved supervisors.	Condition A & B	All
E	Not to practise until a supervisor has been approved by the [Profession] Council of NSW.	<p>Only recommended where concern is high enough to require the practitioner to have their supervisor approved before commencing/continuing to practise.</p> <p>This condition should generally be imposed for Category A / Direct supervision.</p>		All

SUPERVISION		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Practitioners with Provisional/Limited Registration <p>These conditions are an option where a practitioner is currently under supervision and required to provide supervision reports to the National Board. Occasionally, these reports may assist the Council.</p>				
F	To ensure that the [Profession] Council of NSW is provided with a copy of reports prepared for the [Profession] Board of Australia from the [Supervisor (or equivalent)] every [eg. three months] .			
G	To authorise the [Supervisor (or equivalent)] to notify the [Profession] Council of NSW immediately if there are any concerns in relation to their [compliance with any conditions/health or clinical performance] .			
Supervision Conditions for Students				
H	<p>To undertake any clinical placement, under the supervision of a [supervisor] (educator, facilitator or equivalent):</p> <ul style="list-style-type: none"> a) to notify the [Profession] Council of NSW of any clinical placement/s, 14 days prior to commencing or as specified by the Council. b) to provide the Council with the Clinical Assessment Form at the completion of each clinical placement. 	Powers to impose conditions on student registration under s150 or s152J	<p>Notification and Monitoring Conditions complement this condition</p> <p>Periodic Reporting Conditions compliment this condition</p>	

I. Mentoring Conditions

MENTORING		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
<ul style="list-style-type: none"> Note: These conditions are to be read with a Council's related policies regarding the use of Mentoring e.g: [Profession] Council Compliance Policy – Mentor Note that the Nursing and Midwifery Council, Pharmacy, Psychology and Paramedicine Councils do not use mentoring and do not currently have a related policy 				
Standard				Chinese Medicine Chiropractic Dental Medical Medical Radiation Optometry Osteopathy Occupational Therapy Physiotherapy Podiatry
A	To nominate an experienced [type of specialist / practitioner registered in the same profession] to act as their professional mentor for approval by [Profession] Council of NSW in accordance with the Council's Compliance Policy – Mentoring (as varied from time to time) and as subsequently determined by the appropriate review body.	See also the Council's Mentor Approval Position Statement		
B	Submit a mentoring plan which details specific objectives/outcomes of the mentoring relationship, including, but not limited to: (a) [List relevant areas of concerns (a) – (...)]			

MENTORING		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
	<ul style="list-style-type: none"> Note: These conditions are to be read with a Council's related policies regarding the use of Mentoring e.g: [Profession] Council Compliance Policy – Mentor Note that the Nursing and Midwifery Council, Pharmacy, Psychology and Paramedicine Councils do not use mentoring and do not currently have a related policy 			
	<p>For example: Dual relationships with patients; maintaining professional boundaries; specific education, professional development and learning activities planned to achieve the specified objectives/outcomes; frequency of meetings with the mentor; culturally safe practice; ethical business management; developing a multidisciplinary network; appropriate use of social media; maintaining privacy; communication skills; informed consent; reflective practice</p>			
C	<p>At each mentoring meeting the practitioner is to include discussion of the following:</p> <p>[List relevant areas of concerns (a) – (...)]</p> <p>For example: their personal and professional development; personal and/or professional practise issues as they arise/ initially the issues highlighted in this decision and then any personal and/or professional practise issues that may arise etc.</p>			
D	<p>To authorise the mentor to report, in an approved format, to the Council every [three / six] months about the fact of contact, and to inform the Council if there is any concern about their professional conduct, [health] or personal wellbeing.</p>			

MENTORING		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
<ul style="list-style-type: none"> Note: These conditions are to be read with a Council's related policies regarding the use of Mentoring e.g: [Profession] Council Compliance Policy – Mentor Note that the Nursing and Midwifery Council, Pharmacy, Psychology and Paramedicine Councils do not use mentoring and do not currently have a related policy 				
Additional Requirements These conditions specify additional requirements to the Compliance Policy – Mentor.				
E	To authorise the [Profession] Council of NSW to provide proposed and approved mentors with: [Select all that apply:] a [copy/extract/summary] of [any relevant decision /report] a copy of the private conditions on the practitioner's registration [list any other required documents]	Consider whether non-publicly available information should be provided to the practitioner's proposed and approved mentors.		
F	To be mentored for a minimum period of [time period] and as subsequently determined by the Council.			

