Ahpra Protocol

Screen for drugs

This protocol applies to restrictions imposed or accepted from **16 September 2024**

Australian Health Practitioner Regulation Agency
National Boards
GPO Box 9958 Melbourne VIC 3001 Ahpra.gov.au 1300 419 495

Ahpra Protocol: Screen for drugs

Overview

This Ahpra Protocol – *Screen for drugs (*the Protocol) sets out the requirements that apply to practitioners with a registration restriction for health. We monitor compliance with this restriction to protect patient safety.

You will receive a monitoring plan that details contact information, due dates and the information you will need to provide to show that you are complying with your restrictions. The plan will be updated as you complete the requirements. Read your monitoring plan in conjunction with the Protocol /s.

In this Protocol:

'Restriction' and 'Restrictions' refers to:

- conditions and undertakings on your registration that are related to the requirements of this specific Protocol

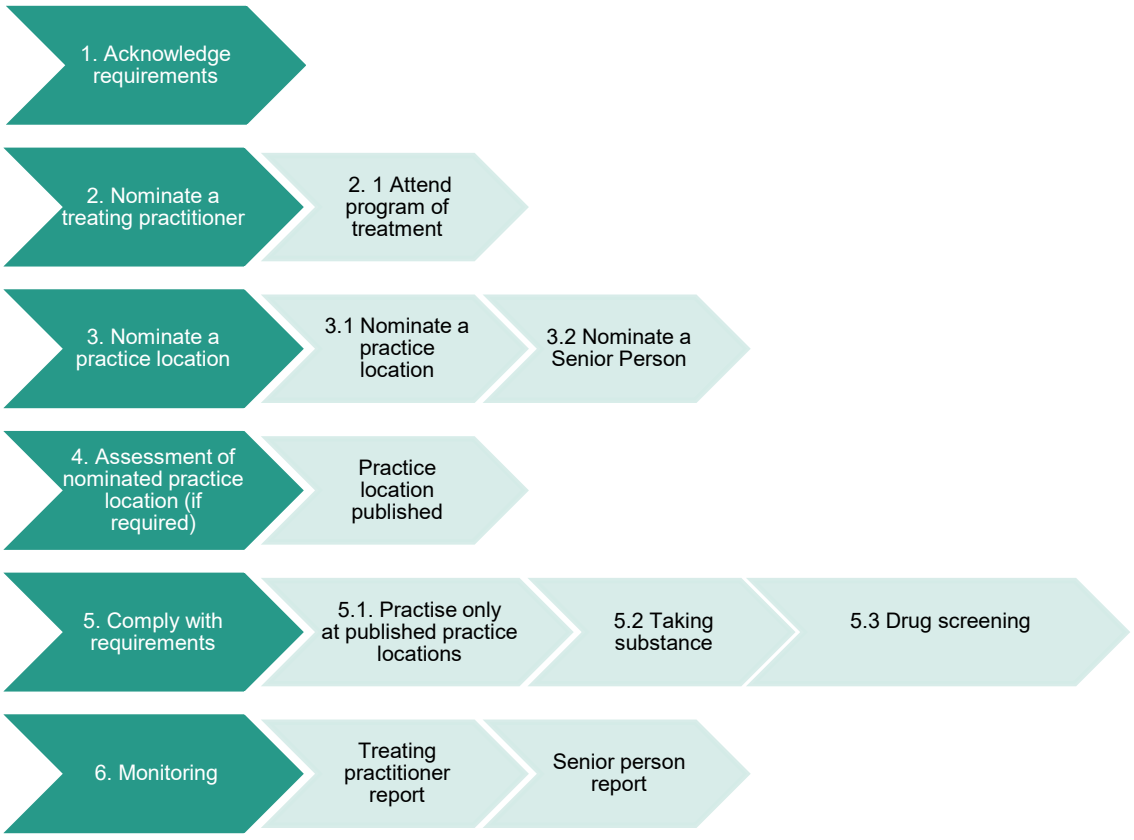
'We' 'us' and 'our' refers to:

- the Australian Health Practitioner Regulation Agency (Ahpra),
- the Board for the health profession you're registered for.

The Protocol includes:

- individually numbered paragraphs and sub-paragraphs to help you navigate the requirements.
- highlighted requirements that you must follow using this symbol:
- clarifying information and advice from us to help you follow the requirements, using this symbol:
- terms that we define in specific ways. The first time we use one of these terms, we've hyperlinked these to their definitions for your reference

There are six main requirements of the Protocol



Requirements

1. Acknowledge the requirements

1.1 Practitioner acknowledgement

1.1.1 You must acknowledge the requirements of the restriction on your registration and the *Ahpra Protocol: Drug Screening* (the Protocol) within 3 calendar days of the restriction start date.

