

CONDITIONS HANDBOOK

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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 achieve the aim of protecting 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. On a daily basis, 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.

Conditions Handbook current as of September 2018.

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 back 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. (Of course, 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 registration conditional on compliance with the condition. An order requires them to do a specific activity or task.
- If you are seeking to restrict the practitioner’s registration i.e. the way in which they practise their profession? A condition may be appropriate, if not, an order may be appropriate
- Conditions will generally be recorded in the public National Register, one exception being “health” conditions (see ss [225](#) and [226](#) of the Law and [2.2 Making private conditions](#)).
- 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 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 impairment conditions and compliance conditions or orders

- Only Professional Standards Committees (PSC) and Tribunals may impose a [critical compliance conditions](#) (or orders). Refer to [HPCA Legal Practice Note 7 – Critical compliance orders and conditions \(September 2015\)](#)

- The Council has the power to designate conditions imposed on a practitioner’s registration due to his or her impairment as [critical impairment conditions](#). Refer to [HPCA Legal Practice Note 8 – Critical impairment conditions \(September 2015\)](#)
- The difference between the two is that, unlike critical compliance conditions or orders, a breach of a critical impairment condition does not automatically result in section 150 immediate action being taken to suspend the registration of the practitioner and subsequent cancellation of registration by the Tribunal. Breach of a critical impairment condition will result in mandatory referral to the Health Care Complaints Commission.

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 review/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 s 150 of the Law.
An Impaired Registrants Panel (IRP)	You can recommend that the Council remove or alter conditions imposed following a previous IRP, or s 150 conditions (using sections 150F and 150I of the Law) and the Council can put such recommendation into effect. 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).
A Performance Review Panel (PRP)	No (you could make recommendations for a subsequent review body to take into account).
A PSC or Tribunal dealing with a complaint	No (You could make recommendations for a subsequent review body to take into account). 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 150I of the Law).
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	May only deal with any conditions under appeal. (You could make recommendations about other pre-existing conditions for a subsequent review body to take into account)

- 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.

2. DRAFTING CONDITIONS

This handbook provides 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.
- Template conditions are continually reviewed and evolve in response to submissions from subject practitioners and the Councils' monitoring and legal experiences.

2.1 Information to be recorded in National Register of Practitioners

- Current conditions which restrict a practitioner's practice are published on the register of practitioners.
- 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: It has been a long-standing policy not to provide 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.
- Make it clear in your decision if you believe the National Board should not record certain conditions in the public national register, as the National Board will generally be guided by the decision makers.

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 actively encouraged to 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 (and not to refer by name, remembering that the conditions can only be accessed through practitioners’ individual register entries.) 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

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

- 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 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.
- 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 Regulations 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.

- Think carefully about whether employers (or the like) should be included as part of any mechanism. For example, it is unusual to provide details of health conditions to employers (usually they are informed of the

fact that health conditions have been imposed rather than the details of such conditions), but in some instances the safety imperatives might outweigh any privacy or confidentiality considerations.

- 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 appointed psychiatrist (who sends their report to the Council) it is logical to also require subsequent attendance at a review interview 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 can be strengthened by also requiring the practitioner to attend Pharmaceutical Regulations 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 [sub-ss 146B\(3\)-\(4\)](#) for PSCs and [sub-ss 149A\(4\)-\(5\)](#) for Tribunals).
- Ensure supervision, audit and like conditions (e.g. drug screening and breath-testing for alcohol) 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 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 C](#).

3.3 Notifying other parties of conditions and/or a decision

- Most conditions are recorded in the National 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 notification and monitoring conditions A & 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. The Legal Team can assist.

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 or suspend a practitioner's registration (or to disqualify from being registered) are generally referred to a differently constituted Tribunal for an Inquiry under [s 163A](#) of the Law.

Note: Orders 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 six 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](#) 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. TEMPLATE CONDITIONS BANK

- 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.