J. Exclusion

Exclusion condition	Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
<p>Note: This condition is to be used as urgent interim protective measures pending finalisation of the matter that triggered the conditions being imposed. They are applicable in certain high-risk situations such as allegations of sexual assault and other boundary crossing issues.</p> <p>Where the practitioner's location or field of practice makes these conditions unworkable then suspension must be seriously considered as the only avenue for protection of the public.</p>			Exclusion is available to all Councils

Exclusion

I	<p>Not to prescribe to, consult, examine, treat or perform any procedures on any [insert patient group e.g. female / male / child (persons under the age of X)].</p> <p>[Medical Council additional requirements]</p> <p>a) The practitioner may only provide emergency medical services to such persons in compliance with section 139C(c) of the Health Practitioner Regulation National Law.</p> <p>b) If any such event occurs, the practitioner must notify the Medical Council of NSW within 24 hours and provide details of the event and any other information as requested by the Council.</p>	<p>It is not appropriate to impose a female or male exclusion condition with an age limit.</p> <p>Note that paragraphs a) and b) should only be included if the practitioner is a medical practitioner</p>	<p>Procedural conditions to allow monitoring of this condition are required.</p> <p>Including:</p> <p>Patient logs</p> <p>Compliance audit as per condition G above</p> <p>Exchange of information with Medicare where applicable</p> <p>Consider restricting the practitioner from solo practice</p>	All
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K. Health

- Health Conditions can be imposed on students and practitioners
- Consider whether it is appropriate to keep conditions relating to personal health private or if there is a stronger public interest in making the conditions public. [See 2.2 Making Private Conditions](#)
- The Nursing & Midwifery Council have a different Drug and Alcohol Policy to all other Councils and consequently, have a unique set of conditions

HEALTH		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
A	Not to prescribe for self-medication.	<p>Only applicable to practitioners with prescribing rights, e.g. of relevant Councils:</p> <ul style="list-style-type: none"> - Medical Council - Dental Council - Nursing & Midwifery Council (Nurse practitioners and other with prescribing rights) - Optometry Council (limited application to practitioners endorsed for scheduled medications) - Podiatry Council (limited application to practitioners endorsed for scheduled medications) 	<p>See Prescribing conditions A-D</p> <p>See Health conditions E, F, G, H, I, J, K and L</p>	<p>Medical</p> <p>Nursing & Midwifery</p> <p>Dental</p> <p>Podiatry</p> <p>Optometry</p>

HEALTH	Supplementary Materials / Notes	Complementary Conditions	Applicable Councils	
<h2>Treatment</h2> <p>These conditions are required to ensure a practitioner remains engaged in treatment</p>				
B	<p>To attend for treatment by a [general practitioner / psychiatrist / etc.] of their choice. The frequency of treatment is to be determined by the treating practitioner. The practitioner:</p> <p>a) is to authorise the treating practitioner to inform the [Profession] Council of NSW of any of the following:</p> <p>i. failure to attend for treatment;</p> <p>ii. termination of treatment; or</p> <p>iii. a significant change in health status (including a significant temporary change).</p> <p>b) must provide the Council with the professional details of the treating practitioner/s.</p> <p>Optional condition (if there are concerns that the practitioner is not complying with the above)</p> <p>c) must provide evidence to the Council of their attendance with the treating practitioner by [insert timeframe].</p>	<p>If there are multiple treating practitioners, use one condition for each practitioner</p>	<p>See Health Condition R</p> <p>Procedural Conditions complement these conditions</p> <p>Consider limiting Practice Conditions</p> <p>Consider restrictions on Drug Conditions</p> <p>Consider Supervision Conditions</p>	All
C	<p>To take any medication as prescribed by their treating practitioners.</p>	<p>Note that Council has a very limited ability to monitor compliance with this condition</p>		All

