

## Undertakings – National Restrictions Library

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September 2022

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Australian Health Practitioner Regulation Agency  
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](http://Ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

## Approved forms

Where reference is made in the restrictions to an 'approved form' these forms can be accessed on Ahpra's website using the following link:

<https://www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library.aspx>

## Common restrictions

The following restrictions should be included in all undertaking offered to a National Board, except an undertaking not to practice. Common restrictions are the only restrictions which do not follow the library structure, as the core and operating restrictions are combined.

### Common restrictions

Within 21 days of the notice of the Board's acceptance of this undertaking I will provide to Ahpra, on the approved form (HPC), the contact details of a senior person, such as the Director of Medical Services, Director of Nursing, Senior Practice Manager, Senior Manager, Senior Partner, Proprietor, Owner, or equivalent (the senior person) at each of my current place(s) of practice. In providing this form, I acknowledge that Ahpra will contact the senior person and provide them with a copy of the undertaking I have provided or confirm that the senior person has received a copy of the undertakings from the Practitioner. I will provide the same form:

- a. within seven days of the commencement of practice at each subsequent place of practice, and
- b. within seven days of each notice of any subsequent alteration of these undertakings.

I acknowledge that all costs associated with compliance with the undertaking I provide to the National Board are at my own expense.

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## Undertake an audit of practice

Core restriction	Operating restrictions
<p><b><u>Once off audit</u></b></p> <p>I will submit to an audit of my practice (the audit), including any supporting records, within <b>#timeframe#</b> of the <b>#notice of the Board's acceptance of this undertaking/Board approval of the auditor#</b>, by permitting an auditor (the auditor) approved by the <b>#Board name#</b> of Australia (the Board) to attend any and all places of practice (public and private) for the purpose of the audit and by permitting the auditor to provide a report in relation to the findings of the audit. The audit and the audit report are to focus on <b>#Board's concerns#</b> and must include, at a minimum, <b>#audit requirement#</b>.</p> <p><b><u>Ongoing audits</u></b></p> <p>Will submit to an submit to an audit of their practice (the audit), including any supporting records, within <b>#timeframe#</b> of the <b>#notice of the Board's acceptance of this undertaking/Board approval of the auditor#</b> and thereafter on a <b>#timeframe#</b> basis, by permitting an auditor (the auditor) approved by the <b>#Board name#</b> of Australia (the Board) to attend any and all places of practice (public and private) for the purpose of the audit and by permitting the auditor to provide a report in relation to the findings of the audit. The audit and the audit report are to focus on <b>#Board's concerns#</b> and must include, at a minimum, <b>#audit requirements#</b>.</p>	<p><b><u>Auditor chosen by practitioner and approved by the Board</u></b></p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will provide to Ahpra:</p> <ol style="list-style-type: none"> <li>nomination, on the approved form (HPN12), of an auditor(s) to be approved by the Board</li> <li>acknowledgement, on the approved form (HPN12), that Ahpra will seek reports from the approved auditor at the conclusion of each audit, and</li> <li>acknowledgement, on the approved form (HPNA12), from the nominated auditor.</li> </ol> <p>Within <b>#timeframe#</b> of the notice of the approval of the nominated auditor, I will provide a written audit plan, from the approved auditor, outlining the form the audit(s) will take and how the area of concerns for the Board will be addressed. The audit(s) will take the form determined by the auditor</p> <p><b><u>Auditor pre chosen by the Board</u></b></p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will:</p> <ol style="list-style-type: none"> <li>Contact a Board approved auditor and establish an audit plan outlining the form the audit(s) will take and how the areas of concern for the Board will be addressed. The audit(s) will take the form determined by the auditor.</li> <li>Provide the Board approved auditor with a copy of this undertaking.</li> <li>Provide to Ahpra, on the approved form (HP8), acknowledgement that Ahpra will seek reports from the auditor.</li> <li>Provide to Ahpra a copy of the audit plan, together with written acknowledgement, on the approved form (HPNA8), from the approved auditor.</li> </ol>

## Undertake breath alcohol testing

Core restriction	Operating restrictions
<p>I will undertake breath alcohol testing (breath testing) in accordance with Ahpra’s protocol for Drug and Alcohol Screening (the protocol) in force at the date the Board accepts this undertaking and then as amended from time to time. Breath testing is to occur as follows:</p> <ol style="list-style-type: none"> <li>No more than 30 minutes prior to the commencement of each and every period of practice, and</li> <li>No more than 30 minutes after the completion of each and every period of practice, and</li> <li>At any time within the practice period as directed by the case officer or breath test supervisor.</li> </ol> <p><i>For the purposes of this undertaking, ‘practice’ is defined as any role, whether remunerated or not, in which the individual uses their skills and knowledge as a <b>#profession#</b> in their profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills of a <b>#profession#</b> in a direct non-clinical relationship with a client, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.</i></p> <p><i>For the purposes of this undertaking a ‘period of practice’ commences when the Practitioner begins to conduct any of the activities as defined in the meaning of practice and ceases with any break from carrying out these activities of 30 minutes or longer, regardless of whether the Practitioner is being remunerated for the break or not. There may be several practice periods within any working day.</i></p>	<p>I will, on the approved form (HPN5), nominate a person(s) to be approved to administer breath testing (the breath test supervisor). I will ensure that the nomination is accompanied by written confirmation, on the approved form (HPNA5), from each nominated breath test supervisor.</p> <p>Where the result of breath testing undertaken is greater than 0.01% blood alcohol concentration I will:</p> <ol style="list-style-type: none"> <li>Not commence any practice and/or</li> <li>immediately cease practice and must not return to practice that day, and</li> <li>notify Ahpra immediately via email of such a result.</li> </ol> <p>Within <b>#timeframe#</b> of the notice of the Board’s acceptance of this undertaking, I will provide to Ahpra:</p> <ol style="list-style-type: none"> <li>Confirmation, on the approved form (HP5), that I understand the protocol and the monitoring requirements of breath alcohol analysis.</li> <li>Confirmation, on the approved form (HPS5), from the <b>#Director of Medical Services/Director of Nursing/Senior Practice Manager/Senior Manager/Senior Partner/Proprietor/Owner/other as appropriate#</b> (the senior person) at each of my places of practice that the senior person is aware Ahpra may contact them for the purposes of monitoring my compliance with this undertaking.</li> </ol>