5.1 Limiting practice conditions

PRACTICE CONDITIONS For publication on the Public Register	
NOT TO PRACTICE OR UNDERTAKE CLINICAL PLACEMENT	SUPPLEMENTARY MATERIAL/NOTES
Not to work as a registered nurse/enrolled nurse/registered midwife until reviewed by the Nursing and Midwifery Council of NSW.	Notification and monitoring conditions compliment this condition
<p>For Students</p> <p>Not to undertake clinical placement until reviewed by the Nursing and Midwifery Council of NSW.</p>	

PRACTICE CONDITIONS For publication on the Public Register	
LIMITING PRACTICE	SUPPLEMENTARY MATERIAL/NOTES
Limiting the place of practice	
<p>A <input type="checkbox"/></p> <p>To obtain Nursing and Midwifery Council of NSW approval prior to changing the nature or place of practice.</p>	<ul style="list-style-type: none"> • Notification and monitoring conditions compliment these condition • A periodic reporting condition compliments these condition • Consider supervision conditions
<p>B <input type="checkbox"/></p> <p>To advise the Nursing and Midwifery Council of NSW in writing at least seven (7) days prior to changing the nature or place of practice.</p>	
<p>C <input type="checkbox"/></p> <p>To practise only in a Nursing and Midwifery Council of NSW approved [describe employment setting / position].</p> <p>For example: hospital position / aged care facility / community health position.</p>	
<p>D</p> <p>Not to practise in a [paediatric unit or facility/mental health unit or facility/community health service/aged care facility].</p>	

PRACTICE CONDITIONS
For publication on the Public Register

LIMITING PRACTICE		SUPPLEMENTARY MATERIAL/NOTES
Limiting the nature/scope of practice		<ul style="list-style-type: none"> • Notification and monitoring conditions compliment these condition • A periodic reporting condition compliments these condition • Consider supervision conditions
E	Not to undertake agency nursing/midwifery .	
F	Not to be the nurse/midwife in charge of any shift, ward or unit.	
G	Not to work as the sole practitioner on any shift, ward or unit.	
H	Not to have supervisory responsibility for any other health practitioner or student whether registered or not.	
I <input type="checkbox"/>	Not to provide nursing care to mental health patients in any setting.	
J <input type="checkbox"/>	Not to provide nursing/midwifery services to any person under the age of [16/18]	
K <input type="checkbox"/>	Not to provide nursing/midwifery services to any female/male patient.	
L	To limit his/her nursing/midwifery practice to non-clinical role such as: [administrative functions/quality assurance audits/..]	
Limiting hours		<ul style="list-style-type: none"> • Notification and monitoring conditions compliment these condition • A periodic reporting condition compliments these condition • Consider supervision conditions
M <input type="checkbox"/>	To practise no more than [...] hours per week.	
N	To practise no more than [...] hours per shift.	
O <input type="checkbox"/>	To practise no more than [...] hours per week with no more than [...] hours in any 24 hour period.	
P	Not to work overtime.	
Q <input type="checkbox"/>	To practise a maximum of [...] overtime <i>shift/s</i> per week in addition to standard rostered hours.	

PRACTICE CONDITIONS
For publication on the Public Register

LIMITING PRACTICE		SUPPLEMENTARY MATERIAL/NOTES
R	Not to work night duty (between 10.00 pm and 6.00 am).	
S	Not to work [...] consecutive days.	<ul style="list-style-type: none"> • Notification and monitoring conditions compliment these condition • A periodic reporting condition compliments these condition • Consider supervision conditions
T <input type="checkbox"/>	Not to work weekends or public holidays.	

