# Restricted Practice Authorisation (RPA) Mechanism: Operational Guide

# Document approval

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# 1    Introduction

## 1.1    The Office of the Senior Practitioner

The Office of the Senior Practitioner (OSP) has been established within Ageing, Disability and Home Care (ADHC), Department of Human Services NSW under the *Stronger Together* Plan to provide leadership and coordination of services to clients with complex needs and challenging behaviour. The role of the OSP includes:

- The provision of practice leadership in the areas of Behaviour Support, Physiotherapy, Speech Pathology, Psychology, Occupational Therapy and Nursing and Health Care;
- The establishment and review of policy and practice guidelines;
- The identification of training and professional development requirements in relation to its areas of focus;
- Monitoring the use of Restricted Practices within ADHC direct services and the application of Restricted Practice Authorisation mechanisms across the funded sector;
- The establishment of close links and working relationships with stakeholders relevant to the specialist support of challenging behaviour and offending behaviour;
- Oversight of services to people with an intellectual disability and a mental health issue; and
- Management of the Policy and Practice Team, the Statewide Behaviour Intervention Service, the Community Justice Program, and the Integrated Services Project.

## 1.2    Purpose of this Operational Guide

This Operational Guide is intended as a useful guide to the operational aspects of an effective Restricted Practice Authorisation (RPA) mechanism. It seeks to promote consistency in the operation of RPA procedures within ADHC and across the funded sector.

## 1.3    Target Group

This Operational Guide is designed for use by RPA Panel members within ADHC and is provided to funded Service Providers as a useful guide for those directly involved in the operation of the RPA mechanism within their service.

## 1.4    Scope

This Operational Guide is not a stand-alone document and should be read in conjunction with the ADHC *Behaviour Support: Policy and Practice Manual (January 2009).*

## 1.5    Definitions

Definitions and explanations of terms used in behaviour support are provided in *Appendix 1.1* of the *Behaviour Support: Policy and Practice Manual (January 2009), PART 1.* Some terms relating specifically to RPA are further clarified in this Guide.

Within this Operational Guide, the *Behaviour Support: Policy and Practice Manual (January 2009)* is referred to as *the Manual.*

## 1.6   Rationale

These Operational Guidelines are a response by the OSP to the need for a single operational guide for RPA mechanisms across the funded disability sector. The Guidelines promote the establishment of effective and consistent operation of RPA Panels within ADHC, and of RPA mechanisms across the funded sector. They augment the procedures set out in PART 2(A), Section 5 of the Manual. Please see:

http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/People+with+a+disability/

## 1.7   Some Key Principles

- The Restricted Practice Authorisation Panel (RPAP) or other RPA mechanism serves to limit and monitor the use of Restricted Practices **as a component of a documented Behaviour Support Plan (BSP)** or **Incident Prevention and response Plan (IPRP)**.

- Service providers have a responsibility to ensure that people who receive a behaviour support service are protected from exploitation, abuse, neglect, and unlawful and degrading treatment.

- All activities related to behaviour support will be supportive and respectful of the individual needs and goals of the Service User, as identified through an Individual Plan, and based on a current and comprehensive assessment.

- Behaviour support services will be provided with consideration of the needs of service users and their families from Aboriginal and Torres Strait Islander backgrounds, and from culturally and linguistically diverse (CALD) communities.

- In addition to consent, any recommendation for the use of a Restricted Practice requires formal *authorisation* via a mechanism which considers the appropriateness of a documented support plan or strategy.

- An RPA mechanism should operate at arm's length from the contributors to the documented support plans or strategies. Its role is to evaluate the recommendation within the context of work practice requirements.

# 2   Operation of the Mechanism

## 2.1   Purpose of an RPA Mechanism

The purpose of an RPA mechanism is not to create obstacles in the face of "common sense", but rather to ensure that documented support plans or strategies which contain the use of a Restricted Practice:

1. can be clinically justified;
2. are authorised within the context of ADHC work practice requirements;
3. include provision for appropriate consent; and
4. can be safely implemented and monitored.

All service providers are expected to develop and maintain an *RPA mechanism* that addresses the above purpose in order to manage the use of Restricted Practices and maintain rigorous standards within their own service. Each RPA mechanism should be responsible for:

- transparent evaluation of formal *RPA Submissions* for all support plans and strategies which include a Restricted Practice;

- issuing of formal decisions to either grant or decline *RPA* in relation to *RPA Submissions*; and
- monitoring the use of Restricted Practices.

