


Australian Capital Territory

# Health Act 1993

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Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

## About this republication

### The republished law

This is a republication of the *Health Act 1993* (including any amendment made under the *Legislation Act 2001*, part 11.3 (Editorial changes)) as in force on 3 July 2023. It also includes any commencement, amendment, repeal or expiry affecting this republished law to 3 July 2023.

The legislation history and amendment history of the republished law are set out in endnotes 3 and 4.

### Kinds of republications

The Parliamentary Counsel's Office prepares 2 kinds of republications of ACT laws (see the ACT legislation register at www.legislation.act.gov.au):

- authorised republications to which the *Legislation Act 2001* applies
- unauthorised republications.

The status of this republication appears on the bottom of each page.

### Editorial changes

The *Legislation Act 2001*, part 11.3 authorises the Parliamentary Counsel to make editorial amendments and other changes of a formal nature when preparing a law for republication. Editorial changes do not change the effect of the law, but have effect as if they had been made by an Act commencing on the republication date (see *Legislation Act 2001*, s 115 and s 117). The changes are made if the Parliamentary Counsel considers they are desirable to bring the law into line, or more closely into line, with current legislative drafting practice.

This republication includes amendments made under part 11.3 (see endnote 1).

### Uncommenced provisions and amendments

If a provision of the republished law has not commenced, the symbol **U** appears immediately before the provision heading. Any uncommenced amendments that affect this republished law are accessible on the ACT legislation register (www.legislation.act.gov.au). For more information, see the home page for this law on the register.

### Modifications

If a provision of the republished law is affected by a current modification, the symbol **M** appears immediately before the provision heading. The text of the modifying provision appears in the endnotes. For the legal status of modifications, see the *Legislation Act 2001*, section 95.

### Penalties

At the republication date, the value of a penalty unit for an offence against this law is $160 for an individual and $810 for a corporation (see *Legislation Act 2001*, s 133).

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# Health Act 1993

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# Health Act 1993

An Act relating to the provision of health services



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# Part 1 Preliminary

## 1 Name of Act

This Act is the *Health Act 1993*.

## 2 Dictionary

The dictionary at the end of this Act is part of this Act.

*Note 1* The dictionary at the end of this Act defines certain terms used in this Act, and includes references (***signpost definitions***) to other terms defined elsewhere in this Act.

For example, the signpost definition '***health facility***—see section 6.' means that the term 'health facility' is defined in that section.

*Note 2* A definition in the dictionary (including a signpost definition) applies to the entire Act unless the definition, or another provision of the Act, provides otherwise or the contrary intention otherwise appears (see Legislation Act, s 155 and s 156 (1)).

## 3 Notes

A note included in this Act is explanatory and is not part of this Act.

*Note* See Legislation Act, s 127 (1), (4) and (5) for the legal status of notes.



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## 4 Offences against Act—application of Criminal Code etc

Other legislation applies in relation to offences against this Act.

*Note 1* *Criminal Code*

The Criminal Code, ch 2 applies to all offences against this Act (see Code, pt 2.1).

The chapter sets out the general principles of criminal responsibility (including burdens of proof and general defences), and defines terms used for offences to which the Code applies (eg ***conduct***, ***intention***, ***recklessness*** and ***strict liability***).

*Note 2* *Penalty units*

The Legislation Act, s 133 deals with the meaning of offence penalties that are expressed in penalty units.



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# Part 2 Important concepts

## 5 What is a *health service*?

For this Act, a ***health service*** is a service provided to someone (the ***service user***) for any of the following purposes:

(a) assessing, recording, maintaining or improving the physical, mental or emotional health, comfort or wellbeing of the service user;

(b) diagnosing, treating or preventing an illness, disability, disorder or condition of the service user.

## 6 What is a *health facility*?

In this Act:

***health facility*** means the following facilities where health services are provided:

(a) a hospital, including a day hospital;

(b) a hospice;

(c) a nursing home;

(d) a health practitioner's consulting room;

(e) another facility ordinarily used by the Territory to provide health services;

(f) any other facility prescribed by regulation for this section.