LIMITING PRACTICE		SUPPLEMENTARY MATERIAL/NOTES
Periodic reporting		
U <input type="checkbox"/>	Within seven (7) days of the end of each calendar month, the practitioner to provide the Nursing and Midwifery Council of NSW with a copy of all nursing/midwifery rosters for the preceding calendar month.	This condition allows the Council to monitor limiting practice restrictions.
V	<p>Use if providing agency nursing/midwifery</p> <p>Within seven (7) days of the end of each calendar month, the practitioner to provide the Nursing and Midwifery Council of NSW with a report setting out all nursing/midwifery practise for the preceding calendar month.</p> <p>The report must include the following: [List appropriate record requirements. For example:]</p> <ul style="list-style-type: none"> (a) the date and time of shift (e.g. if providing agency nursing/midwifery); (b) the responsible supervising nurse/midwife; and (c) the nature of practice undertaken. 	This condition allows the Council to monitor limiting practice conditions.

5.2 Restrictions on drug conditions

- A NSW practitioner's ability to possess, supply, administer or prescribe a certain drug or category of drug (e.g. Schedule 8 drugs, or benzodiazepines) can be restricted by action taken under the:
 - [Health Practitioner Regulation National Law \(NSW\)](#) (the Law); and
 - [The Poisons and Therapeutic Goods Act and Regulation](#) (PTG).
- It is common for the Council to restrict a practitioner's ability to possess, supply, administer or prescribe 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 PTG.
 - Conditions apply nationally and are generally published on the Public National Online Register.
- [Pharmaceutical Services](#) (PS) is the body responsible for the administration of the PTG.
 - It is the PTG that gives a registered health practitioner the various authorities to possess, supply, administer or prescribe certain drugs or categories of drug.
 - The restrictions made under the PTG only apply within NSW. Councils and other decision makers under the Law need to consider imposing conditions about prescribing matters independently (even if complementary) of any previous action that may have been taken under the PTG.
- Communication between the Council and PS provides a safety net to ensure that each is aware of the practitioner's conditions relating to prescribing restrictions, and assists in the monitoring of a practitioner's compliance with conditions.

PRACTICE CONDITIONS
For publication on the Public Register

Restrictions on Scheduled drug possession, supply and administration	SUPPLEMENTARY MATERIAL/ NOTES
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ALL PRACTITIONERS (except Nurse Practitioners and any other approved prescribers)

A	<p>Surrender drug authority</p> <p>To provide written evidence to the Nursing and Midwifery Council of NSW that the practitioner has attended the offices of the NSW Ministry of Health and consented to an Order being made under the <i>Poisons and Therapeutic Goods Act 1966</i> to prohibit him/her from possessing, supplying or administering any [drug of addiction/restricted substance/prescribed restricted substance listed in Appendix D of the Poisons and Therapeutic Goods Regulation 2008 (NSW)] by [insert date].</p>	<ul style="list-style-type: none"> • Poisons and Therapeutic Goods Regulation • Consider providing notification to PRU • See list of withdrawn drug authority • Notification and monitoring conditions compliment these condition
B <input type="checkbox"/>	<p>Schedule 8 and Schedule 4 Appendix D</p> <p>Not to possess, supply, check or administer any “drug of addiction” (Schedule 8 drug) and “Prescribed Restricted Substances” (Schedule 4 drug listed in Appendix D) as defined in the <i>Poisons and Therapeutic Goods Regulation 2008</i> (NSW).</p>	<ul style="list-style-type: none"> • Schedule 8 and Schedule 4 Appendix D • Notification and monitoring conditions compliment these condition • Consider periodic reporting condition compliments these condition • Consider supervision conditions
C <input type="checkbox"/>	<p>Schedule 4</p> <p>Not to possess, supply, check or administer any “restricted substance” (Schedule 4 drug) as defined in the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW).</p>	<ul style="list-style-type: none"> • Schedule 4 • Notification and monitoring conditions compliment these condition • Consider periodic reporting condition compliments these condition • Consider supervision conditions
D	<p>Schedules 2 and 3</p> <p>Not to possess, supply, check 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>	<ul style="list-style-type: none"> • Schedules 2 and 3 • Notification and monitoring conditions compliment these condition • Consider periodic reporting condition compliments these condition • Consider supervision conditions
E <input type="checkbox"/>	<p>Specific drugs or groups</p> <p>Not to possess, supply, check or administer [list specific drug e.g. Benzodiazepines].</p>	<p>Poisons and Therapeutic Goods Regulation</p>