While it is not the purpose of the RPA mechanism to provide staff training in relation to behaviour support work practice, there may be opportunities from time to time for an efficiently run RPA mechanism to guide practice improvement.

## 2.2    Who may provide Authorisation?

The RPA mechanism should operate in way that is consistent with the ADHC Policy and Work Practice requirements. Two key aspects of an RPA mechanism are:

- independence from or minimal relationship with those seeking authorisation to use restricted practices; and

- relevant experience and knowledge in 'good practice' behaviour support.

Within ADHC, submissions for RPA are considered by a RPAP which operates in each region. Each Panel consists of at least three people including:
- the Manager Behaviour Support or delegate;
- the manager of the process (e.g. System Support Coordinator-Community Access or Accommodation and Respite or equivalent); and
- an independent member.

Wherever possible the independent member of the RPAP should be a person external to the agency and with relevant experience (as decided by the Regional Director). Where this is not possible the independent may be an officer from another region who has appropriate experience and who is approved as an independent member of the RPAP by the Regional Director. Additional members may be invited to participate in the RPAP as required and as approved by the Regional Director.

ADHC-funded service providers should ensure that the lead role in the RPA mechanism is played by a person with extensive knowledge and experience in good behaviour support practice.

ADHC-funded service providers can investigate a number of ways to establish their authorising body:

- network with other funded service providers to share panel members, especially independent members;

- discuss possible resource options with their ADHC Manager Behaviour Support; and

- consider the use of technology (eg telephone/video conferencing) to overcome logistical barriers.

## 2.3    Process

### 2.3.1    Workload management

Within ADHC, the Manager Behaviour Support (or delegate) should coordinate all elements of the RPA procedure so that clear roles and responsibilities in the efficient management of the process are allocated to appropriate personnel. Procedures are articulated in PART 2 of the Manual, Section 5.

A Chair should be determined by the Manager Behaviour Support prior to commencement of RPA hearings. It is the responsibility of the Chair to record attendance and promote procedural objectivity of each hearing within the time available.

The Manager Behaviour Support takes the lead role in the RPA process, including the timely circulation of completed submissions to RPAP members prior to the hearing, the determination of recommendations and the completion of all RPAP documentation.

Within ADHC-funded service providers the role of the Manager Behaviour Support in the RPA process should be played by a person with extensive knowledge and experience in good behaviour support practice.

Where all required attendees are present and the RPA Submission package is complete, the evaluation process can necessarily be time consuming. For mechanisms that use face to face meetings, good meeting practices are recommended to facilitate the process. For example, consider:

- having a forward calendar of RPA hearing dates which takes into account public holidays, staff leave, access to required resources and support, availability of equipment etc;
- development and circulation of a written agenda prior to hearing/evaluation dates;
- nomination of a Chairperson/Convenor to keep the process focussed on the outcomes required;
- nomination of a minute taker to capture main points of discussion and agreed actions; or
- preparation prior to hearing to ensure all required RPA paperwork is available.

Other useful strategies might include:

- electronic access to RPA forms during hearing/evaluation;
- presentation projectors/monitors to the desktop or computer network to display documents; and
- access to electronic databases to monitor progress on previous RPA recommendations.

### 2.3.2   Demystifying the jargon

Those involved in the RPAP (or other mechanism) hearing should make efforts to explain the terminology to attendees. A glossary of behaviour support terms used by ADHC, including those related to Restricted Practices, can be found in the Policy and Practice Manual[1].

### 2.3.3   Unsupported RPA Submissions

RPA Submissions lodged without the required accompanying documentation should trigger a response from the RPA Panel (or other mechanism), which is both educative and supportive in the first instance.

RPA Submissions which are lodged repeatedly without adequate documentation require escalating response measures from the RPA Panel (or other mechanism) which aim to address any obstacles to good work practice.

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[1] *Behaviour Support: Policy and Practice Manual (January 2009), PART 1.*A, *Appendix 1.1* Glossary of Terms.

### 2.3.4    Interim RPA Submissions

There is a provision within the RPA process for Interim Submissions to be presented directly to the Manager Behaviour Support rather than to the full RPAP[2].

The presentation of more than two Interim Submissions for the same service user and for the same Restricted Practice should be taken as indicative of the need for practice improvement.