## 7 Who is a *health service provider*?

In this Act:

***health service provider***—

(a) means a health practitioner or other person who provides a health service; and



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(b) for a health facility, means a health service provider who—

(i) provides a health service at the health facility; or

(ii) uses the equipment or other facilities of the health facility to provide a health service elsewhere.

**Examples of people who may be health service providers**

1 a chiropractor
2 a dentist
3 a dental technician
4 a dental prosthetist
5 a doctor
6 a nurse
7 an osteopath
8 an optometrist
9 a pharmacist
10 a physiotherapist



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# Part 3 Health care principles

## 10 Objectives

In providing health services the Territory must have regard to the following objectives:

(a) to improve the efficiency, effectiveness and quality of health services;

(b) to guarantee equitable access to and participation in health services and to ensure that language and cultural differences are not barriers to such access or participation;

(c) to maintain a strong and viable public hospital system and a full range of community health services;

(d) to support worker and community participation in the development of policies for the delivery of health services;

(e) to ensure that the community is aware of the range of health services that is available and that patients have information that is sufficient to enable them to make informed choices;

(f) to foster disease prevention and primary health care;

(g) to cooperate with community groups in the provision of health services.



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## 11 Medicare principles and commitments

(1) The following guidelines govern the delivery of public hospital services to eligible persons in the ACT:

*Note* The guidelines focus on the provision of public hospital services to eligible persons, but operate in an environment where eligible persons have the right to choose private health care in public and private hospitals supported by private health insurance.

(a) eligible persons must be given the choice to receive public hospital services free of charge as public patients;

*Note 1* Hospital services include in-patient, outpatient, emergency services (including primary care where appropriate) and day patient services consistent with currently acceptable medical and health service standards.

*Note 2* At the time of admission to a hospital, or as soon as practicable after that, an eligible person will be required to elect or confirm whether the person wishes to be treated as a public or private patient.

(b) access to public hospital services is to be on the basis of clinical need;

*Note 1* None of the following factors are to be a determinant of an eligible person's priority for receiving hospital services:

(a) whether or not an eligible person has health insurance;

(b) an eligible person's financial status or place of residence;

(c) whether or not an eligible person intends to elect, or elects, to be treated as a public or private patient.

*Note 2* This guideline applies equally to waiting times for elective surgery.



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(c) to the maximum practicable extent, the Territory will ensure the provision of public hospital services equitably to all eligible persons, regardless of their geographical location;

*Note 1* This guideline does not require a local hospital to be equipped to provide eligible persons with every hospital service they may need.

*Note 2* In rural and remote areas, the Territory should ensure provision of reasonable public access to a basic range of hospital services that are in accord with clinical practices.

(d) the Commonwealth and the Territory must make available information on the public hospital services eligible persons can expect to receive as public patients;

*Note 1* The joint Commonwealth/Territory development of a Public Patients Hospital Charter for the Territory will be a vehicle for the public dissemination of this information.

*Note 2* The Charter will set out the public hospital services available to public patients.

(e) the Commonwealth and the Territory are committed to making improvements in the efficiency, effectiveness and quality of hospital service delivery.

*Note* This includes a commitment to quality improvement, outcome measurement, management efficiency and effort to integrate the delivery of hospital and other health and community services.

(2) A word or expression used in the *Medicare Agreements Act 1992* (Cwlth) has the same meaning in subsection (1).

## 12 Legal effect

Nothing in this part is to be taken to create any legal rights not in existence before the enactment of this part or to affect any legal rights in existence before that enactment or that would, apart from this part, have come into existence after that enactment.



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# Part 4 Quality assurance

## Division 4.1 Quality assurance—important concepts

### 20 Definitions—pt 4

In this part:

***CEO***—

(a) of a health facility—see section 22; and

(b) of a health professional organisation—see section 23.

***health facility QAC***, for a health facility, means a committee approved under section 25 as a quality assurance committee for the health facility.

***health professional organisation***—see section 21.

***health professional organisation QAC***, for a health professional organisation, means a committee approved under section 26 as a quality assurance committee for the health professional organisation.

***health service report***—see section 38.

***ministerial report***—see section 41.

***special purpose QAC*** means a committee approved under section 27.

*Note* ***Quality assurance committee*** is defined for the Act in s 24.