## Undertake urine and hair drug screening

Core restriction	Operating restrictions
<p>I will only take substances prescribed, approved, or administered by a nominated treating practitioner(s) and such nominated treating practitioner(s) must not be a relative, friend, professional colleague or in a contractual or financial relationship with the Practitioner.</p> <p><i>For the purposes of this undertaking 'substance' is defined as any illicit substance as well as any prescription only and any controlled drug medication as contained in Schedule 4 or 8 in the Standard for the Uniform Scheduling of Medications and Poisons (the SUSMP) as amended from time to time and as published at <a href="https://www.tga.gov.au/publication/poisons-standard-susmp">https://www.tga.gov.au/publication/poisons-standard-susmp</a>.</i></p>	<p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will commence random urine drug screening (UDS) and hair analysis for drug screening (hair analysis) in accordance with Ahpra's protocol for UDS and hair analysis (the protocol) in force at the date the Board accepts this undertaking and then as amended from time to time.</p> <p>I will commence UDS and hair analysis at Group One frequency or as otherwise advised by Ahpra and must continue to attend at this frequency until the Board approves otherwise.</p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will provide to Ahpra:</p> <ol style="list-style-type: none"> <li>a. Confirmation, on the approved form (HPF6), that I understand the requirements of the protocol as it pertains to urine and hair drug screening and I am aware of Ahpra's monitoring of this undertaking.</li> <li>b. The details, on the approved form (HPF6), of all current substances that I have been prescribed or have been administered to or approved for me, along with the contact information of all prescribing practitioners who have, or are likely to, prescribe, approve or administer substances to me.</li> </ol>

## Undertake hair drug screening

Core restriction	Operating restrictions
<p>I will only take substances prescribed, approved, or administered by a nominated treating practitioner(s) and such nominated treating practitioner(s) may not be a relative, friend, professional colleague or in a contractual or financial relationship with the Practitioner.</p> <p><i>For the purposes of this undertaking 'substance' is defined as any illicit substance as well as any prescription only and any controlled drug medication as contained in Schedule 4 or 8 in the Standard for the Uniform Scheduling of Medications and Poisons (the SUSMP) as amended from time to time and as published at <a href="https://www.tga.gov.au/publication/poisons-standard-susmp">https://www.tga.gov.au/publication/poisons-standard-susmp</a>.</i></p>	<p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will undertake hair analysis for drug testing (hair analysis) in accordance with Ahpra's protocol in relation to hair analysis. The hair analysis is to occur at Group Five (5) frequency or as otherwise advised by Ahpra.</p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will provide to Ahpra:</p> <ol style="list-style-type: none"> <li>a. Acknowledgement, on the approved form (HP4), that I understand the requirements of the protocol as it pertains to hair drug screening and I am aware of Ahpra's monitoring of compliance with this undertaking.</li> <li>b. The details, on the approved form (HPF4), of all current substances that I have been prescribed or have been administered to or approved for me, along with the contact information of all prescribing practitioners who have, or are likely to, prescribe, approve or administer substances to me.</li> </ol>

## Supervised practice

Core restriction – area to be supervised	Core restriction - level of supervision	Operating restrictions
<p><b><u>Supervision across entire practice area</u></b></p> <p>I must only practise as a #profession# when supervised by another registered health practitioner (the supervisor).</p> <p><b><u>Supervision for particular procedures</u></b></p> <p>I will be supervised by another registered health practitioner (the supervisor) when undertaking #particular area of care or practice or procedure#.</p> <p><b><u>Supervision for particular patients</u></b></p> <p>I will be supervised by another registered health practitioner (the supervisor) when providing care to #specify type of patient#.</p>	<p><b><u>Direct</u></b></p> <p>For the purposes of this undertaking, ‘supervised’ is defined as:</p> <p>I will consult and follow the directions of the supervisor about the management of each patient before care is delivered and I must be directly observed by the supervisor who is always physically present.</p> <p><b><u>Indirect I</u></b></p> <p>For the purposes of this undertaking, ‘supervised’ is defined as:</p> <p>I will consult with the supervisor who is always physically present in the workplace and available to observe and discuss my management of patients and/or performance when necessary and otherwise at #frequency# intervals.</p> <p><b><u>Indirect II</u></b></p> <p>For the purposes of this undertaking, ‘supervised’ is defined as:</p> <p>I will consult with the supervisor, who is to be accessible by telephone or other means of telecommunication and available to attend the workplace to observe and discuss my management of patients and/or performance when necessary and otherwise at #frequency# intervals.</p> <p><b><u>Remote</u></b></p>	<p><b><u>Supervisor pre-chosen by the Board</u></b></p> <p>The supervisor will be appointed by the Board from nominees sought from #where supervisors will be sought (e.g. college or employer college/employer) #.</p> <p>If no approved supervisor is willing or able to provide the supervision required, I will cease practice immediately and I must not resume practice until a new supervisor is appointed by the Board.</p> <p>Within #timeframe# of the notice of the Board's acceptance of this undertaking, I must provide to Ahpra, on the approved form (HP9) acknowledgement that Ahpra may:</p> <ol style="list-style-type: none"> <li>obtain information from relevant authorities (such as but not limited to Medicare)</li> <li>obtain information and/or a report from the senior person at each place of practice on a #timeframe# basis, and</li> <li>obtain a report from the approved supervisor on a #timeframe# basis.</li> </ol> <p>Within #timeframe# of the notice of the Board's acceptance of this undertaking, I will provide to Ahpra, on the approved form (HPS9), acknowledgement from the senior person at each place of practice that Ahpra may seek reports from them.</p> <p><b><u>Supervisor chosen by practitioner and approved by the Board</u></b></p> <p>Within #timeframe# of the notice of Board's acceptance of this undertaking, I will, on the approved form (HPN10),</p>