### 2.3.5    RPAP Checklists

The **RPAP Checklists**[3] serve as a focussing tool to guide evaluation of RPA Submissions in addition to providing a record of evidence in relation to:
- essential work practice elements addressed in the Behaviour Support plan (BSP) or Incident Prevention and Response Plan (IPRP;
- general requirements for recommendation of a Restricted Practice; and
- additional requirements for a particular Restricted Practice.

Completion of the required Checklists is a mandatory requirement for an RPA Panel. However, completion of the Checklists is not sufficient in itself to constitute adequate evaluation of the RPA Submission.

Evaluation of an RPA Submission is not simply a matter of ticking boxes on RPAP Checklists. Although the RPAP Checklists address the inclusion or omission of work practice elements in the documented strategy, the strategy itself must be considered in the overall context of good behaviour support work practice, its impact on the quality of life of the individual, its appropriateness under the particular circumstances, and its role in the minimisation of harm.

Within ADHC, summary data from completed RPAP Checklists should be recorded under the direction of the Manager Behaviour Support and used as an evidence base to inform work practice improvement initiatives within the region.

Funded service providers are encouraged also to use completed RPAP Checklists to inform work practice improvement within their organisation.

### 2.3.6    Conferring

Where evaluation of an RPA Submission is proving particularly complex, the chair/ convener may consider seeking advice from:
- the RPA mechanism chair/convenor from another funded agency;
- the ADHC Manager Behaviour Support for the region; and/or
- an ADHC Manager Behaviour Support from another region.

### 2.3.7    Recommendations

Form RPA3: Outcome Summary of Submission for Restricted Practice Authorisation provides a summary of the decision made by the RPAP (or other mechanism).

The RPAP may require the presentation of additional information or documentation to the next scheduled hearing or to the Manager Behaviour Support (or delegate) within a specified timeframe, at the discretion of the Manager Behaviour Support.

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[2] *Behaviour Support: Policy and Practice Manual, PART 2, Section 5.4.2*
[3] *Behaviour Support: Policy and Practice Manual (January 2009), Section 5.*

Recommendations for practice improvement made by the RPA Panel (or other mechanism) should be recorded and tracked as clearly identified goals which are specific, measurable, achievable, realistic and time-limited.

These goals should be recorded under Item 6(I) of the Outcome Summary (Form RPA3) or attached to this form as a supplementary document.

Roles and responsibilities in relation to recommendations should be agreed upon during the hearing.

## 2.3.8    Recording and quality improvement

Within ADHC direct services it is mandatory to complete a number of RPAP Checklists (see PART 2, Section 5 of the Manual). Not all Submissions require all Checklists (see PART 2, Table 6).

Following a hearing day, scores from all relevant RPAP Checklists for each Submission should be recorded on an *RPAP Hearing Summary Data* form (see Appendix).

Sections are provided within the *Summary Data* form for each of the separate RPAP Checklists (ie Check 1, Check 2 etc). Remember, **not all Submissions require all Checklists to be completed** (see PART 2, Table 6).

There is provision in each section to record the total number of Submissions which require completion of each particular Checklist on the day (eg Check 1, Check 4 etc).

Within each section:

- the numbered Checklist elements are replicated in the rows.

- columns are provided for recording the Checklist score for each Submission:

    - A *YES* from the Checklist should be recorded as a "1";

    - A *NO* from the Checklist should be recorded as a "0";

    - A blank column indicates that the particular Checklist was not required for a Submission.

- totals for each Checklist element across all Submissions should be recorded in the *Total* column.

Completed *RPAP Hearing Summary Data* forms should be maintained by the Managers Behaviour Support in order to guide practice improvement in relation the RPA mechanism.

The process used within ADHC to evaluate RPA Submissions may be charted in simple terms as follows:

Figure 1

| All required attendees are present/available | **YES** | | **NO** | ▶ | No evaluation.<br><br>Consider rescheduling. |
|---|---|---|---|---|---|

▼

| Submission package is complete | ▶ | **YES** | **NO** | ▶ | No evaluation.<br><br>Consider rescheduling. |
|---|---|---|---|---|---|