### 21 What is a *health professional organisation*?

In this part:

***health professional organisation*** means an entity that—

(a) is an association, society, college, faculty or other body of professionals who provide a health service; and

(b) is prescribed by regulation for this section.



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### 22 Who is the *CEO* of a health facility?

In this part:

***CEO***, of a health facility, means—

(a) for a health facility operated by the Territory—the director-general; or

(b) in any other case—the person with overall responsibility for the control of the health facility.

### 23 Who is the *CEO* of a health professional organisation?

In this part:

***CEO***, of a health professional organisation, means the person with overall responsibility for the control of the health professional organisation.

## Division 4.2 Quality assurance—quality assurance committees

### 24 What is a *quality assurance committee*?

In this Act:

***quality assurance committee*** means—

(a) a health facility QAC; or

(b) a health professional organisation QAC; or

(c) a special purpose QAC.



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## 25 Approval of health facility QACs

(1) The Minister may approve a stated committee as a quality assurance committee for a stated health facility.

(2) An approval is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.

## 26 Approval of health professional organisation QACs

(1) The Minister may approve a stated committee as a quality assurance committee for a stated health professional organisation.

(2) An approval is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.

## 27 Approval of special purpose QACs

(1) The Minister may approve a stated committee as a quality assurance committee for a stated purpose.

(2) An approval is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.

## 27A Quality Assurance Committees—term

The Minister may not approve a committee under section 25, section 26 or section 27 for a term longer than 3 years.

## 28 Quality assurance committees—criteria for approval

The Minister may approve a committee as a quality assurance committee under section 25, section 26 or section 27 only if satisfied that—

(a) the committee's functions would be facilitated by the members, and other people mentioned in section 34, being protected from liability under section 34 (Quality assurance committees—protection of members etc from liability); and



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(b) it is in the public interest for part 8 (Secrecy) to apply to information held by the committee members.

## 29 Quality assurance committees—revocation of approval

The Minister may revoke the approval of a committee as a quality assurance committee if—

(a) the Minister is not satisfied about 1 or both of the criteria mentioned in section 28 in relation to the committee; or

(b) the committee has failed to prepare a health service report as required under section 38; or

(c) the committee has failed to give a health service report as required under section 39; or

(d) the committee has failed to prepare, or give, a ministerial report as required under section 41 (Annual quality assurance committee report to Minister); or

(e) the committee has failed to prepare a report as required by a regulation made under section 42 (Other quality assurance reports); or

(f) for the last year, none of the members of the committee has held sensitive information in the exercise of a function under this Act.

*Note 1* ***Sensitive information*** is defined in s 124.

*Note 2* Power to make a statutory instrument includes power to amend or repeal the instrument. The power to amend or repeal the instrument is exercisable in the same way, and subject to the same conditions, as the power to make the instrument (see Legislation Act, s 46).



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## 30 Quality assurance committees—functions

A quality assurance committee has the following functions:

(a) to facilitate the improvement of health services provided in the ACT;

(b) any other function given to the committee under this Act.

## 31 Quality assurance committees—appointment of members

(1) The CEO of a health facility must appoint the members of a health facility QAC for the health facility.

(2) The CEO of a health professional organisation must appoint the members of a health professional organisation QAC for the health professional organisation.

(3) The director-general must appoint the members of a special purpose QAC.

*Note 1* For the making of appointments (including acting appointments), see the Legislation Act, pt 19.3.

*Note 2* In particular, an appointment may be made by naming a person or nominating the occupant of a position (see Legislation Act, s 207).

*Note 3* A person may be reappointed to a position if the person is eligible to be appointed to the position (see Legislation Act, s 208 and dict, pt 1, def ***appoint***).

## 32 Quality assurance committees—disclosure of interests

(1) Section 190 (Disclosure of interests by committee members) applies to quality assurance committees.

(2) If a person acting under the direction of a quality assurance committee has a material interest in an issue being considered, or about to be considered, by the committee, the person must disclose the nature of the interest at a committee meeting as soon as practicable after the relevant facts come to the person's knowledge.