1.1.2 Complete the **Form:** Screen for drugs - Practitioner Acknowledgement Form

2. Nominate a treating practitioner

2.1 Nominate a treating practitioner

2.1.1 You must nominate a mental health professional that we can contact and share information with and, from whom you are receiving treatment of your health condition (treating practitioner).

2.1.2 You must nominate a treating practitioner whether you intend to nominate a practice location or not.

2.1.3 You must nominate your treating practitioner within 30 calendar days of the restrictions start date.

2.1.4 Nominate the treating practitioner on the **Form:** Screen for drugs - Nomination of Treating Practitioner Form

2.1.5 You must provide an acknowledgement from the treating practitioner within 30 calendar days of the restriction start date, confirming they are aware we will contact them and share information. You must also provide us a direct email address we can contact them on.

2.1.6 Your nominee must provide this acknowledgement using the **Form:** Screen for drugs - Treating Practitioner Acknowledgement Form.

2.1.7 You must provide your treating practitioner with a full copy of the restrictions on your registration and this Protocol

2.1.8 You must also provide your nominee the contact details of your Ahpra case officer or team.

2.1.9 If your treating practitioner changes at any time you must advise us of the change within 3 calendar days of the change and complete and return a new nomination within 30 calendar days.

ⓘ If we receive information that raises concerns about your health impacting on your practice, we may request information from your treating practitioner.

We may ask for information about your health condition such as the nature of the health condition the severity and stability of your health condition, your treatment regime, your engagement in treatment and whether the treating practitioner has any concerns about your health where it may impact on your fitness to practise.

The treating practitioner will also provide a report to us whenever they have a concern or become aware of a concern regarding your health or if you don't attend for treatment at the required intervals.

3. Nominate a practice location

3.1 Nominate a practice location

3.1.1 You must not practise until practice locations are published to the online register of practitioners. ⚠

3.1.2 **You must not practice while there are no published practice locations, otherwise you will breach your registration requirements. This may result in further regulatory action being taken to protect the public.**

3.1.3 You must nominate practice locations for assessment.

3.1.4 Nominate a practice location on the **Form:** Screen for drugs - Nomination of Practice Location Form.

3.1.5 When nominating a practice location, you must provide a nomination and acknowledgement of a health monitor.

3.1.6 With any nomination of a practice location, you must provide the details of a senior person at each practice location.

3.2 Nominate a senior person

3.2.1 You must provide the details of the senior person for each nominated practice location (senior person).

3.2.2 Nominate the senior person on the **Form:** Screen for drugs - Nomination of Practice Location.

3.2.3 Your senior person must be senior to you by role and/or experience

3.2.4 The nomination of each senior person must be accompanied by an acknowledgement from each nominated person that they are aware Ahpra will contact them and share information, and a unique email address at which they may be contacted.

3.2.5 The senior person must provide this acknowledgement on the **Form:** Screen for drugs - Senior Person Acknowledgement Form

3.2.6 You must provide each nominated senior person a full copy of the restrictions on your registration, and this Protocol

3.2.7 You must also provide all nominated senior person(s) the contact details of your Ahpra case officer.

3.2.8 You must declare any actual, potential, or perceived conflicts of interest with your nominated senior person. If requested, you must provide information on how you will manage the conflict.

ⓘ A conflict may arise from being in a collegiate, family, social or financial relationship which could compromise the nominee's judgment, decisions, or actions in performing the role.

We must be confident that the senior person is able to give independent evidence of your compliance and be willing to provide reports to us if they identify concerns with your conduct, or compliance with your restrictions.

We may refuse your nomination of a practice location if there is insufficient evidence that any conflict will be sufficiently managed.

3.2.9 If your senior person changes, you must notify your Ahpra case officer in writing within 14 calendar days of being made aware of the change

4. Assessment of a nominated practice location

ⓘ **This section only applies if your restrictions include the requirement to only practice at approved practice locations.**

If your restrictions require you to only practice at declared practice locations, this section does not apply.

4.1 Assessment requirements

4.1.1 Practice location nominations must include nomination of a senior person at each nominated practice location. Incomplete nominations will not be assessed.

4.1.2 We may request information from your treating practitioner and senior person(s) to assess whether your health condition will or may impact on your practice, and whether your proposed work arrangements are appropriate.