Supervision of administration (refer to Section 5.3 Supervision Conditions)

PRACTICE CONDITIONS
For publication on the Public Register

Restrictions on Scheduled drug possession, supply, administration and prescribing		SUPPLEMENTARY MATERIAL/NOTES
Nurse Practitioners and any other approved prescribers		
A	<p>Surrender Poisons and Therapeutic Goods Act authority</p> <p>To provide written evidence to the Nursing and Midwifery Council of NSW that the practitioner has attended the offices of the NSW Ministry of Health and consented to an Order being made under the <i>Poisons and Therapeutic Goods Act 1966</i> to prohibit him/her from possessing, supplying, administering or prescribing any [drug of addiction/restricted substance/prescribed restricted substance listed in Appendix D of the Poisons and Therapeutic Goods Regulation 2008 (NSW)] by [insert date].</p>	<ul style="list-style-type: none"> • Poisons and Therapeutic Goods Regulation • Consider providing notification to PRU • See list of withdrawn drug authority • Notification and monitoring conditions compliment these condition
B <input type="checkbox"/>	<p>Schedule 8 and Schedule 4 Appendix D</p> <p>Not to possess, supply, check, administer or prescribe any “drug of addiction” (Schedule 8 drug) and “Prescribed Restricted Substances” (Schedule 4 drug listed in Appendix D) as defined in the <i>Poisons and Therapeutic Goods Regulation 2008</i> (NSW).</p>	<ul style="list-style-type: none"> • Schedule 8 and Schedule 4 Appendix D • Notification and monitoring conditions compliment these condition • Consider periodic reporting condition compliments these condition • Consider supervision conditions
C <input type="checkbox"/>	<p>Schedule 4</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>	<ul style="list-style-type: none"> • Schedule 4 • Notification and monitoring conditions compliment these condition • Consider periodic reporting condition compliments these condition • Consider supervision conditions
D	<p>Schedules 2 and 3</p> <p>Not to possess, supply, check, administer or prescribe 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>	<ul style="list-style-type: none"> • Schedules 2 and 3 • Notification and monitoring conditions compliment these condition • Consider periodic reporting condition compliments these condition • Consider supervision conditions
E	<p>Specific drugs or groups</p> <p>Not to possess, supply, check, administer or prescribe [list specific drug e.g. <i>Benzodiazepines</i>].</p>	<p>Poisons and Therapeutic Goods Regulation</p>
Supervision of administration (refer to Section 5.3 Supervision Conditions)		

5.3 Supervision conditions

PRACTICE CONDITIONS	
For publication on the Public Register	
SUPERVISION	SUPPLEMENTARY MATERIALS / NOTES
<p>A</p> <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 his or her registration.</p>	<ul style="list-style-type: none"> • Consider limiting practice conditions • Notification and monitoring conditions compliment these condition • Consider periodic reporting condition compliments these condition
<p>B</p> <p>Supervision condition under current policy</p> <p>To practice under [direct/indirect close/indirect/remote] supervision in accordance with the Nursing and Midwifery Council of New South Wales 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> <p><i>(optional and mostly used for performance and conduct matters)</i></p> <p>(c) To authorise the Council to provide nominated and approved supervisors with a copy of relevant decisions.</p>	<ul style="list-style-type: none"> • Regulatory supervision policy • Consider limiting practice conditions • Notification and monitoring conditions compliment this condition • Consider periodic reporting condition compliments these condition
<p>C</p> <p>Compliments direct supervision condition</p> <p>Not to practise until a supervisor has been approved by the Nursing and Midwifery Council of NSW.</p>	
<p>D</p> <p>Supervision condition for students</p> <p>To undertake clinical placement, under the supervision of a [nurse/midwifery] manager (educator, facilitator or equivalent):</p> <p>(a) to notify the Nursing and Midwifery Council of NSW of any clinical placement/s, 14 days prior to commencing or as specified by the Council.</p> <p>(b) to provide the Council with the Clinical Assessment Form at the completion of each clinical placement.</p>	<ul style="list-style-type: none"> • Powers to impose conditions on student registration under s150 or s152J • Notification and monitoring conditions compliment this condition • Consider periodic reporting condition compliments these condition