HEALTH		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
D	<p>Not to self-administer any:</p> <ul style="list-style-type: none"> a) prescribed restricted substance (Schedule 4 Appendix D drug) as defined in the <i>Poisons and Therapeutic Goods Regulation 2008 (NSW)</i> or drug of addiction (Schedule 8 drug) as defined the <i>Poisons and Therapeutic Goods Act 1966 (NSW)</i>; b) narcotic derivative, non-prescription compound analgesic, or cold medication c) substances listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985 (NSW)</i> <p>Optional paragraphs (if drug of abuse is not covered by the list above)</p> <ul style="list-style-type: none"> d) agents commonly used to manage sleep disorders such as promethazine e) [insert or any other drug of concern] <p>Unless such medications are prescribed by their treating practitioner and taken, as directed by their treating practitioner.</p> <p>Within seven days of being prescribed such substance or drug by their treating practitioner, the practitioner must:</p> <p>notify the [Profession] Council of NSW, and provide written confirmation of the treatment from the treating practitioner.</p>	<p>Consider imposing sub condition (e) if there is concern that the practitioner/ student is misusing a particular substance.</p>	<p>See Prescribing conditions A-D</p> <p>See Audit Conditions</p> <p>Conditions E is required to monitor this condition</p>	All

HEALTH		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Drug & Alcohol – All Councils (except Nursing & Midwifery)				
E	<p>Drug screening</p> <p>To comply with the [Profession] Council of NSW Drug screening [policy and Participant procedure / Protocol] (as varied from time to time) and attend for:</p> <ul style="list-style-type: none"> a) Urine drug screening (UDS) [3 times a week/random], and b) [Quarterly/random] hair drug screening. 	<p>See the Council's Drug Screening Policy and Participant Procedure</p> <p>This condition supports the monitoring of condition D and should be considered when imposing conditions. It is required when decision-makers are concerned about substance misuse.</p>	<p>Notification and Monitoring Conditions complement these conditions</p> <p>Consider:</p> <ul style="list-style-type: none"> limiting practice conditions restrictions on prescribing, possessing, dispensing or administering scheduled drugs <p>Supervision Conditions</p>	All (except Nursing & Midwifery)
F	To abstain completely from the consumption of alcohol.		See Health conditions G, H & I	All (except Nursing & Midwifery)
G	<p>Alcohol screening – breath testing</p> <p>To comply with the [Profession] Council of NSW Alcohol screening policy and Participant procedure: breath testing for alcohol (as varied from time to time) and undergo [regular / random] breath testing, as those terms are defined in the Participant procedure.</p>	See the Council's Alcohol Screening Policy and Participant Procedures (Breath testing, ETG, and CDT)	<p>Notification and Monitoring Conditions complement these conditions</p> <p>Consider limiting Practice Conditions</p> <p>Consider restrictions on Drug Conditions</p>	All (except Nursing & Midwifery)

HEALTH		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
H	<p>Alcohol screening - Urine Ethyl Glucuronide (Etg)</p> <p>To comply with the [Profession] Council of NSW Alcohol screening policy and Participant procedure: EtG screening (as varied from time to time) and attend for:</p> <ul style="list-style-type: none"> a) [random] [2 times per week] EtG screening (urine), and/or b) [quarterly/random] EtG screening (hair). 	<p>See the Council's Urine Ethyl Glucuronide Testing Protocol</p> <p>EtG screening for hair applies to all Councils except Medical Council of NSW</p>	Condition H and Condition I are to be read as complementary conditions	All (except Nursing & Midwifery)
I	<p>Alcohol screening - Carbohydrate-Deficient Transferrin (CDT)</p> <p>To comply with the [Profession] Council of NSW Alcohol screening policy and Participant procedure: CDT screening (as varied from time to time) and attend for CDT screening on the first Monday of each month.</p>		See the Council's Carbohydrate-Deficient Transferrin testing Protocol	All (except Nursing & Midwifery)