4.1.3 Practice locations will be assessed for approval based on their suitability on a case-by-case basis.

4.2 Each nominated practice location must meet the following requirements:

4.2.1 You will not be the sole practitioner of your profession at the practice location,

4.2.2 The nominated senior person or practice staff does not have a direct personal relationship with you. For example, a spouse, de facto, sibling or other relative,

4.2.3 There is sufficient oversight or ability to provide independent evidence of compliance.

ⓘ Before approving a practice location, we must be satisfied that we have sufficient information about the nature and impact of your health condition on your ability to practice safely when considering your application.

We must also be confident that your senior person(s) is able to give independent information about your compliance and be willing to provide reports to us if they identify concerns.

A conflict of interest may arise from being in a collegiate, family, social or financial relationship with those you nominate which could compromise the nominee's judgment, decisions, or actions in performing their nominated role. We may refuse your nomination of a practice location if there is insufficient evidence that any conflict will be sufficiently managed.

Nominations that don't meet the above requirements may be considered in extenuating circumstances. Nominations not meeting the above requirements usually require longer timeframes for consideration.

We may refuse your nomination of a practice location.

5. After publication of a practice location

5.1 Comply with requirements

5.1.1 **You must not practise until practice locations are published to the online** register of practitioners. ⚠

5.1.2 You must only practice at published practice locations.

5.1.3 When a practice location is published on the National register, you can commence practising.

5.1.4 If you stop practising at any of your published practice locations, you must notify your Ahpra case officer or team in writing within 14 calendar days.

5.2 Taking substances

5.2.1 You must not take any substance unless it is prescribed, approved, or administered by another registered health practitioner (the prescriber) who has been nominated to us.

ⓘ 'Substance' for the purpose of this restriction and Protocol has a specific meaning.

Refer to Section 1:Definitions for further information.

5.2.2 Within 7 calendar days of publication of a practice location, you must provide the details of all substances (as defined in Section 1: Definitions) that have been prescribed or administered to or approved for you.

5.2.3 Within 7 calendar days of publication of a practice location, you must provide the details of all practitioners who have, or are likely to, prescribe, approve, or administer substances (as defined in Section 1: Definitions)

5.2.4 You must provide the details of all substances using the **Form**: Screen for drugs – Practitioner declaration of current substances – Practitioner Declaration Form

5.2.5 You must also provide the information at other times when requested.

5.2.6 Your prescribing practitioners must not have any perceived or actual conflict of interest.

5.2.7 Both you and your nominee must declare any actual, potential, or perceived conflicts of interest. If requested, you must provide information on how you will manage the conflict.

ⓘ A conflict may arise from being in a collegiate, family, social or financial relationship which could compromise the prescribing practitioner's judgment, decisions, or actions.

We may contact your prescribing practitioners to confirm the prescription, approval, or administration, and contact and access information from Medicare Australia and/or local drugs and poisons authorities.

5.2.8 For drug screens that indicate the presence of one or more substances or their metabolites, you must provide a valid prescription, approval, or evidence of administration by a prescribing practitioner for the substances detected.

ⓘ The substances routinely tested in drug screening are detailed in Appendices A and B

5.2.9 You must take steps to avoid consuming any food containing poppy seeds. Consumption of poppy seeds will not be accepted as an explanation for a drug screen that detects the presence of one or more drugs or substances.

ⓘ Poppy seeds are found in a range of foods such as muffins, cakes, breads, and crisp bread. Poppy seed consumption may result in a drug screen positive for opiates.

5.2.10 You must take steps to ensure that all over the counter preparations that have not otherwise been prescribed or approved for your use by your prescriber(s), do not contain any substances included in Appendices A and B.

5.2.11 This includes Schedule 3 medications, complementary medicines, vitamins, weight loss and body building supplements

ⓘ If it is not possible to determine the exact ingredients contained within any product, then it is recommended you avoid consuming the product.

5.2.12 You must, if requested, provide the details and ingredients of any products you consume.

5.3 Drug screening

5.3.1 You must commence UDS and hair analysis at group one frequency or as otherwise advised by us, and must continue to attend at this frequency until approved otherwise and as provided in Appendix C. ⚠

ⓘ Drug screening comprises of both urine and hair testing.

Your restrictions will detail whether you need to attend for both urine and hair testing or just one of these.

5.3.2 You must attend for drug screening at an approved collection center published on the Ahpra website unless alternate collection arrangements are approved.

5.3.3 If, due to your location, you are unable to access one of the approved collection centres for urine drug screening you must submit a written proposal for alternate collection arrangements.