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(3) In this section:

***material interest***—see section 190 (4).

## 33 Quality assurance committees—procedure

In exercising its functions, a quality assurance committee—

(a) must comply with the rules of natural justice; and

(b) is not bound by the rules of evidence but may inform itself of anything in the way it considers appropriate; and

(c) may do whatever it considers necessary or convenient for the fair and prompt conduct of its functions.

## 34 Quality assurance committees—protection of members etc from liability

(1) In this section:

***relevant person***, for a quality assurance committee—

(a) means a person who is, or has been, a member of the committee; and

(b) includes anyone engaging in conduct under the direction of a person who is a member of the committee.

(2) A relevant person for a quality assurance committee is not personally liable for anything done or omitted to be done honestly and without recklessness—

(a) in the exercise of a function under this Act; or

(b) in the reasonable belief that the act or omission was in the exercise of a function under this Act.

*Note* A reference to an Act includes a reference to the statutory instruments made or in force under the Act, including any regulation (see Legislation Act, s 104).



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(3) Any civil liability that would, apart from this section, attach to a relevant person for a quality assurance committee attaches instead to—

(a) if the committee is a health facility QAC for a health facility—the health facility; or

(b) if the committee is a health professional organisation QAC for a health professional organisation—the health professional organisation; or

(c) if the committee is a special purpose QAC—the Territory.

## 35 Quality assurance committees—obtaining information

(1) A quality assurance committee carrying out a function under this Act may ask anyone to give the committee information, including protected information, that is relevant to the committee carrying out the function.

*Note* The identity of a person who gives information to a committee under this section is protected (see pt 8).

(2) When asking anyone for information, the committee must tell the person that giving false or misleading information is an offence against the Criminal Code, section 338 (Giving false or misleading information).

(3) If someone gives information honestly and without recklessness to a quality assurance committee under subsection (1)—

(a) the giving of the information is not—

(i) a breach of confidence; or

(ii) a breach of professional etiquette or ethics; or

(iii) a breach of a rule of professional conduct; and

(b) the person does not incur civil or criminal liability only because of the giving of the information.



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# Division 4.3 Assessment and evaluation of health services

## 36 Assessment and evaluation of health services

(1) A health facility QAC for a health facility may assess and evaluate health services provided by health service providers for the health facility by carrying out a quality assurance activity with the health service providers.

(2) A health professional organisation QAC for a health professional organisation may assess and evaluate health services provided by health service providers who are members of a health professional organisation by carrying out a quality assurance activity with the health service providers.

(3) A special purpose QAC may, for a purpose for which it was approved, assess and evaluate health services provided by health service providers for any health facility by carrying out a quality assurance activity with the health service providers.

(4) In this section:

***quality assurance activity*** means an activity approved as a quality assurance activity under section 37.



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## 37 Approval of quality assurance activities

(1) The Minister may approve an activity as a quality assurance activity if satisfied that the activity is designed to evaluate, monitor or improve the quality of a health service.

(2) An approval is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.

**Examples of activities designed to evaluate, monitor or improve the quality of a health service**

1 clinical audits
2 records audits
3 peer review
4 quality review
5 investigation into disease and death.

## 38 Preparing health service reports

(1) This section applies to a quality assurance committee if it completes an assessment and evaluation under section 36.

(2) The quality assurance committee must prepare a report (a ***health service report***) about the assessment and evaluation.

*Note* The report must be prepared as soon as possible (see Legislation Act, s 151B).

(3) The health service report must include the following:

(a) details of the health services assessed and evaluated;

(b) the results of the assessment and evaluation;

(c) the committee's conclusions;

(d) the committee's recommendations (if any).



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## 38A Extraordinary reports

(1) This section applies if—

(a) a quality assurance committee is assessing and evaluating health services under section 36; and

(b) the quality assurance committee becomes aware of something that is sufficiently serious to require urgent action to prevent or limit any adverse effect it might have on the health service.

(2) The quality assurance committee must report the thing to the director-general as soon as possible, even if the committee has not completed the assessment and evaluation.

(3) Subsection (2) applies even if the thing is not related to the quality assurance activity the committee is carrying out.

(4) A report under subsection (2) must be in writing and may include sensitive information.

*Note* ***Sensitive information***—see s 124.