	<p>For the purposes of this undertaking, 'supervised' is defined as:</p> <p>I will consult the supervisor, who is accessible by telephone or other means of telecommunication about my management of patients and/or performance, when necessary and at <b>#frequency#</b> intervals.</p>	<p>nominate a primary supervisor and at least one alternate supervisor to be approved by the Board.</p> <p>I will ensure that each nomination is accompanied by an acknowledgement, on the approved form (HPNA10), from each nominated supervisor that they are willing to undertake the role of supervisor and are aware that Ahpra will seek reports from them.</p> <p>If no approved supervisor is willing or able to provide the supervision required, I will cease practice immediately and I must not resume practice until a new supervisor has been nominated by the Practitioner and approved by the Board.</p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I must provide to Ahpra, on the approved form (HP10) acknowledgement that Ahpra may:</p> <ol style="list-style-type: none"> <li>a. obtain information from relevant authorities (such as but not limited to Medicare)</li> <li>b. obtain information and/or a report from the senior person at each place of practice on a <b>#timeframe#</b> basis, and</li> <li>c. obtain a report from the approved supervisor on a <b>#timeframe#</b> basis.</li> </ol> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will provide to Ahpra, on the approved form (HPS10), acknowledgement from the senior person at each place of practice that Ahpra may seek reports from them.</p>
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## Attend for supervision (psychologists only)

Core restriction	Operating restrictions
<p>I will be supervised by another registered psychologist in relation to <b>#Board's/Panel's/Tribunal's concerns#</b>.</p> <p><i>For the purposes of this undertaking, 'supervision' is defined as a professional relationship in which a skilled registered practitioner (the approved supervisor) helps to guide the professional development of another registered practitioner (the Practitioner ) to integrate professional knowledge and skills into demonstrated competencies that meet the accepted standard of performance outlined in the Board adopted code of ethics.</i></p>	<p>The supervision must occur on a <b>#weekly/fortnightly/monthly#</b> basis for a minimum of <b>#number sessions or a minimum period of months#</b> with each session being of <b>#time#</b> duration. The supervision must continue until these undertakings are removed by the Board.</p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will:</p> <ol style="list-style-type: none"> <li>a. Provide to the Board acknowledgement, on the approved form (HP13), that reports will be sought from the supervisor(s) approved by the Board and what those reports must contain.</li> <li>b. Nominate to the Board, on the approved form (HPN13), the names of three suitability skilled registered psychologists to be considered for approval as supervisors.</li> <li>c. Ensure the nominated supervisors meet all the requirements of the approved form.</li> <li>d. Ensure the nomination is accompanied by acknowledgement, on the approved form (HPNA13) from the nominated supervisors and by the information and documentation required on the form.</li> </ol> <p><b>Alternate operating restriction where a supervisor is required to have endorsement:</b></p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will:</p> <ol style="list-style-type: none"> <li>a. Provide to the Board acknowledgement, on the approved form (HP13), that reports will be sought from the supervisor(s) approved by the Board and what those reports must contain.</li> <li>b. Nominate to the Board, on the approved form (HPNE13), the names of three suitability skilled registered psychologists to be considered for approval as supervisors.</li> </ol>

- c. Ensure the nominated supervisors meet all the requirements on the approved form and hold endorsement in **#type of endorsement#**.
- d. Ensure the nomination is accompanied by acknowledgement of the nominated supervisors, on the approved form (HPNAE13), and by the information and documentation required on the form.

Within 14 days of being advised of the supervisor approved by the Board I will commence supervision with the Board approved supervisor, and

- a. provide to the Board, on the approved form (HPSP13), a supervision plan signed by the approved supervisor. The supervision plan must include the schedule, format and details of how supervision will address the **#Board's/Panel's/Tribunal's concerns#**.

I will ensure reports are provided to Ahpra as follows:

- a. every **#timeframe #** from the date of approval of the supervisor by the Board
- b. at the conclusion of the minimum period of supervision prescribed in this undertaking
- c. at any later time I request the Board to consider reviewing the undertaking
- d. whenever the supervisor has a concern or becomes aware of a concern regarding my conduct and/or professional performance; and
- e. when requested either verbally or in writing by Ahpra.