5.4 Monitoring and review conditions

PRACTICE CONDITIONS For publication on the Public Register		
MONITORING & REVIEW CONDITIONS		SUPPLEMENTARY MATERIALS / NOTES
A <input type="checkbox"/>	<p>Notifying current employers</p> <p>To forward evidence to the Nursing and Midwifery Council of NSW within seven (7) days of [insert date], that the practitioner has provided a copy of [this decision / full conditions / practice conditions] to his/her nursing/midwifery employer/s.</p> <p><i>Optional: if allowed to work at agencies, add the following</i></p> <p>and/ or employment agencies through which he/she provides professional services.</p>	<ul style="list-style-type: none"> • Conditions A,B & C are commonly used together • These conditions must be imposed to ensure conditions are capable of effective monitoring • These conditions can be worded to require the practitioner or student to provide different information to different parties
B	<p>Notifying future employers</p> <p>Within seven (7) days of a change in the nature or place of practice, the practitioner is to forward evidence to the Nursing and Midwifery Council of NSW that he/she has provided a copy of [this decision / full conditions / practice conditions] to the nursing/midwifery employer/s.</p> <p><i>Optional: if allowed to work at agencies, add the following</i></p> <p>and/ or employment agencies through which he/she provides professional services.</p>	
C <input type="checkbox"/>	<p>Exchange of information with employers</p> <p>To authorise the Nursing and Midwifery Council of NSW to exchange information with current and future persons or organisations at places where the practitioner works as a nurse/midwife in Australia, regarding any issues arising in relation to compliance with these conditions. He/She must only be employed as a nurse/midwife 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>	
D	<p>Agency nurses/midwives only</p> <p>To inform the director of nursing/midwifery or any relevant unit manager at any hospital or other facility at which the practitioner provides professional services through an agency placement of all of the conditions on his/her registration and to provide proof of having done so to the Nursing and Midwifery Council of NSW within seven (7) days of the provision of those services.</p>	<p>Periodic reporting conditions compliment this condition</p>

PRACTICE CONDITIONS		
For publication on the Public Register		
MONITORING & REVIEW CONDITIONS		SUPPLEMENTARY MATERIALS / NOTES
E	<p>Information exchange with Medicare</p> <p>To authorise and consent to any exchange of information between the Nursing and Midwifery Council of NSW and Medicare Australia and Pharmaceutical Services all nursing/midwifery employment and employment agencies through which he/she provides professional services for the purpose of monitoring compliance with these conditions.</p>	<p>If there are concerns about drug and alcohol problems, the condition can be used to exchange information with Medicare.</p> <p>If exchange of information is required with Pharmaceutical Services probably only nurse practitioners and some midwives.</p>
Students		
F	<p><input type="checkbox"/> Current education providers</p> <p>To forward evidence to the Nursing and Midwifery Council of NSW within seven (7) days of [insert date], that the student has provided a copy of [this decision / conditions] to his/her education provider.</p>	<ul style="list-style-type: none"> • Conditions F, G & H are used together • These conditions must be imposed to ensure conditions are capable of effective monitoring
G	<p><input type="checkbox"/> Notifying future education providers</p> <p>Within seven (7) days of a change to the education provider, the student is to forward evidence to the Nursing and Midwifery Council of NSW that he/she has provided a copy of [this decision/conditions] to his/her education provider.</p>	
H	<p>Exchange of information with education providers</p> <p>To authorise the Nursing and Midwifery Council of NSW to exchange information with current and future education providers, regarding any issues arising in relation to compliance with these conditions. He/She must only be enrolled as a student in circumstances where the education provider 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>	
Performance assessment		
I	<p>To complete a performance assessment by performance assessor/s approved by the Nursing and Midwifery Council of New South Wales and:</p> <p>(a) comply with any instructions provided by the Council in relation to performance assessment.</p> <p>(b) the costs of this assessment will be met by the Council.</p>	<p>This condition is appropriate for s150 proceedings</p>