HEALTH		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Drug & Alcohol – Nursing & Midwifery Council				
J	<p>Drug screening</p> <p>To comply with the Nursing & Midwifery Council of NSW's Drug Screening Policy and Participant Procedure: drug screening (as varied from time to time) and attend for:</p> <ul style="list-style-type: none"> a) urine drug screening commencing at Group [One/Two/Three/Four] b) hair drug screening at a quarterly frequency, or as directed by the Council. 	See the Council's Drug Screening Policy and Procedure	<p>Notification and Monitoring Conditions complement these conditions</p> <p>Consider:</p> <ul style="list-style-type: none"> • limiting practice conditions • restrictions on prescribing, possessing, dispensing or administering scheduled drugs <p>Supervision Conditions</p>	Nursing & Midwifery only
K	<p>Alcohol screening – breath testing</p> <p>To comply with the Nursing & Midwifery Council of NSW Alcohol screening policy and Participant procedure: breath testing for alcohol (as varied from time to time) and undergo [random / regular] breath testing.</p>	Notification and Monitoring Conditions complement these conditions	<p>Consider limiting Practice Conditions</p> <p>Consider restrictions on Drug Conditions</p>	Nursing & Midwifery only
L	<p>Hair testing at the Council's expense</p> <p>To attend by [insert date] for hair [drug/ETG] testing as directed by the Nursing and Midwifery Council of NSW and the costs of this assessment will be met by the Council.</p>	This condition to be used as confirmatory testing where a practitioner has not previously undergone pre-assessment screening e.g s150 proceedings		Nursing & Midwifery only

HEALTH		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
<h2>Review & Reports</h2> <p>These conditions are required to allow the Council to review a practitioner or student's health progress</p>				
M	<p>To attend for review by a Council Directed Health Assessor [insert: e.g. psychiatrist / psychologist / neurologist] on a [insert timeframe: 3 / 6 / 12] monthly basis or as otherwise directed by the [Profession] Council of NSW.</p> <p>The professional costs of the reviews undertaken pursuant to this condition will be met by the Council.</p>	Medical: Frequency of CDHA assessments is to align with the frequency of Review Interviews (condition N)	A recent health assessment report needs to be available to the IRP review	All
N	<p>To attend a Medical Council of NSW's Review Interview on a [insert timeframe: three / six / 12] monthly basis, or as otherwise directed by the Council.</p>			Medical
O	<p>To attend for [neuropsychometric / other testing] testing by a Council Directed Health Assessor, as directed by the [Profession] Council of NSW.</p> <p>The professional costs of this assessment will be met by the Council.</p>		See Health Condition N	All
P	<p>To authorise the [Profession] Council of NSW to forward copies of the [insert name of decision which imposed condition e.g. Impaired Registrants Panel report, s150 decision] and any subsequent reports and any other information relevant to their health and treatment to the Council Directed Health Assessors, supervisors and to their treating practitioners.</p>			All

HEALTH		Supplementary Materials / Notes	Complementary Conditions	Applicable Councils
Q	<p>To nominate a senior [Profession] practitioner at [the principal location /all locations] where the practitioner practises for approval by the [Profession] Council of NSW. The practitioner is to:</p> <ul style="list-style-type: none"> a) Authorise the Council to provide the nominated practitioner with a [copy of this condition / copy of their current conditions]. b) authorise the approved practitioner to notify the Council immediately if there are any concerns in relation to their health or if the practitioner's health is adversely affecting their capacity to practise. <p>Optional condition</p> <ul style="list-style-type: none"> c) provide the approved practitioner with a copy of their health conditions 			All
R	To authorise the [Profession] Council of NSW to notify their education provider of their conditions	To be applied to students to ensure that the education provider is provided with a notice of conditions		All