I will ensure reports provided in accordance with this undertaking include:

- a. the format, date, time and length of each supervision session that has occurred since the previous report
- b. the supervisor's opinion as to whether I have satisfactorily participated in, and understood the focus of, the supervision, and
- c. my own reflections on the supervision (unless the report is for the purpose of the approved supervisor raising concerns about my conduct and/or performance).

	<p>On conclusion of the minimum <b>#number sessions / minimum period of months#</b> I will provide a report demonstrating, to the satisfaction of the Board, that I have reflected on the issues that gave rise to the condition requiring the supervision and outlining how I have incorporated the lessons learnt during the supervision into my practise.</p> <p>I am to continue with supervision until such time as the Board advises in writing that it is satisfied the reports demonstrate I have reflected on and addressed the issues that gave rise to this undertaking and how I have incorporated the lessons learnt in the supervision.</p> <p>In the event the supervisor is no longer willing or able to provide the supervision required I am to provide a new nomination to the Board in the same terms as previous nominations. Such nomination must be made within <b>#timeframe#</b> of my becoming aware of the termination of the supervision relationship.</p> <p>I am not entitled to claim the hours spent with the supervisor or the time spent preparing reports for the Board in compliance with this undertaking as part of the Continuing Professional Development requirements for registration.</p>
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## Attend for mentoring (all professions except psychology)

Core restriction	Operating restrictions
<p>I will be mentored by another registered health practitioner in relation to <b>#Board's concerns#</b>.</p> <p>For the purposes of this undertaking, 'mentoring' is defined as a relationship in which a skilled registered practitioner (the mentor) helps to guide the professional development of another practitioner.</p>	<p>The mentoring must comprise a minimum of <b>#number#</b> sessions with each session being of <b>#time#</b> duration occurring over a <b>#timeframe#</b> period.</p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will, on the approved form (HPN16), nominate a person(s) to be approved by the Board to act as mentor. I will ensure that the nomination is accompanied by acknowledgement, on the approved form (HPNA16), from the nominated person.</p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking I will provide to Ahpra, on the approved form (HP16), acknowledgement that Ahpra may seek reports from the approved mentor on any or all of the following occasions:</p> <ol style="list-style-type: none"> <li>a. every <b>#timeframe#</b></li> <li>b. at the conclusion of the mentoring relationship in order to confirm the outcomes of the mentoring</li> <li>c. whenever the mentor has a concern or becomes aware of a concern regarding my conduct and/or professional performance, and</li> <li>d. when otherwise requested by Ahpra.</li> </ol> <p>In the event an approved mentor is no longer willing or able to provide the mentoring required I must provide a new nomination in the same terms as previous nominations. Such nomination must be made within 21 days of my becoming aware of the termination of the mentoring relationship.</p> <p>Within <b>#timeframe#</b> of the conclusion of the mentoring I will provide a report demonstrating, to the satisfaction of the Board, that I have reflected on the issues that gave rise to this undertaking and outlining how I have incorporated the lessons learnt in the mentoring into my practice.</p>

## Undertake Board specified education

Core restriction	Operating restrictions
<p>I will undertake and successfully complete the program of education <b>#name of program#</b> offered by <b>#name of provider#</b> or nominate alternative training on the identified topics.</p>	<p>Where I nominate alternative training, within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, the I will, on the approved form (HPN24), nominate for approval by <b>#the Board#</b> an education course, assessment or program (the education) addressing the topics required.</p> <p>I will ensure:</p> <ul style="list-style-type: none"> <li>a. the nomination includes a copy of the curriculum of the education</li> <li>b. the education consists of a minimum <b>#number#</b> of hours including <b>#any topics/areas to specifically be covered#</b> <b>&lt;include the following if formal assessment is required&gt;</b></li> <li>c. the education contains a formal assessment component in relation to <b>#areas to be formally assessed#</b>.</li> </ul> <p>Within <b>#timeframe#</b> of the completion of the education, I will provide to Ahpra:</p> <ul style="list-style-type: none"> <li>a. Evidence of successful completion of the education.</li> <li>b. A reflective practice report demonstrating, to the satisfaction of the Board, that I have reflected on the issues that gave rise to this condition and how I have incorporated the lessons learnt in the education into my practice. <b>&lt;Include the following if formal assessment is required&gt;</b></li> <li>c. Evidence of having undertaken and successfully completed the formal assessment component of the education.</li> </ul>

## Undertake education

Core Restriction	Operating Restrictions
<p>I will undertake and successfully complete a program of education, approved by the <b>#Board name of Australia#</b> and including a reflective practice report, in relation to <b>#topics to be covered#</b>.</p>	<p><b><u>Formal education</u></b></p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will, on the approved form (HPN24), nominate for approval by the Board an education course, assessment or program (the education) addressing the topics required. I will ensure:</p> <ul style="list-style-type: none"> <li>a. the nomination includes a copy of the curriculum of the education</li> <li>b. the education consists of a minimum <b>#number#</b> of hours including <b>#any topics/areas to specifically be covered#</b>, and</li> </ul> <p style="text-align: center;"><b>&lt;include the following if formal assessment is required&gt;</b></p> <ul style="list-style-type: none"> <li>c. the education contains a formal assessment component in relation to <b>#areas to be formally assessed#</b>.</li> </ul> <p>Within <b>#timeframe#</b> of the notice of the imposition of these conditions , I will provide:</p> <ul style="list-style-type: none"> <li>a. Evidence of successful completion of the education.</li> <li>b. A reflective practice report demonstrating, to the satisfaction of the Board, that I have reflected on the issues that gave rise to this undertaking and how I have incorporated the lessons learnt in the education into my practice.</li> </ul> <p style="text-align: center;"><b>&lt;Include the following if formal assessment is required&gt;</b></p> <ul style="list-style-type: none"> <li>c. Evidence of having undertaken and successfully completed the formal assessment component of the education.</li> </ul> <p><b><u>One on one education</u></b></p>

The education must consist of a minimum number of **#hours#** completed over a **#timeframe#** period and must include **#any particular areas that must be covered#**.