## 38B Interim reports

(1) The director-general may ask a quality assurance committee to prepare a report on its activities before it completes an assessment and evaluation under section 36.

(2) A report prepared in response to a request under subsection (1) must include the following:

(a) details of the health services that are being assessed and evaluated;

(b) details of how the assessment and evaluation is progressing;

(c) details of any conclusions the committee may have reached;

(d) the committee's recommendations (if any).



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(3) A report under subsection (1) must be in writing and may include sensitive information.

*Note* ***Sensitive information***—see s 124.

## 39 Giving health service reports to CEO or director-general

(1) This section applies to a quality assurance committee if it prepares a health service report.

(2) The quality assurance committee must give a copy of the report to—

(a) if the committee is a health facility QAC for a health facility—the CEO of the health facility; or

(b) if the committee is a health professional organisation QAC for a health professional organisation—the CEO of the health professional organisation; or

(c) if the committee is a special purpose QAC—the director-general.

*Note* The report must be given as soon as possible (see Legislation Act, s 151B).

## 40 Monitoring implementation of recommendations

If a quality assurance committee makes a recommendation in a health service report, the committee may monitor the implementation of the recommendation.



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# Division 4.4 Quality assurance committees—reporting

## 41 Annual quality assurance committee report to Minister

(1) A quality assurance committee must, for each financial year, prepare a report (a ***ministerial report***) about the committee's operation during the year.

(2) The ministerial report must include information for the financial year about—

(a) the committee's functions under division 4.3 (Assessment and evaluation of health services); and

(b) how the committee's functions were facilitated by the members, and other people mentioned in section 34, being protected from liability under section 34 (Quality assurance committees—protection of members etc from liability); and

(c) why it was in the public interest for part 8 (Secrecy) to apply to information held by the committee members.

(3) The ministerial report must comply with any requirements prescribed by regulation for this section.

(4) The ministerial report must not include sensitive information.

*Note* ***Sensitive information*** is defined in s 124.

(5) The ministerial report must be given to the Minister not later than 3 months after the end of the financial year.



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### 42 Other quality assurance committee reports

(1) A quality assurance committee must prepare a report prescribed by regulation for this section.

(2) The report must include the following information about the operation of the committee—

(a) how the committee's functions were facilitated by the members, and other people mentioned in section 34, being protected from liability under section 34 (Quality assurance committees—protection of members etc from liability); and

(b) why it was in the public interest for part 8 (Secrecy) to apply to information held by the committee members.

(3) The report must not include sensitive information.

*Note* ***Sensitive information*** is defined in s 124.

## Division 4.5 Quality assurance committees—information sharing

### 43 Quality assurance committees—giving information to the Coroner's Court

A quality assurance committee may give protected information to the Coroner's Court if the committee is satisfied that giving the information would be likely to facilitate the improvement of health services provided in the ACT.

*Note* Protected information includes sensitive information (see s 123).



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## 44 Quality assurance committees—giving information to other quality assurance committees

A quality assurance committee may give protected information to another quality assurance committee if the committee is satisfied that giving the information would be likely to facilitate the improvement of health services provided in the ACT.

*Note* Protected information includes sensitive information (see s 123).

## 45 Quality assurance committees—giving information to health board and health services commissioner

(1) A quality assurance committee may give protected information to a health board if the committee is satisfied that giving the information would be likely to facilitate the improvement of health services provided in the ACT.

(2) If a quality assurance committee gives protected information to a health board under subsection (1), the committee must also give the information to the health services commissioner.

*Note* Protected information includes sensitive information (see s 123).

## 46 Quality assurance committees—giving information to Minister

A quality assurance committee may give protected information to the Minister if the committee is satisfied that giving the information would be likely to facilitate the improvement of health services provided in the ACT.

*Note* Protected information includes sensitive information (see s 123).

## 47 Quality assurance committees—admissibility of evidence

(1) The following are not admissible as evidence in a proceeding before a court:

(a) an oral statement made in a proceeding before a quality assurance committee;



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(b) a document given to a quality assurance committee, but only to the extent that it was prepared only for the committee;

(c) a document prepared by a quality assurance committee.