ⓘ Alternate arrangements are subject to approval.

Alternate arrangements must still meet all collection and chain of custody requirements and can include, but are not limited to, collection by a local general practitioner or medical or nursing staff at a local hospital.

Samples must be couriered to the approved pathology provider for sample analysis.

5.3.4 You must only use pathology request forms provided by Ahpra.

5.3.5 When presenting for a test, that day's date must be recorded on the request form.

5.3.6 You must not amend or alter the issued pathology request form in any other way.

ⓘ Self-referred pathology for drug screening will not be accepted as meeting the requirements of this Protocol

5.3.7 When presenting for a drug screening you must present photo identification as proof of identity to the collector.

ⓘ Photo identification is an identity document that includes a photograph of you.

Acceptable forms of photo identification are those issued by government authorities, such as a valid driving license, identity cards or passport.

5.3.8 You must attend for all required drug screens.

5.3.9 If you miss a drug screen for any reason, you must notify your case officer within 24 hours of missing that drug screen.

5.4 Urine testing

5.4.1 You must call the Ahpra drug screening hotline number **1800 027 624** every weekday after 6.00am local time.

5.4.2 You must listen to the audio message for your drug screening group.

ⓘ Your drug screening group is provided in your monitoring plan.

An audio message on the drug screening hotline service is played in a continuous cyclical manner. If you call and connect part way through the message, you must remain on the line until you hear the entire message.

If you identify that the drug screening hotline number is not operational, please contact us immediately to inform your case officer.

You must call the drug screening hotline number as normal the following day. If a fault affecting the drug screening hotline is not expected to be rectified by the next day wewill contact, you to advise you of temporary measures that will be put in place.

Testing is generally not required on local, state or national public holidays.

5.4.3 If you hear your drug screening group, you must provide a sample for urine testing.

5.4.4 You must provide a sample by no later than 6.00pm on the same day or by a time otherwise advised by us.

ⓘ Presentation for urine testing after 6.00pm local time or the closing time of the chosen collection centre will be considered a failure to attend for testing.

Some Ahpra approved collection centres have shorter opening hours and may not stay open until 6:00pm.

A failure to attend for testing, or to attend testing by the required time is a breach of the Protocol

A particular time for testing may be specified in your monitoring plan if you have a history of using very short acting substances.

5.4.5 You must familiarise yourself with the opening hours of the collection centre you usually attend.

5.4.6 You must provide a urine sample under the direct observation of the collector (Level 1 supervision). Direct observation requires the collector to directly observe the passage of urine from the urethral meatus to the container.

5.4.7 You must sign the chain of custody form at the time of collection of your urine sample.

ⓘ Samples will be collected and handled consistent with AS/NZS 4308:2008 'Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine' (the Standard).

5.4.8 You must complete a 'Drug Information Sheet' identifying drugs, medications or other substances taken during either the last 14 calendar days or since the previous sample was collected (whichever is longer).

5.4.9 You must take steps to avoid providing dilute samples. You must ensure that you are not excessively hydrated to minimise the likelihood of providing a dilute sample.

ⓘ A sample for UDS is considered dilute when the creatinine level in the sample is below 1.76 mmol/L.

Such steps to avoid providing dilute samples may include reducing fluid intake before providing a sample and changing the time of day you attend for screening.

In some collection centres a preliminary indication of whether the sample is sufficiently concentrated for reliable analysis may be given at the time of sample collection.

5.4.10 . **You must not return a UDS that indicates the presence of one or more substances in Appendix A, unless you provide a valid prescription, approval, or evidence of administration by a prescribing practitioner for the substances detected.** ⚠

ⓘ Results of drug screens are provided directly to Ahpra by the pathology laboratory and may also be provided to your treating practitioner(s) on request by you.

At a minimum urine testing will include testing for all substances detailed in Appendix A and any other substances known to have been used by you (where not detailed in Appendix A).

Other substances may be tested and detected by urine testing that are not included in Appendix A.

ⓘ Where a UDS result indicates the presence of one or more drugs or substances in the sample above the level specified in Appendix A, further confirmatory testing may be required. Confirmatory testing incurs additional fees which you must pay.

Substances that are detected in a sample below the cut-off levels or reporting limit specified in Appendix A, but above the laboratory validated lower limit of detection may be reported at the discretion of the laboratory. This may occur in circumstances where the presence of the substance is relevant to the interpretation of the UDS result.