Within **#timeframe#** of the notice of the Board's acceptance of this undertaking, I will, on the approved form (HPN11):

- a. nominate a person(s) to be approved by the Board to act as educator, and
- b. provide acknowledgement that Ahpra will obtain a report from the approved educator at the conclusion of the education.

I will ensure that the nomination of an educator is accompanied by acknowledgement, on the approved form (HPNA11), from the nominated educator and by an education plan outlining the form the education will take and how the topics of the education will be addressed.

Within **#timeframe#** of the notice of the imposition of these conditions, the Practitioner is to provide:

- a. Evidence of successful completion of the education.
- b. A report demonstrating, to the satisfaction of the Board, that I have reflected on the issues that gave rise to this undertaking and how I have incorporated the lessons learnt in the education into my practice.

## Undertake education in relation to dispensing errors – Pharmacists only

Core restriction	Operating restriction
<p>I will undertake and successfully complete a program of education, approved by the Pharmacy Board of Australia (the Board), on dispensing of medicines to be able to satisfy the Board that I have developed strategies for ensuring that my dispensing process is carried out in accordance with the Board's Guidelines for Dispensing of Medicines.</p>	<p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking I will make a nomination to undertake either one on one education or a formal education course as follows:</p> <p><u>Formal education course</u></p> <p>On the approved form (HPN24), I will nominate an education course, assessment or program (the education) addressing the dispensing of medicines for approval by the Board. I will ensure:</p> <ol style="list-style-type: none"> <li>a. The nomination includes a copy of the curriculum of the education.</li> <li>b. The education includes a formal assessment component.</li> </ol> <p><u>One on one education</u></p> <p>On the approved form (HPN11) I will:</p> <ol style="list-style-type: none"> <li>a. nominate a person(s) to be approved by the Board to act as educator, and</li> <li>b. acknowledge that Ahpra will obtain a report from the educator at the conclusion of the education.</li> </ol> <p>I will ensure that the nomination of an educator is accompanied by acknowledgement from the nominee, on the approved form (HPNA11) and by an education plan outlining the form the education will take and how the topics of education will be addressed.</p> <p>The education must comprise of a minimum <b>#number#</b> of hours.</p> <p>Within <b>#timeframe#</b> of the notice of the Board's approval of the education, I must provide:</p> <ol style="list-style-type: none"> <li>a. Evidence of successful completion of the education including, where applicable, evidence of having undertaken and successfully completed the formal assessment component of the education.</li> </ol>

	<p>b. A report demonstrating, to the satisfaction of the Board, how I have incorporated the lessons learnt in the education into my practice, including that I have developed strategies for ensuring that routine checking of the dispensing process is carried out, bar code scanners are routinely used when dispensing medicines and that every effort is made to counsel a patient when medication is supplied and that counselling is the final checking process to ensure the correct medication is supplied to the correct patient as well as confirmation that I have not included this education course or the preparation of this written report to satisfy my continuing professional development requirements.</p>
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## Prohibition on non-clinical communication

Core restriction	Operating restrictions
<p>I will not have any non-clinical communication with any <b>#patient/group of patients#</b>.</p> <p>For the purposes of this undertaking, 'patient' is defined as any individual awaiting, requiring, receiving or having previously received my professional services or the professional services of a registered health practitioner within the same place of practice as me.</p> <p>For the purposes of this undertaking, 'non-clinical communication' includes telephone, text message, messaging services, email, electronic, through social media or written communication that does not relate to the actual observation and treatment of patients.</p>	<p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will provide to Ahpra:</p> <ol style="list-style-type: none"> <li>a. Acknowledgement, on the approved form (HP15), that Ahpra may contact the <b>#Director of Medical Services/Director of Nursing/Senior Practice Manager/Senior Manager/Senior Partner/proprietor/owner/partner in ownership pharmacist/other as appropriate#</b> (the senior person) at each place I practice and obtain reports from them on a <b>#timeframe#</b> basis or as otherwise required by Ahpra.</li> <li>b. Acknowledgement, on the approved form (HPS15), from the senior person at each place of practice that they are aware Ahpra may contact them in order to obtain reports outlined in (a) and the contact details of any patient I have treated, for the purposes of contacting that patient in order to monitor my compliance with this undertaking.</li> </ol>