(2) In this section:

***court*** includes a tribunal, authority or person with power to require the production of documents or the answering of questions.



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# Part 5 Reviewing scope of clinical practice

## 50 Definitions—pt 5

In this part:

***CEO***, of a health facility—see section 53.

***hospital*** includes a day hospital.

***review***, in relation to scope of clinical practice—see section 55.

***scope of clinical practice***, of a practitioner for a health facility—see section 54.

***scope of clinical practice executive decision notice***—see section 70.

***scope of clinical practice report***—see section 67.

*Note* ***Scope of clinical practice committee*** is defined for the Act in s 51. ***Practitioner*** is defined for the Act in s 52.

## 51 What is a *scope of clinical practice committee*?

In this Act:

***scope of clinical practice committee*** means a committee approved under section 56 as a scope of clinical practice committee.

## 52 Who is a *practitioner* for a health facility?

(1) In this Act:

***practitioner***, for a health facility, means—

(a) a dentist for the health facility; or

(b) a doctor for the health facility; or

(c) an eligible midwife for the health facility; or

(d) a nurse practitioner for the health facility.



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(2) In this section:

***dentist***, for a health facility, means a dentist who—

(a) provides health services at the health facility; or

(b) uses the equipment or other facilities of the health facility to provide health services elsewhere.

***doctor***, for a health facility, means a doctor who—

(a) provides health services at the health facility; or

(b) uses the equipment or other facilities of the health facility to provide health services elsewhere.

***eligible midwife***, for a health facility, means a midwife who—

(a) is an eligible midwife within the meaning of the *Health Insurance Act 1973* (Cwlth), section 21 (Meaning of *eligible midwife*); and

(b) either—

(i) provides health services at the health facility; or

(ii) uses the equipment or other facilities of the health facility to provide health services elsewhere.

***nurse practitioner***, for a health facility, means a nurse practitioner who—

(a) provides health services at the health facility; or

(b) uses the equipment or other facilities of the health facility to provide health services elsewhere.



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## 53 Who is the *CEO* of a health facility?

In this part:

***CEO***, of a health facility, means—

(a) for a health facility operated by the Territory—the director-general; or

(b) in any other case—the person with overall responsibility for the control of the health facility.

## 54 What is *scope of clinical practice*?

In this part:

***scope of clinical practice***, of a practitioner for a health facility, means the rights of the practitioner established by agreement between the practitioner and the health facility—

(a) to treat patients or carry out other procedures at the health facility; or

(b) to use the equipment or other facilities of the health facility.

## 55 Meaning of *review* scope of clinical practice

In this part:

***review***, in relation to the scope of clinical practice, includes assess and evaluate the scope of clinical practice.

## 56 Approval of scope of clinical practice committees

(1) The Minister may approve a committee as a scope of clinical practice committee in accordance with section 57.

(2) An approval is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.



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## 57 Scope of clinical practice committees—criteria for approval

The Minister may approve a committee as a scope of clinical practice committee under section 56 only if satisfied that—

(a) the committee's functions would be facilitated by the members, and other people mentioned in section 63, being protected from liability under section 63 (Scope of clinical practice committees—protection of members etc from liability); and

(b) it is in the public interest for part 8 (Secrecy) to apply to information held by the committee members.

## 58 Scope of clinical practice committees—revocation of approval

The Minister may revoke the approval of a committee as a scope of clinical practice committee if the Minister is not satisfied about 1 or both of the criteria mentioned in section 57 in relation to the committee.

*Note* Power to make a statutory instrument includes power to amend or repeal the instrument. The power to amend or repeal the instrument is exercisable in the same way, and subject to the same conditions, as the power to make the instrument (see Legislation Act, s 46).

## 59 Scope of clinical practice committees—functions

(1) A scope of clinical practice committee has the following functions:

(a) to decide—

(i) whether to credential a practitioner for a health facility; and

(ii) the terms on which a practitioner is credentialled;

(b) to define, and review, the scope of clinical practice of a practitioner credentialled for a health facility;



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(c) to review the scope of clinical practice of a practitioner if the CEO of a health facility refers the practitioner's scope of clinical practice to the committee under section 69 (5);

(d) to immediately withdraw or amend the scope of clinical practice of a practitioner credentialled for a health facility in accordance with this Act;

(e) any other function given to the committee under this Act.