▼

Complete all required RPAP Checklists

▼

Seek additional info from attendees/ explore relevant issues

▼

Confer with panelists

▼

Reach decision

▼

Explain and record decision
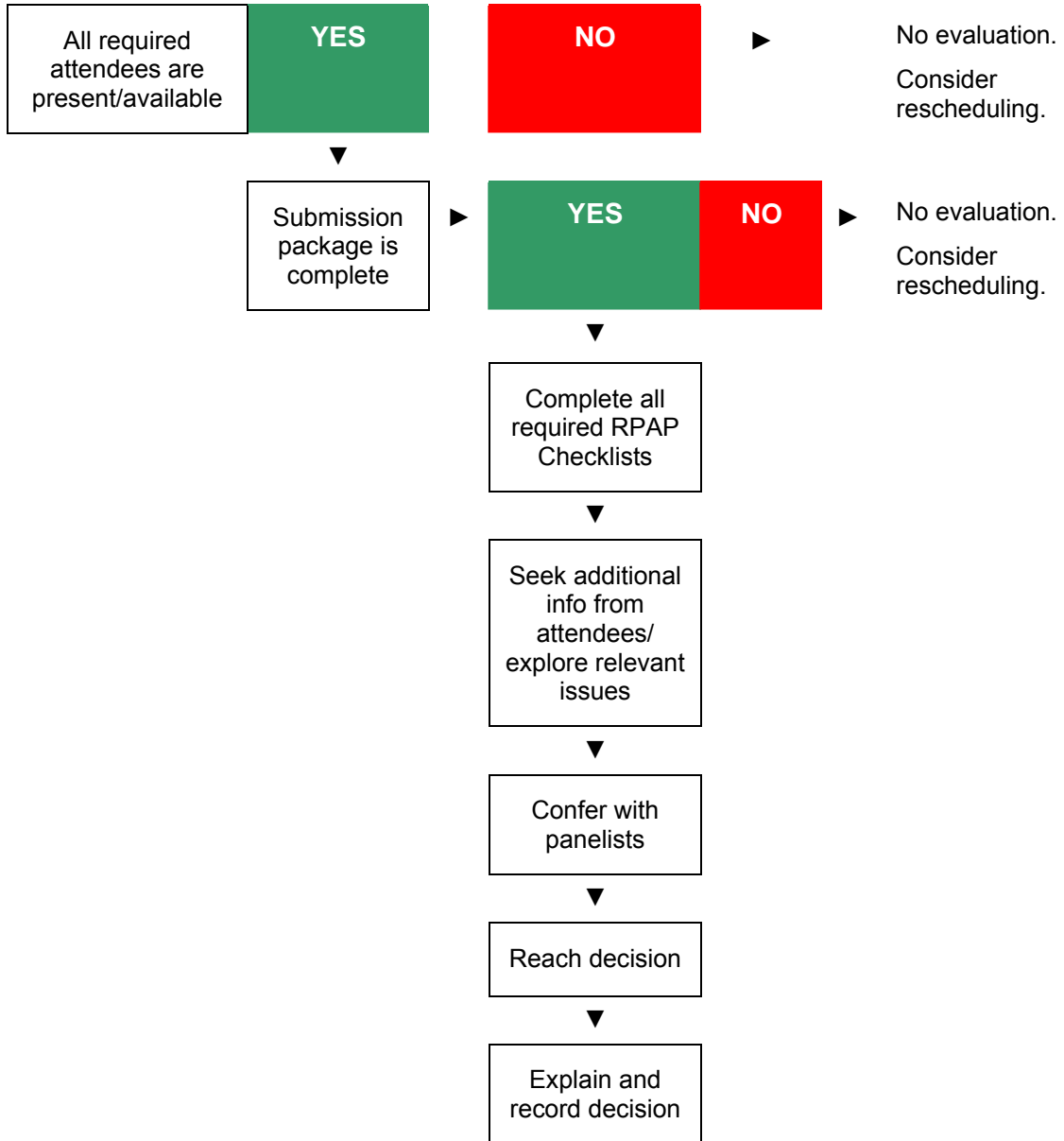
# 3    Examples

Below is a list of situations which may arise during the evaluation of RPA Submissions. Some common scenarios and useful responses are given below:

Table 1

|  | **Situation** | **Response** |
|---|---|---|
| 1. | The Behaviour Support Practitioner has just completed a Behaviour Support Plan but it is not in a familiar format. | There is no prescribed format for a Behaviour Support Plan. A format is provided as a useful guide in the Policy and Practice Manual (see PART 2, page 30-33). Whatever the format used, the plan should meet minimum practice requirements as set out in PART 1 of the Manual. |
| 2. | A Submission is presented to the RPA Panel (or other mechanism) which was previous granted RPA but where consent could not be obtained from the Person Responsible as required by Policy. It is believed that obtaining consent this time will also be problematic. | Recommend that the Key Worker raises the matter of consent to the Guardianship Tribunal. |
| 3. | A Pro Re Nata (PRN) Protocol has been included in the documentation but the medication is no longer current. | PRN Protocol needs to be revised to reflect current medication details.<br><br>Authorisation may be given, conditional on satisfactory update of PRN Protocol within two working days and Submission is resubmitted to the Manager Behaviour Support or delegate. |
| 4. | Medication is being 'hidden' in food. | Ensure that:<br><br>• this is the least restrictive option<br><br>• other less restrictive options are being investigated, and<br><br>• the strategy is supported by the prescribing medical practitioner. |
| 5. | During the course of an RPA hearing, information is disclosed which suggests that other Restricted Practices are being implemented from time to time but which are:<br><br>(a)    not the subject of the current | Restricted Practices which are being implemented in the absence of RPA and Consent are Prohibited.<br><br>At the very least, a separate Interim Submission relating to the newly identified |

| | Situation | Response |
|---|---|---|
| | Submission, and/ or<br><br>(b)    have not been recognised as such. | restricted Practice is required. |
| 6. | You have received an RPA Submission which groups multiple Restricted Practices together on the same form. | A separate Submission is required for each Restricted Practice. |
| 7. | During the course of an RPA hearing, information is disclosed which suggests that staff are physically restraining a service user during a non-urgent medical procedure.<br><br>While in previous years this strategy was the subject of an RPA Submission and had been duly authorised and consented to, staff have been wrongly advised that approval from the General Practitioner is sufficient and that RPA is not required. | Restricted Practices which are being implemented in the absence of RPA and Consent are Prohibited.<br><br>Refer staff to Section 3 of the ADHC *Behaviour Support Policy (January 2009)* for guidance. |

# 4    Appendix

| | Submission 1 | Submission 2 | Submission 3 | Submission 4 | Submission 5 | Submission 6 | Submission 7 | Submission 8 | |
|---|---|---|---|---|---|---|---|---|---|
| RPAP Hearing Date | | | | | | | | | |
| Location | | | | | | | | | |
| ADHC Region | | | | | | | | | |
| | | | | | | | | | |
| Service User Name | | | | | | | | | |
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| RPAP Check 1: General Work Practice | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| **How many Submission require completion of this Checklist?** *(please insert number here)* | | | | | | | | | |
| | | | | | | | | | |
| Element | Submission 1 | Submission 2 | Submission 3 | Submission 4 | Submission 5 | Submission 6 | Submission 7 | Submission 8 | TOTAL |
| 1 Developed and endorsed by a Behaviour Support Practitioner. | | | | | | | | | |
| 2 Currency: clearly dated with schedule for review. | | | | | | | | | |
| 3 Evidence of comprehensive assessment, analysis and formulation (Behaviour Assessment Report). | | | | | | | | | |
| 4 Evidence of collaboration between Behaviour Support Practitioner, Service User (where appropriate), their family/ carer/ advocate and other significant stakeholders. | | | | | | | | | |
| 5 Profile of the Service User including relevant diagnoses. | | | | | | | | | |
| 6 Identifies significant aspects of the support system. | | | | | | | | | |
| 7 Clear description of each targeted behaviour, including topography, impact and history. | | | | | | | | | |
| 8 Description of previous interventions, strategies and related outcomes. | | | | | | | | | |
| 9 Description of positive strategies and related goals/ objectives. | | | | | | | | | |
| 10 Clear implementation instructions for carers. | | | | | | | | | |

| RPAP Check 2: General Requirements for a Restricted Practice | | | | | | RPAP Hearing Date: | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How many Submission require completion of this Checklist?** *(please insert number here)* | | | | | | | | | |
| Element | Submission 1 | Submission 2 | Submission 3 | Submission 4 | Submission 5 | Submission 6 | Submission 7 | Submission 8 | TOTAL |
| 1 Description of the proposed practice. | | | | | | | | | 0 |
| 2 Expected outcomes related to the proposed practice/ strategy. | | | | | | | | | 0 |
| 3 Rationale for the use of the proposed practice/ strategy. | | | | | | | | | 0 |
| 4 Clearly defined roles and responsibilities. | | | | | | | | | 0 |
| 5 Clearly defined contextual variables. | | | | | | | | | 0 |
| 6 Clearly defined proposed frequency of use. | | | | | | | | | 0 |
| 7 Clearly defined monitoring requirements. | | | | | | | | | 0 |
| 8 Clearly defined reporting protocols. | | | | | | | | | 0 |
| 9 Schedule of review of the proposed practice/ strategy. | | | | | | | | | 0 |
| 10 Fade-out strategies. | | | | | | | | | 0 |
| 11 Provision for appropriate consent. | | | | | | | | | 0 |
| 12 Carer training and implementation plan. | | | | | | | | | 0 |