## Undertakings not to practise

Core restriction	Operating restrictions
<p><b><u>Registered practitioners</u></b></p> <p>I will not practise as <b>#profession #</b>.</p> <p>For the purposes of this undertaking, 'practice' is defined as any role, whether remunerated or not, in which the individual uses their skills and knowledge as <b>#profession #</b> in their profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills of a <b>#profession #</b> in a direct non-clinical relationship with a client, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the <b>#profession #</b>.</p> <p><b><u>Registered Pharmacists where concerns exist for access to drug safe etc.</u></b></p> <p>I will not practise as a pharmacist under any circumstances.</p> <p>For the purposes of these undertakings, 'practise' is defined as any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills of a pharmacist in a direct non-clinical relationship with a client, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the pharmacy industry. It also includes any role wherein the individual holds any means of access to any pharmacy premises or any drug safe at any pharmacy premises as well as the manufacturing, dispensing, possessing, supplying or selling (hereafter referred to as access) of any medicine or poison listed in Schedule(s) <b>#relevant schedule#</b> of the Standard for the Uniform Scheduling of Medicines and Poisons (the SUSMP) as amended from time to time and as published at <a href="https://www.tga.gov.au/publication/poisons-standard-susmp">https://www.tga.gov.au/publication/poisons-standard-susmp</a> and/or</p>	<p><b><u>Registered practitioners who do not access Medicare billing/private health insurers</u></b></p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will provide the following, on the form provided (HPF18), to Ahpra:</p> <ol style="list-style-type: none"> <li>Acknowledgement that I have read and understood the definition of practise as it pertains to this undertaking.</li> <li>The details of the <b>#Director of Medical Services/Director of Nursing/Senior Practice Manager/Senior Manager/Senior Partner/Proprietor/Owner/other as appropriate#</b> (the senior person at each place I was practising immediately prior to the Board's acceptance of this undertaking).</li> <li>Acknowledgement that Ahpra may notify the senior person as outlined in (b) of the Board's acceptance of this undertaking.</li> </ol> <p><b><u>Registered practitioners who access Medicare billing/private health insurers</u></b></p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will provide the following, on the form provided (HPF17), to Ahpra:</p> <ol style="list-style-type: none"> <li>Acknowledgement that I have read and understood the definition of practise as it pertains to this undertaking.</li> <li>The details of the <b>#Director of Medical Services/Director of Nursing/Senior Practice Manager/Senior Manager/Senior Partner/Proprietor/Owner/other as appropriate#</b> (the senior person at each place I was practising immediately prior to the Board's acceptance of this undertaking).</li> <li>Acknowledgement that Ahpra may notify the senior person as outlined in (b) of the Board's acceptance of this undertaking.</li> </ol>

pharmaceutical items containing any active ingredient listed within #relevant schedule# of the SUSMP, other than for a genuine personal therapeutic need.

### **Registered students**

I must not participate in any clinical training requiring registration as a student with Ahpra.

- d. Evidence I have notified my professional indemnity insurer of this undertaking.
- e. Acknowledgement that, for the purposes of monitoring compliance with this undertaking, Ahpra may conduct practice inspections and notify and/or seek information from relevant authorities.

### **Registered pharmacists**

Within #timeframe# of the notice of the Board's acceptance of this undertaking I will provide the following, on the approved form (HPF25), to Ahpra:

- a. Acknowledgement that I have read and understood the definition of practise as it pertains to these undertakings.
- b. The details of the partner/proprietor/owner/partner in ownership or senior pharmacist (a senior person) at each place I was practicing immediately prior to the Board's acceptance of this undertaking and/or where I hold means of access.
- c. Acknowledgement that Ahpra may notify the senior person as outlined in (b) of the Board's acceptance of this undertaking and seek evidence from the senior person that I have surrendered all means of access to all relevant pharmacy premises.
- d. Evidence I have notified my professional indemnity insurer and local drugs and poisons regulatory authorities of this undertaking.
- e. Acknowledgement that, for the purposes of monitoring compliance with this undertaking, Ahpra may conduct practice inspections.
- f. Acknowledgement that Ahpra may notify Medicare and local drugs and poisons regulatory authorities in relevant states or territories of the Board's acceptance of this undertaking and seek information from these authorities.

### **Registered students**

Within #timeframe# of the notice of the Board's acceptance of this undertaking, I must provide to Ahpra, on the form provided (HPF19), the details of all tertiary institutions at which I am currently enrolled or where I was enrolled immediately prior to the Board's acceptance of this undertaking.

## Attend treating practitioner

Core restriction	Operating restrictions
<p>I will undertake treatment with a <b>#type of treating practitioner(s) required#</b> (the treating practitioner(s)) and attend at a frequency determined by the treating practitioner(s).</p>	<p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking, I will provide the following to Ahpra:</p> <p>The contact details, on the approved form (HPF3), of all treating practitioners.</p> <p>Acknowledgement, on the approved form (HPF3), that Ahpra may seek reports from the treating practitioner(s) on a <b>#timeframe#</b> basis.</p> <p>Confirmation, on the approved form (HPNA3), from the treating practitioner(s) that they have seen a copy of the undertakings and are aware Ahpra may contact them to seek reports.</p>