PRACTICE CONDITIONS
For publication on the Public Register

MONITORING & REVIEW CONDITIONS		SUPPLEMENTARY MATERIALS / NOTES
J	On completion of [TIME/COURSE/MENTORING/ETC] , the practitioner must complete a performance assessment by performance assessor/s approved by the Nursing and Midwifery Council of New South Wales and: (a) comply with any instructions provided by the Council in relation to performance assessment. (b) the costs of this assessment will be met by the Council.	This condition is used by the Performance Review Panel or in relation to orders made under section 155C (1) (f) of the Law .
Costs		
K	Practitioners The practitioner is responsible for the costs associated with complying with the conditions unless otherwise specified.	This condition is commonly used.
L	Students The student is responsible for the costs associated with complying with the conditions unless otherwise specified.	
Review of conditions		
M	The Nursing and Midwifery Council is the appropriate review body for the purposes of Division 8 of the Health Practitioner Regulation National Law (NSW).	This condition is used by Performance Review Panel and the Council, but only in relation to orders made under section 155C (1) (f) of the Law, the Tribunal, Professional Standards Committee. If this condition is not used the Tribunal is by default the review body (see section 163 the Law)
N	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 Nursing and Midwifery Board of Australia.	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 Nursing and Midwifery Board of Australia when not practising in NSW.

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

PRACTICE CONDITIONS

For publication on the Public Register

PRACTICE CONDITIONS		
For publication on the Public Register		
TRAINING & EDUCATION CONDITIONS		SUPPLEMENTARY MATERIALS / NOTES
A	<p>To satisfactorily 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], or an equivalent course approved by the Nursing and Midwifery Council of New South Wales.</p> <p>(a) Within [insert timeframe] of [insert date of decision] the practitioner must provide evidence to the Council of enrolment in the specified or approved course.</p> <p>(b) Within [insert timeframe] of completing the specified or 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>	<ul style="list-style-type: none"> • See workability, effect dates and timeframes • Notification and monitoring conditions compliment these conditions • Consider limiting practice conditions • Consider periodic reporting conditions
B	<p>To satisfactorily complete within [e.g. 6 or 12 months] of [insert date of decision] education approved by the Nursing and Midwifery Council of New South Wales and that has the following characteristics:</p> <p style="margin-left: 40px;">(i) type of institution: tertiary / vocational;</p> <p style="margin-left: 40px;">(ii) content or learning objectives: specify</p> <p style="margin-left: 40px;">(iii) course duration: The course is to be not less than X;</p> <p style="margin-left: 40px;">(iv) supervised clinical practice: The course to include a minimum placement of X weeks in supervised clinical practice;</p> <p style="margin-left: 40px;">(v) theoretical assessment;</p> <p style="margin-left: 40px;">(vi) clinical assessment.</p> <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>	