**RPAP Check 3: Exclusionary Time Out / Seclusion**

**How many Submission require completion of this Checklist?** *(please insert number here)*

| | Element | Submission 1 | Submission 2 | Submission 3 | Submission 4 | Submission 5 | Submission 6 | Submission 7 | Submission 8 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Date, time and location of each episode of implementation. | | | | | | | | | |
| 2 | Brief description of environment and events prior to implementation. | | | | | | | | | |
| 3 | Description of presenting behaviour. | | | | | | | | | |
| 4 | Detail of other less restrictive strategies attempted (if any). | | | | | | | | | |
| 5 | Consequences/ outcomes of less restrictive strategies attempted. | | | | | | | | | |
| 6 | Reason for use of ETO/ Seclusion. | | | | | | | | | |
| 7 | Duration of ETO/ Seclusion. | | | | | | | | | |
| 8 | Periodic observational notes of the presentation of Service User. | | | | | | | | | |
| 9 | Name and position of staff directing use of strategy. | | | | | | | | | |
| 10 | Name and position of staff responsible for conducting and recording observations of Service User. | | | | | | | | | |
| 11 | Evidence of *ETO/ Seclusion Review Meetings* held after each episode. | | | | | | | | | |

| | RPAP Check 4: Physical restraint / Response Cost | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **How many Submission require completion of this Checklist?** *(please insert number here)* | | | | | | | | | |
| | **Element** | **Submission 1** | **Submission 2** | **Submission 3** | **Submission 4** | **Submission 5** | **Submission 6** | **Submission 7** | **Submission 8** | **TOTAL** |
| 1 | Date, time and location of each episode of implementation. | | | | | | | | | |
| 2 | Brief description of environment and events prior to implementation. | | | | | | | | | |
| 3 | Description of presenting behaviour. | | | | | | | | | |
| 4 | Detail of other less restrictive strategies attempted (if any). | | | | | | | | | |
| 5 | Consequences/ outcomes of less restrictive strategies attempted. | | | | | | | | | |
| 6 | Reason for use of strategy. | | | | | | | | | |
| 7 | Duration. | | | | | | | | | |
| 8 | The people involved in implementation of the strategy. | | | | | | | | | |
| 9 | Name and position of staff directing use of strategy. | | | | | | | | | |
| 10 | Consequences/ outcomes. | | | | | | | | | |
| 11 | Where a child or young person is physically restrained, evidence of the provision of support and counselling in each instance. | | | | | | | | | |

| RPAP Check 5: Psychotropic Medication administered on a PRN basis | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **How many Submission require completion of this Checklist?** *(please insert number here)* | | | | | | | | | |
| Element | Submission 1 | Submission 2 | Submission 3 | Submission 4 | Submission 5 | Submission 6 | Submission 7 | Submission 8 | TOTAL |
| 1 The name and contact details of the prescribing Psychiatrist/ Paediatrician. | | | | | | | | | |
| 2 The chemical and brand names of the medication. | | | | | | | | | |
| 3 Name and contact details of the person giving informed consent for the medication. | | | | | | | | | |
| 4 The circumstances/ conditions under which the medication may be administered. | | | | | | | | | |
| 5 Any physical examination or investigation required prior to administration. | | | | | | | | | |
| 6 Instructions regarding the permissible dose, how to administer it, and how often. | | | | | | | | | |
| 7 Purpose of the prescribed medication and the desired outcome. | | | | | | | | | |
| 8 The maximum dosage permissible in a 24 hour period. | | | | | | | | | |
| 9 Possible side effects/ adverse effects (eg on quality of life). | | | | | | | | | |
| 10 The likely time frame between administration of the drug and the onset of the beneficial effect. | | | | | | | | | |
| 11 Symptoms of overdose. | | | | | | | | | |
| 12 Monitoring, recording, response and reporting instructions. | | | | | | | | | |
| 13 Regular review by the treating Psychiatrist / Paediatrician. | | | | | | | | | |
| 14 Involvement of Behaviour Support Practitioner in medication review. | | | | | | | | | |