## Limitations on practice

Core restriction	Operating restrictions
<p><b>NB: Decision makers may choose one or several core restrictions as required:</b></p> <p><b><u>Not to work alone</u></b></p> <p>I will not be the only <b>#profession#</b> on site.</p> <p><b><u>Not to work outside certain hours</u></b></p> <p>I will not practise between <b>#restricted times #</b>.</p> <p><b><u>Not to work alone outside certain hours</u></b></p> <p>I am only permitted to practice without another <b>#profession#</b> on site between the hours of <b>#restricted times#</b>. At all other times there must be another <b>#profession#</b> on site when I am practising.</p> <p><b><u>Not to work in particular positions</u></b></p> <p>I will not practise as a <b>#prohibited position (e.g. locum, agency employee) #</b>.</p> <p><b><u>Not to exceed particular number of hours</u></b></p> <p>I will not exceed <b>#number#</b> hours of practice a week.</p> <p><b><u>Not to undertake clinical work</u></b></p> <p>I will not practise in any role requiring direct or indirect clinical patient contact (including supervision of other practitioners engaged in direct or indirect clinical contact). I may only use my professional knowledge to practise in management, administration, education, research, advisory, regulatory or policy development roles.</p>	<p>Within <b>#timeframe#</b> of the notice of Board's acceptance of this undertaking, I will provide to Ahpra, on the approved form (HP7), acknowledgement that Ahpra may:</p> <p>Seek reports from the <b>#Director of Medical Services/Director of Nursing/Senior Practice Manager/Senior Manager/Senior Partner/proprietor/owner/partner in ownership pharmacist/other as appropriate#</b> (the senior person) at each place of practice on at least a <b>#timeframe#</b> basis or as otherwise required.</p> <p>Request and access from the senior person at each place of practice copies of rosters, pay slips, or the equivalent.</p> <p>Have contact with and access information from, where relevant, Medicare, private health insurers and/or practice billing data.</p> <p>Within <b>#timeframe#</b> of the notice of the Board's acceptance of this undertaking I will provide to Ahpra, on the approved form (HPS7), acknowledgement from the senior person at each place of practice that they are aware Ahpra will seek reports from them.</p> <p><b>Include this operating restriction if restriction not to exceed particular number of patient consultations:</b></p> <p>I will maintain a log (the log) detailing every case where I have had contact with a patient. The log must be completed in indelible ink at the end of each <b>#timeframe#</b> and must be provided to the Board every <b>#timeframe#</b> or at such times as requested by Ahpra.</p> <p>The log must detail:</p> <ol style="list-style-type: none"> <li>a. the full name of the patient, and</li> <li>b. the date and time of the consultation</li> </ol>

**Work only in workplaces approved by the Board**

I may practise only in place(s) of practice approved by the Board.

For the purposes of this undertaking, 'practise' is defined as any role, whether remunerated or not, in which the individual uses their skills and knowledge as a **#profession#** in their profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills of a **#profession#** in a direct non-clinical relationship with a client, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the **#profession#** industry.

For the purposes of this undertaking, the following practice locations have been approved: **#approved workplaces/no work places approved#**.

**Not to undertake particular types of procedures/work**

I will not undertake any **#prohibited type of work/procedures#**.

For the purposes of this undertaking **#prohibited type of work/procedures#** **#is/are#** defined as **#definition of prohibited type of work/procedures (if multiple, use format (1) first work/procedure definition, (2) second work/procedure definition, etc.) #**.

**Not to exceed particular number of patient consultations\***

I will not exceed **#number#** of patient consultations in any one **#time period #**.

**NB: This restriction requires operating restriction to provide log books of patients consulted.**

**Not to alter current patient base**

From the date of notice of the Board's acceptance of this undertaking, I will not accept any new patients and I must confine my practice to my current patient list.

## Prohibitions on access to medication - Medical Practitioners

Core restriction	Operating restrictions
<p><b><u>Prohibition on access to entire schedule(s) of substances</u></b></p> <p>I will not <b>#prescribe/possess/supply/administer/handle/dispense/access/check#</b> (hereafter referred to as access) including as emergency treatment supplies or doctor's bag stock, any substance listed in Schedule(s) <b>#relevant schedule#</b> of the Standard for the Uniform Scheduling of Medicines and Poisons (the SUSMP) as amended from time to time and as published at <a href="https://www.tga.gov.au/publication/poisons-standard-susmp">https://www.tga.gov.au/publication/poisons-standard-susmp</a> and/or pharmaceutical items containing any active ingredient listed within <b>#relevant schedule#</b> of the SUSMP.</p> <p><b><u>Prohibition on access to specific named substance(s)</u></b></p> <p>I will not <b>#prescribe/possess/supply/administer/handle/dispense/access/check#</b> (hereafter referred to as access), including as emergency treatment supplies or doctor's bag stock, the following substance(s): <b>#specific name of medication(s)#</b></p> <p><b><u>Access to entire schedule(s) of substances permitted only in certain circumstances</u></b></p> <p>I will not <b>#prescribe/possess/supply/administer/handle/dispense/access/check#</b> (hereafter referred to as access) including as emergency treatment supplies or doctor's bag stock, any medicine or poison listed in Schedule(s) <b>#relevant schedule#</b> of the Standard for the Uniform Scheduling of Medicines and Poisons (the SUSMP) as amended from time to time and as published at <a href="https://www.tga.gov.au/publication/poisons-standard-susmp">https://www.tga.gov.au/publication/poisons-standard-susmp</a> and pharmaceutical items containing any active ingredient listed within the <b>#relevant schedule#</b> of the SUSMP other than in the following circumstances: <b>#particular circumstances where medication access permitted (e.g. to hospital patients on hospital stationery)#</b></p>	<p>Within <b>#timeframe#</b> of the notice of Board's acceptance of this undertaking, I will provide to Ahpra:</p> <ol style="list-style-type: none"> <li>Acknowledgement, on the approved form (HP1), that Ahpra may obtain reports from the <b>#Director of Medical Services/Senior Practice Manager/Senior Manager/Senior Partner/proprietor/owner/other as appropriate#</b> (a senior person) at each place of practice on a <b>#timeframe#</b> basis or as otherwise required by Ahpra.</li> <li>Acknowledgement, on the approved form (HP1), that for the purposes of monitoring my compliance with the undertaking restricting access to medication, Ahpra may contact Medicare and/or drugs and poisons regulatory authorities in relevant states or territories.</li> <li>Confirmation, on the approved form (HPS1), from the senior person at each place of practice that they are aware Ahpra will seek reports from them.</li> </ol>

