

Working with medicines

# Structured Administration and Supply Arrangements – Medical Practitioners

## Regulations

Medical practitioners may issue a Structured Administration and Supply Arrangement (SASA) under Part 6 of the Medicines and Poisons Regulations 2016.

## What is a SASA

A SASA is a written direction by a medical practitioner that authorises another health practitioner to administer or supply a medicine to any patient that meets the circumstances named in the SASA. A prescription or written direction is not required for each individual patient.

## Authority

A SASA issued by a medical practitioner can apply to:

* those health practitioners listed in Part 7 of the Regulations;
* in the lawful practice of their profession;
* when employed by the medical practitioner; and
* to treat patients under the care of the medical practitioner.

A SASA may only be issued for medicines that are required as part of treatment of an acute medical condition or public health. SASA are not permitted for medicines necessary for management of chronic conditions.

## Issuing a SASA

A SASA must be issued in writing. The document must specify the practitioner(s) authorised and the actions authorised (administration, supply or both). The SASA must be signed by the issuing medical practitioner. Copies must be readily accessible to the practitioners authorised by the SASA.

The SASA must specify the medicine authorised. This should include the name, strength, form (or route), dose and quantity. A separate written agreement is required for each medicine covered.

The SASA must specify the circumstances when the medicine may be administered or supplied. This may include the treatment indication (inclusion criteria), any contra-indications (exclusion criteria), place of practice, treatment setting or other relevant restriction.

A SASA is valid for a maximum of 2 years. After this time it should be reviewed, and if still required, then reissued as appropriate.

## Medicines permitted

A SASA may apply to a Schedule 2, Schedule 3 or Schedule 4 medicines. The administration or supply of Schedule 8 medicines cannot be authorised by this type of SASA.

The medicines administered or supplied must be procured by the medical practitioner or approved Permit holder.

## Working under SASA

Health practitioners working under a SASA must comply with all relevant Regulations for administration or supply. Medicines supplied must be in approved packaging and labelled for the patient as per Part 7 of the Regulations. For prescription only medicines this labelling includes: name and address of the supplier; name of the patient; name, strength, from, quantity; and directions for use of the medicine.

For each medicine administered or supplied, the health practitioner must keep an accurate record in the patient’s clinical notes. This must include details of the medicine and quality supplied. These records must be kept for at least two years and produced if requested by authorised officers.

A SASA does not delegate the prescribing authority of the issuer and does not authorise any action beyond that expressly outlined in the written document.

## Notes

The Regulations provide a framework for a medical practitioner to issue a standing authority (SASA) for an employee deemed competent, to use a medicine, whenever clinically appropriate, without the need to issue individual, patient specific orders each time.

It is up to the individual medical practitioner as to whether these should be issued in their own practice, where they should be utilised and when they are suitable. The medical practitioner must make their own assessment as to the competence and safety of the practitioner(s) they are authorising, for each medicine and task involved.

It is up to the medical practitioner as to whether any additional or special training is required of the health practitioner before being authorised by a SASA. In general, it is recommended that health practitioners consider their own scope of practice, when applying the authority provided by any SASA.

It is strongly encouraged that each SASA is accompanied by a written guideline that provides clinical support for the user. This may include more information on items such:

* diagnosis and treatment of the condition;
* use of non-pharmacological treatments;
* situations when the SASA is not appropriate to apply and the medical practitioner should be involved directly in use of the medicine;
* medicine dosing, correct administration, interactions, contraindications; and
* management of adverse effects.

Medical practitioners are expected to regularly review performance of SASA they have issued. This should include ongoing compliance with Regulations, continued need, best any updating to meet best practice, and consumer safety (e.g. incidents and adverse events). Any unsafe SASA should be withdrawn and any unsafe practitioner removed from the authority.

## Writing a SASA

A SASA must be a specific written document that contains all the minimum elements listed above. A suggested template for use is provided in the Appendix to this Guidance Note.

## Compliance

Medical practices and medical practitioners may be required to participate in routine audit assessments to monitor compliance with these requirements. If a SASA is deemed to be non-complaint or a risk to public safety, it must be withdrawn, immediately.

Non-compliance with the Regulations may result in regulatory actions such as restrictions or loss of medicines authorities, notification to the Medical Board of Australia, and/or prosecution under the legislation.

## For more information

Medicines and Poisons Regulation Branch

Mailing address: PO Box 8172, Perth Business Centre, WA 6849

Phone: 9222 6883

Email: [poisons@health.wa.gov.au](mailto:poisons@health.wa.gov.au)

## APPENDIX 1 – Template Example

# *Practice*

# *Letterhead*

### <<Structured Administration and Supply Agreement – TITLE>>

*TEXT PROVIDED AS AN EXAMPLE ONLY –* ***NOT A RECOMMENDATION***

*(fill in <<sections>> and delete example text in red)*

|  |  |
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| **SASA Details** | |
| Title: | *<<pneumococcal vaccine for Dr A Medic patients >>* |
| Identifying Number: | *<<2016/1>>* |

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| --- | --- |
| **Issuing Medical Practitioner** | |
| Doctors Name: | *<<Dr A Medic>>* |
| Practice Address: | *<<Primary Care Family Practice, 123 Health St, PERTH>>* |
| Contact: | *<<9123 4567>>* |

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| --- | --- |
| **Authorised Persons** | |
| Persons Name: | *<<Ms B Healthy >>* |
| Position: | *<<Practice Nurse, Primary Care Family Practice>>* |
| Qualification | *<<RN>>* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised Medicine** | | | |
| Medicine Name: | *<<Pneumococcal vaccine>>* | Brand: | *<<Pneumovax 23>>* |
| Form: | *<<Injection>>* | Strength: | *<<N/A>>* |
| Dose: | *<<N/A>>* | Quantity: | *<<1 vial>>* |
| Route: | *<<Subcutaneous or intramuscular injection>>* | | |
| Instructions: | *<<Administer as a single dose>>* | | |

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| --- | --- |
| **Approved Circumstances** | |
| Authorised to: | *<<Administer once dose by s/c or im injection>>* |
| Place: | *<<at Primary Care Family Practice>>* |
| Patients: | *<<Any patient of Dr A Medic over 65 with any chronic respiratory or cardiac disorder, not previously immunised>>* |
| Medical Condition: | *<<prevention of pneumococcal disease in high risk adults>>* |

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| **Clinical and Other Information** | |
| Patient Inclusion | *<<LIST CRITERIA - patients must have this diagnosis to be eligible for this SASA.>>* |
| Patient Exclusion: | *<<LIST CRITERIA - these patients are contraindicated. Do not use SASA. Seek advice from Dr A Medic.>>* |
| Special Instructions: | *<<LIST CRITERIA - patients must be observed post immunisation. Please contact Dr A Medic immediately if adverse reactions are seen.>>* |
| Notes: | *<<Please follow WA Department Health Immunisation Schedule*  *See also practice policy - NIP program.>>* |
| Clinical Guidelines | *<<To be used in conjunction with Primary Care Family Practice Clinical Policy – Nurse Immunisation.*  *Please follow Australian Immunisation Handbook: Section 4.13 - www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-13>>* |

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| **Approval** | |
| Date of Issue: | *<<1 February 2016>>* |
| Date of Expiry: | *<<1 February 2018>>* |
| Signature: | ***<<Dr A Medic>>*** |