5.5 Hair testing

ⓘ All registrants being monitored through urine testing must undertake hair testing on an ongoing basis as detailed in Appendix C.

Other registrants may undertake hair testing alone as a step down from urine testing.

You will be advised in writing of the date by which a sample of hair is required.

You may be required to submit for a hair test at any time at random in addition to scheduled tests provided in Appendix C.

5.5.1 You must attend for hair drug screening before the date specified or as otherwise advised.

5.5.2 You must contact one of the approved collection centres as published on the Ahpra website, in advance, to make an appointment to provide a hair sample.

5.5.3 You must keep your head hair no less than 3 cm long including at the nape of the neck.

ⓘ The collector will cut approximately a pencil-thickness section of hair as close to the scalp as possible in the nape of the neck, and will complete a sample collection form confirming whether your hair:

- has been chemically treated by perming, dying, or bleaching, and
- is free from all gels, oils and hair creams when presenting for collection

5.5.4 You must sign the chain of custody form at the time of sample collection.

5.5.5 At the time of providing a sample you must complete a 'Drug Information Sheet' identifying drugs, medications or other substances taken in the period since the previous hair sample was collected.

5.5.6 You must not provide a sample that is taken from anywhere on the body other than the head.

5.5.7 Where a 3cm sample is not able to be collected from the nape of the neck, the collector may take hair from another location on the head.

5.5.8 You must not return a hair drug screen that indicates the presence of one or more substances in Appendix B, unless you provide a valid prescription, approval, or evidence of administration by a prescribing practitioner for the substances detected. ⚠

ⓘ Results of drug screens are provided directly to Ahpra by the pathology laboratory and may also be provided to your treating practitioner(s) on request by you.

At a minimum hair drug screening will include testing for all substances detailed in Appendix B and any other substances known to have been used by you (where not detailed in Appendix B). Other substances may be tested and detected by hair drug screening that are not included in Appendix B.

Substances that are detected in a sample below the reporting limit specified in Appendix B, but above the laboratory validated lower limit of detection may be reported at the discretion of the laboratory. This may occur in circumstances where the presence of the substance is relevant to the interpretation of the hair test result.

6. Reporting

6.1 Reporting requirements

6.1.1 If we receive information that raises concerns about your health impacting on your practise, we may request information from your nominated senior person(s) treating practitioner(s) and prescribing practitioners.

ⓘ We may ask your treating practitioner for information about your health condition such as the nature of the health condition, the severity and stability of your health condition, your treatment regime, your engagement in treatment and whether there are any concerns about your health where it may impact on your fitness to practise.

The treating practitioner will also provide a report to us whenever they have a concern or becomes aware of a concern regarding your health, once you have completed your program of treatment, or if you don't attend your program of treatment.

We may ask your senior person(s) for information about the characteristics of nominated practice location(s) such as number of employees, number of other registered health practitioners, details of supervision arrangements, any agreed return-to-work arrangements whether there are any concerns about your practise in the workplace, and whether you are practising at the practice location.

The senior person will also provide a report to us whenever they have a concern or becomes aware of a concern regarding your practise.

We may ask your prescribing practitioner to confirm the substances they have prescribed, approved or administered to you, including the dose, frequency and number of repeat prescriptions issued to you.

7. Step down in drug screening frequency

7.1 Frequency of testing

7.1.1 You must continue testing at your current frequency until you are advised of a decision to change frequency of screening by us

ⓘ The period of testing required at group one frequency will vary on a case-by-case basis.

Generally, you will step down through each of the testing groups progressively.

The period required in each testing group is determined on a case-by-case basis and is based on the nature of the drugs or substances concerned, the severity and history of your health condition, your progress in supportive or rehabilitative treatment programs, including information from treating practitioners, your history of compliance with drug screening (where applicable), and your practice environment.

You may be required to attend an independent assessment with a registered health practitioner.

You may want to provide evidence from your treating practitioner to support your application including information about your health condition such as the nature of the health condition the severity and stability of your health condition, your treatment regime, and your engagement in treatment.

The frequency of your drug screening will be considered by your case officer quarterly.

8. Step up in drug screening frequency

8.1 Increased frequency of testing

ⓘ You may be required to undergo urine drug screening at an increased frequency.

As a matter of procedural fairness, if it is proposed to increase the frequency of screening, you will be given the opportunity to make a written or verbal submission about this proposal.

Your submission will be considered prior to any decision being made.

9. Additional drug screens

9.1 Additional screening

9.1.1 You may be required to attend for an additional urine test.

9.1.2 If requested by us, you must provide a urine sample for drug screening within the timeframe specified and irrespective of the daily message on the urine testing hotline number.