5.6 Health Conditions

PRIVATE CONDITIONS	
Generally not for publication on the Public Register	
HEALTH CONDITIONS <ul style="list-style-type: none"> 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. 	SUPPLEMENTARY MATERIALS / NOTES
Drug and alcohol conditions	
A Hair testing at the Council's expense To attend by [insert date] for hair [drug/ETG] testing as directed by the Nursing and Midwifery Council of NSW. The test will require head hair with a minimum length of 3cm and: <ol style="list-style-type: none"> comply with any instructions provided by the Council in relation to hair testing. the costs of this assessment will be met by the Council. 	This condition is mainly used for used for s150 proceedings
B Self-medication for nurse practitioners & others with prescribing rights <input type="checkbox"/> Not to prescribe for self-medication.	
C Self-administration Not to self-administer any: <ol style="list-style-type: none"> prescribed restricted substances (Schedule 4 drug listed in Appendix D) or drug of addiction (Schedule 8 drug); narcotic derivative, non-prescription compound analgesic, substances listed in Schedule 1 of the Drug Misuse and Trafficking Act 1985 (NSW) <p>Optional paragraphs (if drug of abuse is not covered by the list above)</p> <ol style="list-style-type: none"> agents commonly used to manage sleep disorders such as zolpidem, zopiclone, promethazine [insert or any other drug of concern] unless such substance or drugs are prescribed by his/her treating practitioner and taken, as directed by the treating practitioner. Within seven (7) days of being prescribed such substance or drug by the treating practitioner, the practitioner must: <ol style="list-style-type: none"> notify the Nursing and Midwifery Council of NSW, and provide written confirmation to the Council of such treatment including, the relevant copy of the prescription or direction from the treating practitioner. 	<ul style="list-style-type: none"> Drug & alcohol screening conditions compliment these conditions Notification and monitoring conditions compliment these conditions Consider limiting practice conditions Consider restrictions on drug conditions Consider supervision conditions

PRIVATE CONDITIONS

Generally not for publication on the Public Register

HEALTH CONDITIONS • 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.		SUPPLEMENTARY MATERIALS / NOTES
<p>D</p>	<p>Self-administration</p> <p>Not to self-administer any drug of addiction/restricted substances or any substance listed in Schedule 1 of the Drug Misuse and Trafficking Act 1985 (NSW) unless on the prescription of a registered health practitioner who is authorised to prescribe that substance.</p> <p>Within seven (7) days of being prescribed such substance or drug by his/her treating practitioner, the practitioner must:</p> <p>(a) notify the Nursing and Midwifery Council of NSW, and</p> <p>(b) provide written confirmation to the Council of such treatment including, the relevant copy prescription or direction from the treating practitioner.</p>	
<p>E</p> <p><input type="checkbox"/></p>	<p>Drug Screening</p> <p>To comply with the Nursing and Midwifery Council of NSW’s Drug Screening Policy and Participant Procedure: drug screening (as varied from time to time) and attend for:</p> <p>(a) urine drug screening commencing at Group [One/Two/Three/Four]</p> <p>(b) hair drug screening at a quarterly frequency, or as directed by the Council.</p>	<p>See the Council’s Drug Screening Policy and Procedure</p> <ul style="list-style-type: none"> • Notification and monitoring conditions compliment these conditions • Consider limiting practice conditions • Consider restrictions on drug conditions • Consider supervision conditions
<p>F</p> <p><input type="checkbox"/></p>	<p>Alcohol screening</p> <p>To comply with the Nursing and Midwifery Council of NSW’s Alcohol Screening Policy and Participant Procedure: breath testing for alcohol (as varied from time to time).</p>	<p>See the Council’s Alcohol Screening Policy and Procedure</p> <ul style="list-style-type: none"> • Notification and monitoring conditions compliment these conditions • Consider limiting practice conditions • Consider restrictions on drug conditions • Consider supervision conditions

