

# DOPL PRACTICE PLAN GUIDELINES

*Note: This guideline has been prepared to provide basic guidance as how to create a Practice Plan suitable for submission to DOPL. Please address, at a minimum, each of the following areas in your practice plan. **The specific terms and conditions of your Memorandum of Understanding (MOU), Stipulation and Order (SO) or Diversion Agreement (DA) may have additional requirements.***

*Number and title each response to correspond to the indicated areas of concern. If a given area is not applicable to your situation, please indicate N/A. If an area of concern for you is not addressed below, please add it at the end of your plan. Please be aware that the final practice plan and any deviation from the approved requirements must be approved by the governing board or diversion committee.*

A Microsoft Word version of this document can be found at [www.dopl.utah.gov/probation/form-078\\_practice\\_plan\\_guidlines.doc](http://www.dopl.utah.gov/probation/form-078_practice_plan_guidlines.doc)

## **1. Practice Description**

- a. Year and school of graduation
- b. Type of practice, specialty, setting(s)
  - i. Number of staff you supervise and their positions
  - ii. Your immediate supervisor(s) and their names and positions
- c. What is the location and “normal” hours of operation for your practice?
- d. How will “On Call” schedules be determined?
- e. How do you intend to limit your work hours to avoid stress and fatigue?

## **2. Duty to inform employer, agencies, facilities, etc.**

- a. How will you provide a copy of MOU, SO or DA along with a copy of your approved practice plan to each such entity?
- b. How will you obtain letters from such entity(s) verifying receipt of MOU, SO or DA and your approved practice plan?
- c. How will you keep new employers, agencies, facilities, etc informed of the terms of your MOU, SO or DA?

## **3. Supervision.**

- a. If supervision is required, who will you propose to the board as your supervisor, support person or peer monitor?
  - i. They must be licensed in state of Utah without probation or restriction.
    1. Identify their name, practice location, years of association, nature of association and frequency of oversight.
    2. No business, familial or other relationship other than as supervisor.
  - ii. Is your Supervisor willing to visit with the Board or Committee, in person, to report on your progress?
  - iii. Note that the supervisor or peer monitor must be approved by the governing board or diversion committee.
- b. What types of records will be kept?
- c. How and when will Supervisor or peer monitor submit monthly/quarterly reports of compliance regarding: (1) terms of probation or diversion (2) adherence to professional standards of care (3) adherence to professional ethics along with requested record reviews?
- d. If “chart review” is required, who will you propose to the board perform the reviews and how will the charts be selected? How will reports regarding chart or record reviews by supervisor be created and submitted? How will comments on any deficiencies or lack of adherence to requirements be handled?

- e. How often will you interact with Supervisor? How are you proposing the meetings be conducted? In person, conference call or some other method? A reoccurring standing appointment is preferred.

#### **4. Restrictions of practice.**

- a. If required, you must propose methods to the board or committee to deal with any age, gender, medication access or other type of restrictions imposed by your agreement.
  - i. List name(s) of intended chaperone(s) if part of your agreement. Remember to have a chaperone sign the record as being present as required by the agreement. Identify how you will submit your chaperone logs.
  - ii. If Controlled Substance (CS) restriction is part of your agreement, describe how you intend to handle drug samples in your practice setting. Describe arrangements for referral of patients requiring controlled substances.
- b. If needed, describe how you can account for any use of nitrous oxide in your practice. What safeguards can you put in place for yourself? Who will have access to the tanks and controls? Who will turn off and on the tanks each day? When will the tanks be turned off? When will they be on? Will administration equipment, such as masks, hoses, etc., be locked up at office close? Where can they be locked away that you will have no access? Who will account for adherence to the requirement?

#### **5. Financial Arrangements**

- a. How will you be paid?
- b. Will you have billing privileges?
- c. How will you handle insurance issues?
- d. If a fine is involved, how will you handle it?
- e. Do you have a competent business manager? If no, who is handling your practice business affairs?
- f. What is your plan to handle business debts?