9.1.3 You may be required to attend for an additional hair test.

9.1.4 If requested by us, you must provide a hair sample for drug screening within the timeframe specified and irrespective of your next scheduled hair test.

9.1.5 All additional drug screening tests must be completed consistent with the requirements of this Protocol

ⓘ Further screens may be required at any time.

Circumstances when additional screens may be required include (but are not limited to) if you have:

- •submitted a sample at a collection centre that is not approved or failed to attend for screening on a day on which they were required (i.e., a missed screen)
- the chain of custody is incomplete,
- used a request form other than that issued by Ahpra
- •not provided a sample under direct (Level 1) supervision (urine drug testing only)
- provided a dilute sample or a sample that is otherwise unsuitable under the requirements of the Standard (e.g., it has failed the checks for adulterants, or temperature) (urine drug testing only)
- provided a sample that is inadequate (e.g., hair length is inadequate) (hair testing only).
- returned a result that indicates the presence of one or more substances where the substance has not been prescribed by your prescribing practitioner (s), or approved or administered by another registered health practitioner
- after a period of leave from urine drug screening including exemptions from screening and overseas travel

We may also require an additional test if concerns are identified while monitoring your compliance with restrictions relating to drug screening or via new information received that raises concerns relating to substance use.

In some states and territories, approved collection centres may be able to collect urine samples on weekends and public holidays.

You generally will not be required to attend for additional testing on weekends and public holidays unless requested specifically as an additional drug screen.

10. Authorities and endorsements

ⓘ If you have had your authority or endorsement in relation to Schedule 4 and/or Schedule 8 drugs limited or revoked, and subsequently have those privileges restored, your drug screening frequency may be varied.

Any decision to amend the frequency of screening in these circumstances will be based on the nature of your health condition, your overall compliance with restrictions, your progress in supportive or rehabilitative treatment programs, your practice environment and scope of practice.

11. Costs

ⓘ You are responsible for all costs associated with drug screening.

This includes direct payment to the collection centre, including the cost of any additional and/or confirmatory testing that may be required.

If you are suffering financial hardship due to the cost of drug screening you must contact us to discuss how you may be able to meet the requirements of this Protocol

12. Leave from drug screening requirements

ⓘ Requests for leave from screening are considered on a case-by-case basis and will be informed by your screening frequency, history of compliance, and the number of requests for leave already granted.

Only leave from urine drug screening requirements will be considered.

Requests for leave from hair drug screening will not be granted.

Leave will not be granted when doing so would prevent or limit the capacity to monitor your health condition whilst you are or may be practising. For example, leave will generally not be granted from screening on regular days of the week to facilitate your work requirements.

If you have been granted leave from screening additional urine drug screens may be required prior to recommencing practise if the period of leave exceeds:

- 2 or more days of leave for group 1
- 5 or more days of leave for all other groups

Verbal requests for leave from screening will not be granted.

You may be granted leave from UDS on an ad-hoc basis to travel overseas, for religious holidays relevant to you or in other exceptional personal circumstances that also mean you will travel overseas and will not be practising.

Absence from drug screening will only be granted for illness when the absence is supported by a medical certificate.

12.1.1 For overseas travel, you must submit your written request to your case officer at least five business days before the anticipated travel to provide sufficient time for your request to be considered. Your request must include evidence that supports the reason for requesting leave along with your contact details while on leave. Evidence must include a confirmed travel itinerary and must include work rosters and/or leave approvals from your workplace.

12.1.2 For absences from screening due to illness, you must, provide evidence of the specific medical condition that meant you were unable to attend for drug screening or produce a sample for screening within 3 calendar days of the absence from screening.

12.1.3 For absences due to public health directions, you must provide evidence of the public health direction, including the dates the order was in effect and confirmation from your employer (or equivalent) that you were not practising for the duration of the period of quarantine or self-isolation within 3 calendar days of the absence from screening.

ⓘ Public health orders

During a public health direction or order requiring you to remain at home for a period of ordered quarantine or self-isolation, such as in response to a positive test result or identification as a close contact, you will not be required to complete drug screening requirements.

If you are not subject to a specific requirement to self-isolate or quarantine, then you must complete all scheduled drug screening. This includes periods of public health restrictions that limit movement generally and health services are permitted as essential services. In these cases, urine drug screening is a condition of providing that essential service.

13. Extensions of time

13.1 Requesting an extension

ⓘ An extension of time may be permitted on a case-by-case basis for you to nominate a treating practitioner.