**Access to specific named substance(s) permitted only in certain circumstances**

I will not

**#prescribe/possess/supply/administer/handle/dispense/access/check#** including as emergency treatment supplies or doctor's bag stock, the following substance(s): **#specific name of medication(s)#** other than in the following circumstances: **#particular circumstances where medication access permitted#**

**Access to entire schedule(s) of substances permitted only under direct supervision**

I will not **#prescribe/possess/supply/administer/handle/dispense/access/check#** (hereafter referred to as access), including as emergency treatment supplies or doctor's bag stock, any medicine or poison listed in Schedule(s) **#relevant schedule#** of the Standard for the Uniform Scheduling of Medicines and Poisons (the SUSMP) as amended from time to time and as published at <https://www.tga.gov.au/publication/poisons-standard-susmp> and pharmaceutical items containing any active ingredient listed within **#relevant schedule#** of the SUSMP other than when directly observed by another registered health practitioner.

**Access to specific named substance(s) permitted only under direct supervision**

I will not

**#prescribe/possess/supply/administer/handle/dispense/access/check#** including as emergency treatment supplies or doctor's bag stock, the following substance(s): **#specific name of medication(s)#** other than when directly observed by another registered health practitioner.

## Prohibitions on access to medication – Professions other than medical practitioners

Core restriction	Operating restrictions
<p><b><u>Prohibition on access to entire schedule(s) of substances</u></b></p> <p>I will not <b>#prescribe/possess/supply/administer/handle/dispense/access/check#</b> (hereafter referred to as access) any medicine or poison listed in Schedule(s) <b>#relevant schedule#</b> of the Standard for the Uniform Scheduling of Medicines and Poisons (the SUSMP) as amended from time to time and as published at <a href="https://www.tga.gov.au/publication/poisons-standard-susmp">https://www.tga.gov.au/publication/poisons-standard-susmp</a> and/or pharmaceutical items containing any active ingredient listed within <b>#relevant schedule#</b> of the SUSMP.</p> <p><b><u>Prohibition on access to specific named substance(s)</u></b></p> <p>I will not <b>#prescribe/possess/supply/administer/handle/dispense/access/check#</b> (hereafter referred to as access), the following substance(s): <b>#specific name of medication(s)#</b></p> <p><b><u>Access to entire schedule(s) of substances permitted only in certain circumstances</u></b></p> <p>I will not <b>#prescribe/possess/supply/administer/handle/dispense/access/check#</b> (hereafter referred to as access), any medicine or poison listed in Schedule(s) <b>#relevant schedule#</b> of the Standard for the Uniform Scheduling of Medicines and Poisons (the SUSMP) as amended from time to time and as published at <a href="https://www.tga.gov.au/publication/poisons-standard-susmp">https://www.tga.gov.au/publication/poisons-standard-susmp</a> and pharmaceutical items containing any active ingredient listed within the <b>#relevant schedule#</b> of the SUSMP other than in the following circumstances: <b>#particular circumstances where medication access permitted#</b></p>	<p>Within <b>#timeframe#</b> of the notice of Board's acceptance of this undertaking, I will provide to Ahpra:</p> <ol style="list-style-type: none"> <li>Acknowledgement, on the approved form (HP1), that Ahpra may obtain reports from the <b>#Director of Medical Services/Senior Practice Manager/Senior Manager/Senior Partner/proprietor/owner/other as appropriate#</b> (a senior person) at each place of practice on a <b>#timeframe#</b> basis or as otherwise required by Ahpra.</li> <li>Acknowledgement, on the approved form (HP1), that for the purposes of monitoring compliance with the undertakings restricting access to medications, Ahpra may contact Medicare and/or drugs and poisons regulatory authorities in relevant states or territories.</li> <li>Confirmation, on the approved form (HPS1), from the senior person at each place of practice that they are aware Ahpra will seek reports from them.</li> </ol>

**Access to specific named substance(s) permitted only in certain circumstances**

I will not  
#prescribe/possess/supply/administer/handle/dispense/access/check# the following substance(s): #specific name of medication(s)# other than in the following circumstances: #particular circumstances where medication access permitted#

**Access to entire schedule(s) of substances permitted only under direct supervision**

I will not  
#prescribe/possess/supply/administer/handle/dispense/access/check# (hereafter referred to as access), any medicine or poison listed in Schedule(s) #relevant schedule# of the Standard for the Uniform Scheduling of Medicines and Poisons (the SUSMP) as amended from time to time and as published at <https://www.tga.gov.au/publication/poisons-standard-susmp> and pharmaceutical items containing any active ingredient listed within #relevant schedule# of the SUSMP other than when directly observed by another registered health practitioner.

**Access to specific named substance(s) permitted only under direct supervision**

I will not  
#prescribe/possess/supply/administer/handle/dispense/access/check# (hereafter referred to as access), the following substance(s): #specific name of medication(s)# other than when directly observed by another registered health practitioner.