Table 1: Power to impose a condition or make a particular order

The powers you have depend on the nature of the proceedings you are conducting and are set out in the Law. For ease of reference the table below summarises those powers. However, as powers are qualified in some instances, references should be made back to the provisions of the Law.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Suspension	Yes s 150(1)(a) (practitioners and students) <i>Must</i> suspend if critical compliance order or condition contravened: s 150(3)	N/A Can only recommend practitioner or student agree to suspension for a specified period: s 152(2)(b) For students only, can recommend suspension for max. of two years in the public interest: s 152M	Yes ss 152J and 152(2)(b) practitioners and students For students only, can make written order of suspension for max. of two years in the public interest: s 152M	N/A Can only recommend suspension of practitioner or student for a specified period in certain circumstances: s 148G	N/A	N/A Can only recommend suspension for a specified period in certain circumstances: s 146D	Yes, for a specified period: s 149C(1) practitioners s 149C(2) students

This table is only a summary of the powers under the law. Reference should be made to the provisions of the law as powers may be qualified.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Conditions	Yes s 150(1)(b) practitioners s 150(1)(c) students	N/A Can only recommend practitioner or student agree to conditions: s 152(2)(b) For students only, can recommend specified condition/s be imposed for max. of two years in the public interest: s 152M	Yes ss 152J and 152(2)(b) (practitioners and students) For students only, can make written order imposing conditions for max. of two years in the public interest: s 152M	Yes s 148E(1)(c) practitioners s 148E(2)(b) students	Yes s 156C(2)(a)	Yes s 146B(1)(b)	Yes s 149A(1)(b) practitioners s 149A(2)(b) students
Critical Compliance Conditions	N/A	N/A	N/A	N/A	N/A	Yes s 146B(3)	Yes s 149A(4)
Critical Impairment Conditions	Yes s.150FA	N/A	Yes	Yes	N/A	N/A	N/A
Prohibition Orders	N/A	N/A	N/A	N/A	N/A	N/A	Yes s 149C(5)

This table is only a summary of the powers under the law. Reference should be made to the provisions of the law as powers may be qualified.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Order counselling/ medical or psychological treatment	N/A*	<p>N/A</p> <p>Can recommend practitioner or student undertake specified counselling: s 152I(2)(a)</p> <p>OR</p> <p>can recommend practitioner or student agree to counselling and/or treatment condition</p> <p>Can counsel practitioner or student: s 152I(2)(a)</p>	<p>Can impose recommended counselling and/or treatment condition only if satisfied that practitioner or student has voluntarily agreed: ss 152J and 152I(2)(b) (but note s152M concerning students)</p>	<p>Yes</p> <p>s 148E(1)(d) practitioners</p> <p>s 148E(2)(c) students</p>	N/A*	<p>Yes</p> <p>s 146B(1)(c)</p>	<p>Yes</p> <p>s 149A(1)(c) practitioners</p> <p>s 149A(2)(c) students</p>

* A condition requiring counselling/treatment may be imposed.

* There is nothing in the Law to preclude making informal recommendations in the decisions.

This table is only a summary of the powers under the law. Reference should be made to the provisions of the law as powers may be qualified.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Recommend Council take appropriate action	N/A*	Yes s 152(2)(c)	N/A	N/A*	Yes, can make appropriate recommendations to Council about the practitioner s 156C(1) Must recommend that Council make a complaint against practitioner in certain circumstances s 156C(3)	N/A*	N/A*

* A condition requiring skills testing may be imposed.

This table is only a summary of the powers under the law. Reference should be made to the provisions of the law as powers may be qualified.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Order skills testing	N/A* Note: a condition requiring performance assessment has no effect until Commission agrees ss 150(5) and 150E	N/A	N/A	N/A	May order skills testing in the form of a condition May direct performance be re- assessed at a future date s 156D	N/A	N/A

* A condition requiring skills testing may be imposed.