Extensions may be considered in the following circumstances:

- A third party requires additional time to provide the required information or
- In extenuating circumstances such as significant ill health, or other events outside of your direct control.

Evidence of the basis of the request may include evidence of engagement with third parties such as registered health practitioners, medical certificates or other documentation evidencing steps taken to comply with the imposed restrictions.

13.1.1 If you are seeking an extension of time, you must provide a written request.

13.1.2 You must request an extension of time before the applicable due date.

13.1.3 You must provide a proposed timeframe for completion of the requirement when making an extension request.

13.1.4 You must indicate the reason for your request and provide evidence to support your request for an extension.

13.1.5 If you are granted an extension, you must complete the relevant action or requirements within the extended timeframe. ⚠

13.2 Change of circumstance

13.2.1 You must urgently contact your Ahpra case officer or team as soon as possible if you have had a change in your circumstances or are unable to comply with the requirements for any reason. See your monitoring plan for contact information.

14. Exemptions while not practising

Applying for an exemption

If you are anticipating an extended period of absence from practice, you may be granted an exemption from participating in urine testing.

Circumstances where this type of exemption may be considered include periods of parental leave, inpatient treatment, or other exceptional circumstances.

You will need to provide evidence to support an exemption.

Your request must include evidence that supports the reason for requesting the exemption along with your contact details while you are not practicing. Evidence should include confirmation from your workplace (if you are employed) the anticipated duration of leave, or evidence that you are not employed as a health practitioner. You may also be requested to provide evidence from your admitting or treating health practitioner.

When an exemption is granted, the restrictions published on the public register will be updated to remove the publication of any declared practice locations.

For an exemption to be granted you will need to agree to remove any and all published practice locations on the public register.

This will mean you will not be able to practice at any location until the public register is updated with published practice locations.

Before you return to practice you will need to provide a nomination for a practice location. When you provide a nomination of a practice location, you may be required to recommence drug screening prior to the practice location being published on the public register.

On your return to practice, you may be required to recommence drug screening at the same testing frequency prior to the exemption was granted, or at any other frequency (higher or lower) on a case-by-case basis. This will vary based on the reason for the exemption and information on your health condition. You may wish to provide information from your treating practitioners to support this assessment.

Exemptions will not be granted when doing so would prevent or limit the capacity to monitor your health condition.

15. Privacy

9.2 Collection of personal information

We are committed to protecting your personal information.

The ways in which we may collect, use and disclose your information are set out in our Privacy Policy.

Further information regarding Ahpra's Privacy, Freedom of Information and Information publication scheme is available on Ahpra's website.

Definitions

For the purposes of the restrictions and this Protocol the following terms are defined:

Term	Definition
Practice location	Any location where the practitioner practises the profession including any place where the practitioner: a. is self-employed b. shares premises with other registered health practitioners c. is engaged by one or more entities under a contract of employment, contract for services or any other arrangement or agreement d. provides services for or on the behalf of one or more entities, whether in an honorary capacity, as a volunteer or otherwise, whether or not the practitioner receives payment from an entity for the services, or e. provides professional services at the residential premises of a patient.
Practise	Any role, whether remunerated or not, in which the individual uses their skills and knowledge in their registered health profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills 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 their registered health profession.
Substance	a) Any illicit drug b) Any prescription only and any controlled drug medication contained in Schedule 8 of the Standard for the Uniform Scheduling of Medications and Poisons (the SUSMP) as amended from time to time and as published at https://www.tga.gov.au/publication/poisons-standard-susmp, and c) Any pharmaceutical items with an active ingredient listed below: Bromazepam, Chloral hydrate, Clobazam, Clonazepam, Codeine*, Diazepam, Dihydrocodeine, Ephedrine, Flunitrazepam, Gabapentin, Lisdexamfetamine, Lorazepam, Midazolam, Modafinil, Nitrazepam, Oxazepam, Paraldehyde, Perampanel, Phenobarbitone, Phentermine, Pregabalin, Primidone, Propofol, Pseudoephedrine, Quetiapine, Temazepam, Tramadol, Trihexyphenidyl, Zolpidem, Zopiclone *Including when compounded with other therapeutically active substances (e.g. paracetamol, phenylephrine).