PRIVATE CONDITIONS

Generally not for publication on the Public Register

HEALTH CONDITIONS		SUPPLEMENTARY MATERIALS / NOTES
<ul style="list-style-type: none"> 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. 		
Treatment		
G	<p>To attend for treatment by a [general practitioner/ psychiatrist/drug and alcohol specialist/etc] of his/her choice. The frequency of treatment is to be determined by the treating practitioner. The practitioner:</p> <ul style="list-style-type: none"> (a) is to authorise the treating practitioner to inform the Nursing and Midwifery Council of NSW of any of the following: <ul style="list-style-type: none"> (i) failure to attend for treatment; (ii) termination of treatment; or (iii) a significant change in health status (including a significant temporary change). (b) must provide the Council with the professional details of the treating practitioner/s. (c) must provide evidence to the Council of his/her attendance with the treating practitioner, as specified by the Council. 	<ul style="list-style-type: none"> If there are multiple treating practitioners. Use one condition for each practitioner. Notification and monitoring conditions compliment these conditions Consider limiting practice conditions Consider restrictions on drug conditions Consider supervision conditions
Reviews and reports		
H	To provide a copy of the [insert name of decision which imposed condition e.g. Impaired Registrants Panel report, section150 decision] and any subsequent reports and any other information relevant to his/her health and treatment to the Council-appointed practitioners, supervisors and to the treating practitioners.	These conditions are required to allow the Council to review a practitioner or students health progress.
I <input type="checkbox"/>	To attend for review by a Council-appointed [insert: psychiatrist / psychologist / neurologist] on a [three/six/12] monthly basis or as otherwise directed by the Nursing and Midwifery Council of NSW. The professional costs of the reviews pursuant to this condition will be met by the Council.	
J <input type="checkbox"/>	To attend for [neuropsychometric / other testing] testing by a Council-appointed practitioner, as directed by the Nursing and Midwifery Council of NSW. The professional costs of this assessment will be met by the Council.	
K	For review by the Nursing and Midwifery Council of New South Wales following review by a Council-appointed [insert: e.g. psychiatrist / psychologist / neurologist].	

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 152I(2)(b) For students only, can recommend suspension for max. of two years in the public interest: s 152M	Yes ss 152J and 152I(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

	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	Tribunal
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.							
Conditions	s 150(1)(b) practitioners s 150(1)(c) students	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	ss 152J and 152I(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	s 148E(1)(c) practitioners s 148E(2)(b) students	s 156C(2)(a)	s 146B(1)(b)	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)
Prohibition Orders	N/A	N/A	N/A	N/A	N/A	N/A	Yes s 149C(5)

	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) <small>Practitioners only</small>	Tribunal
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.							
Order counselling/ medical or psychological treatment		<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>recommended counselling and/or treatment condition only if satisfied that practitioner or student has voluntarily agreed: ss 152J and 152I(2)(b)</p>	<p>148E(1)(d) practitioners 148E(2)(c) students</p>		s 146B(1)(c)	<p>s 149A(1)(c) practitioners s 149A(2)(b) students</p>

* A condition requiring counselling/treatment may be imposed.

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

	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)	Tribunal
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.							
Recommend Council take appropriate action	N/A*	Yes s 152I(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.

	S150	IRP	Council on	Council inquiry	PRP	PSC	Tribunal
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.							
						Practitioners only (not students)	
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
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 152(2)(c) and 145B(1)(e)	N/A	N/A	N/A	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.

			Recommendation from IRP	(N/A for medicine, nursing & midwifery)	Practitioners only (not students)	(for medicine, nursing & midwifery only) Practitioners only (not students)	
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
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

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

* A condition may be imposed, however please consider whether such conditions are an appropriate outcome for urgent interim action under s 150.
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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 HCCC: ss 216(2)(b)(i), 150D(2) and 150E(3)</p>
<p>Impaired Registrants Panel (IRP)</p>	<p>IRP reports are generally not published by the Council, because they are “protected reports” (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>
<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>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 align="center">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>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>
<p align="center">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>The Tribunal may also provide a copy to such persons as it sees fit: s 165M(3)</p>
<p align="center">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.</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)</p>