This table is only a summary of the powers under the law. Reference should be made to the provisions of the law as powers may be qualified.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Recommend complaint be dealt with by s 148 Council Inquiry	N/A	Yes, but only for a practitioner or student registered in a health profession <u>other than</u> medical or nursing and midwifery: ss 152I(2)(c) and 145B(1)(e)	N/A	N/A	N/A	N/A	N/A
Reprimand/ Caution	N/A	N/A	N/A	Yes s 148E(1)(a) practitioners s 148E(2)(a) students	N/A	Yes s 146B(1)(a)	Yes s 149A(1)(a) practitioners s 149A(2)(a) students
Order refund of fees	N/A	N/A	N/A	Yes s 148E(1)(b) practitioners only	N/A	N/A	N/A

This table is only a summary of the powers under the law. Reference should be made to the provisions of the law as powers may be qualified.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Order educational course be completed	N/A*	N/A	N/A	Yes s 148E(1)(e) practitioners s 148E(2)(d) students	Yes s 156C(2)(b)	Yes s 146B(1)(d)	Yes s 149A(1)(d) practitioners s 149A(2)(d) students
Order practitioner to report on practice to Council	N/A*	N/A	N/A	Yes s 148E(1)(f) practitioners only	Yes s 156C(2)(c)	Yes s 146B(1)(e)	Yes s 149A(1)(e) practitioners only
Order practitioner to take advice re management of practice	N/A*	N/A	N/A	Yes s 148E(1)(g) practitioners only	Yes s 156C(2)(d)	Yes s 146B(1)(f)	Yes s 149A(1)(f) practitioners only

* A condition may be imposed, however please consider whether such conditions are an appropriate outcome for urgent interim action under s 150.

* A condition may be imposed, however please consider whether such conditions are an appropriate outcome for urgent interim action under s 150.

This table is only a summary of the powers under the law. Reference should be made to the provisions of the law as powers may be qualified.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Fines	N/A	N/A	N/A	Yes s 148F practitioners only	N/A	Yes s 146C	Yes s 149B practitioner only
Recommend to Tribunal that registration be cancelled	N/A	N/A	N/A	Yes, in certain circumstances: s 148G	N/A	Yes, in certain circumstances: s 146D	N/A

This table is only a summary of the powers under the law. Reference should be made to the provisions of the law as powers may be qualified.

	S150	IRP	Council on recommendation from IRP	Council Inquiry (N/A for Medicine, Nursing & Midwifery)	PRP Practitioners only (not students)	PSC (for Medicine, Nursing & Midwifery only) Practitioners only (not students)	Tribunal
Cancel registration or disqualify practitioner if no longer registered	N/A	N/A	N/A	N/A	N/A	N/A	Yes s 149C(1) practitioners s 149C(2) students s 149C(4) <i>Must</i> cancel practitioner or student's registration if critical compliance order or condition contravened: s 149C(3)
Award costs	N/A	N/A	N/A	N/A	N/A	N/A	Yes cl 13, Sch 5D

Table 2: Publishing decisions – Summaries of the relevant provisions of the Law

The following table summarises the provisions of the Law relevant to whether written reasons may be published. Please refer back to the law as the table is a summary only, and the powers are qualified in some instances.

Decision-maker	Whether written reasons for the decision may be published?
<p>Council (or Council delegates) conducting proceedings pursuant to ss 150, 150A or 150C</p>	<p>Written reasons for decision are generally not published by the Council, because the proceedings are confidential and the decision contains “protected information” (defined in s 214) subject to confidentiality provisions: s 216</p> <p>Written reasons for decision are as a matter of course provided to the practitioner concerned and any legal representative: ss 150(6) and 216(2)(d)</p> <p>Written reasons for decision may be provided to the Health Care Complaints Commission (“HCCC”): ss 216(2)(a), 150D(2) and 150E(3)</p> <p>Written reasons for decision must also be provided to the National Board for the profession: s 176(3)</p>
<p>Impaired Registrants Panel (“IRP”)</p>	<p>IRP reports are generally not published by the Council, because they are “<i>protected reports</i>” (defined in s 138) and therefore subject to stringent confidentiality provisions: s 176F</p> <p>IRP reports are, as a matter of course, provided to the practitioner concerned and any legal representative.</p> <p>IRP reports may be provided to the HCCC: s 176F(2)(b)</p>