Appendix A: Schedule of substances tested in urine drug screening

Substance/ metabolite	Cut Off (ug/L) as per AS/NZS 4308:2008	Reporting limit (ug/L)
Amphetamines		
Amphetamine	150	
Benzylpiperazine	N/A	
Methamphetamine	150	
MDA	300	
MDMA	300	
Methylphenidate	10	
Phentermine	500	
Pseudoephedrine	500	
Benzodiazepines and/or their metabolites		
Alprazolam	100	
Clonazepam	100	
Diazepam	200	
Flunitrazepam	100	
Nitrazepam	100	
Oxazepam	200	
Temazepam	200	
Cannabis Metabolites		
delta-9 tetrahydrocannabinolic acid (**11-COOH-THC**)	15	
Cannabinoids	50	
Cocaine		
Benzoylecgonine	150	
Ecgonine methyl ester	150	
Opiates		
6-Acetylmorphine	10	
Codeine	300	
Codeine glucuronide	300	
Morphine	300	
Morphine glucuronide	300	

Synthetic and semi synthetic opioids	
Hydrocodone	300
Hydromorphone	300
Pholcodine	15
Thebaine	10
Alfentanyl	10
Alfentanyl metabolite Noralfentanyl	10
Buprenorphine	10
Buprenorphine glucuronide	10
Dextromethorphan	10
Fentanyl	3
Fentanyl metabolite Norfentanyl	9
Methadone	10
Methadone metabolite EDDP	10
Naloxone	10
Naltrexone	15
Oxycodone	10
Oxycodone metabolite Noroxycodone	10
Pethidine	10
Pethidine metabolite Norpethidine	10
Remifentanil	10
Remifentanil metabolite Remifentanil Acid	10
Propoxyphene (dextropropoxyphene)	10
Tapentadol	10
Tramadol	10
Tramadol metabolite O-Desmethyltramadol	10
Other Anaesthetic agents	
Ketamine	5
Ketamine metabolite Norketamine	10
Propofol metabolite Propofol Glucuronide	15
Anxiolytic agents	
Zopiclone	10
Zolpidem	10

Hallucinogens	
LSD	10
Mescaline	10
Other substances	
Chlorpromazine	10
Modafinil metab Modafinil Acid	10
Phencyclidine	10
Pregabalin	10
Promethazine	15

Appendix B: Schedule of substance tested in hair drug screening

Analyte (pg/mg)	Reporting Limit (pg/mg)
Amphetamines	
Amphetamine	50
Methamphetamine	50
MDMA	50
MDA	50
Phentermine	50
Pseudoephedrine/ephedrine	50
Benzodiazepines	
Alprazolam	50
Clonazepam	50
Clonazepam metaolite 7-Aminoclonazepam	50
Diazepam	50
Diazepam metabolite Nordiazepam	50
Flunitrazepam	50
Flunitrazepam metabolite 7-Aminoflunitrazepam	50
Lorazepam	50
Midazolam	50
Nitrazepam	50
Nitrazepam metabolite 7-Aminonitrazepam	50
Oxazepam	50
Temazepam	50
Cannabis metabolites	
D9-tetrahydrocannabinol (11-COOH-THC)	20
Synthetic cannabinoids	
JWH018	50
AM2201	50
Cocaine metabolites	
Benzoylecgonine	50
Cocaine	50
Cocaethylene	50

Opiates	
6-Acetylmorphine	50
Codeine	50
Hydrocodone	50
Hydromorphone	50
Morphine	50
Opioids	
Buprenorphine	20
Buprenorphine metabolite Norbuprenorphine	20
Fentanyl	20
Fentanyl metabolite Norfentanyl	20
Methadone	50
Methadone metabolite EDDP	50
Oxycodone	50
Pethidine	50
Pethidine metab Norpethidine	50
Tramadol	50
Anaesthetic agents	
Ketamine	20
Ketamine metabolite Norketamine	20
Propofol glucuronide	100
Anxiolytic agents	
Zolpidem	50
Zopiclone	50
Cathinones	
MDPV	50
Mephedrone	50
Hallucinogens	
LSD	50
25I-NBOMe	50
25B-NBOMe	50
25C-NBOMe	50
Other substances	
Promethazine	50

Appendix C: Drug screening groups

The following table details the random screening requirements for each level of screening.

Screening Group	Urine Screens (on average)	Hair Analysis
Group 1	12 per month	Quarterly
Group 2	4 per month	Quarterly
Group 3	1 per month	Quarterly
Group 4	5 to 10 times per year	Quarterly
Group 5	Nil	Annually *

ⓘ The necessity for, and period of, continued testing will be informed by an assessment of risk.

The assessment will be informed by available medical reports (independent and treating practitioner), compliance during monitoring and the nature and scope of practice of the registrant