Decision-maker	Whether written reasons for the decision may be published?
<p>Performance Review Panel ("PRP")</p>	<p>PRP written statements of decision are generally not published by the Council because:</p> <ul style="list-style-type: none"> (i) they contain "protected information" (defined in s 214) prohibited from disclosure by s 216; and (ii) almost certainly have the character of a protected report (defined in s 138), because they invariably disclose the contents of a Performance Assessment Report, and are therefore subject to stringent confidentiality provisions: s 176F <p>PRP written statements of decision are provided to the practitioner and any legal representative: s 156E(1)</p> <p>PRP written statements of decision must also be provided to the National Board for the profession: s 176(3)</p> <p>A PRP may make recommendations to the Council regarding disclosure of its written statement of decision, keeping in mind that the Council may provide a copy of the written statement of decision to any persons it sees fit: s 156E(3)</p>

Decision-maker	Whether written reasons for the decision may be published?
<p>Professional Standards Committee (“PSC”)</p>	<p>A PSC can order that its statement of decision on inquiry not be made publicly available: s 171E(5)</p> <p>If no such order is made, a PSC’s written statement of the decision on inquiry must be made publicly available by the Council if the complaint is proved or admitted in whole or in part: s 171E(4)(a)</p> <p>If the complaint is not proved or admitted in whole or in part, the Council may nevertheless disseminate the decision if it sees fit to do so: s 171E(4)(b). Any publication will, however, be subject to any non-publication direction made by the PSC in accordance with cl 7 of Schedule 5D.</p> <p>Statements of decision on inquiry must be provided to the practitioner and any legal representative, the Council and the complainant (usually the HCCC): s 171E(1)</p> <p>PSC statements of decision must also be provided to the National Board for the profession: s 176(3)</p> <p>The PSC may also provide a copy to such persons as it sees fit: s 171E(3)</p> <p>It is open to a PSC to make recommendations to the Council regarding publication of its statement of decision on inquiry.</p>

Decision-maker	Whether written reasons for the decision may be published?
<p>Tribunal</p>	<p>A Tribunal can order that its written statement of decision not be made publicly available: s 165M(4)</p> <p>If no such order is made, a Tribunal's written statement of decision must be made publicly available by the Tribunal if the complaint is proved or admitted in whole or in part: s 165M(4)</p> <p>Unless the Tribunal has ordered otherwise, if the complaint is not proved or admitted in whole or in part, the Tribunal may nevertheless disseminate the decision if it sees fit to do so: s 165M(3)</p> <p>Any publication will, however, be subject to any non-publication direction made by the Tribunal in accordance with cl 7 of Schedule 5D.</p> <p>Statements of decision must be provided to the parties and the Council: s 165M(1)</p> <p>A Tribunal's statement of decision must also be provided to the National Board for the profession: s 176(3)</p> <p>The Tribunal may also provide a copy to such persons as it sees fit: s 165M(3)</p>
<p>Council Inquiry</p>	<p>Written statements of decision are generally not published by the Council, because they contain "protected information" (defined in s 214) subject to confidentiality provisions: s 216</p> <p>However, it is a matter for the individual Council whether a Council Inquiry decision is published. Considering the objective of the Law, Council may decide to publish depending on the educative value of the decision to the profession and community. If the Council decides to publish the decision, it will need to ensure that the version published is de-identified: s 216(2)(e).</p> <p>Written reasons for decision must be provided to the practitioner concerned and any legal representative, the complainant, the National Board and any other person the Council thinks fit: s 148H(1)–</p> <p>A copy must be provided to the HCCC if the HCCC made a submission to the Council with respect to the complaint: s 148H(2). However confidential information may be withheld if a Confidential Information Notice is provided within one month</p>