(2) A reference in this section to credentialling a practitioner includes re-credentialling the practitioner.

(3) A scope of clinical practice committee must, as far as practicable, exercise its functions under subsection (1) (a), (b) and (c) in accordance with the Standard.

(4) In this section:

***credential***, in relation to a practitioner, means endorse the practitioner to provide health services based on verification and assessment of the practitioner's qualifications, experience, skill, professional standing and any other relevant professional attributes.

***Standard*** means the Australian Council for Safety and Quality in Health Care, Standard for Credentialling and Defining the Scope of Clinical Practice, published in July 2004.



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## 60 Scope of clinical practice committees—appointment of members

The director-general must appoint the members of a scope of clinical practice committee.

*Note 1* For the making of appointments (including acting appointments), see the Legislation Act, pt 19.3.

*Note 2* In particular, an appointment may be made by naming a person or nominating the occupant of a position (see Legislation Act, s 207).

*Note 3* A person may be reappointed to a position if the person is eligible to be appointed to the position (see Legislation Act, s 208 and dict, pt 1, def ***appoint***).

## 61 Scope of clinical practice committees—disclosure of interests

(1) Section 190 (Disclosure of interests by committee members) applies to scope of clinical practice committees.

(2) If a person acting under the direction of a scope of clinical practice committee has a material interest in an issue being considered, or about to be considered, by the committee, the person must disclose the nature of the interest at a committee meeting as soon as practicable after the relevant facts come to the person's knowledge.

(3) In this section:

***material interest***—see section 190 (4).

## 62 Scope of clinical practice committees—procedure

(1) In exercising its functions, a scope of clinical practice committee—

(a) must comply with the rules of natural justice; and

(b) is not bound by the rules of evidence but may inform itself of anything in the way it considers appropriate; and

(c) may do whatever it considers necessary or convenient for the fair and prompt conduct of its functions.



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(2) A scope of clinical practice committee may, by resolution, determine the procedures for carrying out its functions.

## 63 Scope of clinical practice committees—protection of members etc from liability

(1) A relevant person for a scope of clinical practice committee is not personally liable for anything done or omitted to be done honestly and without recklessness—

(a) in the exercise of a function under this Act; or

(b) in the reasonable belief that the act or omission was in the exercise of a function under this Act.

*Note* A reference to an Act includes a reference to the statutory instruments made or in force under the Act, including any regulation (see Legislation Act, s 104).

(2) Any civil liability that would, apart from this section, attach to a relevant person for a scope of clinical practice committee attaches instead to the Territory.

(3) In this section:

***relevant person***, for a scope of clinical practice committee—

(a) means a person who is, or has been, a member of the committee; and

(b) includes anyone engaging in conduct under the direction of a person who is a member of the committee.



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## 64 Scope of clinical practice committees—obtaining information

(1) A scope of clinical practice committee carrying out a function under this Act may ask anyone to give the committee information, including protected information, that is relevant to the committee carrying out the function.

*Note* The identity of a person who gives information to a committee under this section is protected (see pt 8).

(2) When asking anyone for information, the committee must tell the person that giving false or misleading information is an offence against the Criminal Code, section 338 (Giving false or misleading information).

(3) If someone gives information honestly and without recklessness to a scope of clinical practice committee under subsection (1)—

(a) the giving of the information is not—

(i) a breach of confidence; or

(ii) a breach of professional etiquette or ethics; or

(iii) a breach of a rule of professional conduct; and

(b) the person does not incur civil or criminal liability only because of giving the information.

## 65 Scope of clinical practice committee must give practitioner opportunity to explain

(1) This section applies to a scope of clinical practice committee if—

(a) the committee is reviewing the scope of clinical practice of a practitioner for a health facility; and



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(b) the committee proposes to recommend in a scope of clinical practice report that—

(i) the scope of clinical practice of the practitioner should be amended or withdrawn; or

(ii) the terms of engagement of the practitioner by the health facility should be amended; or

(iii) the engagement of the practitioner by the health facility should be suspended or ended.

*Note* Scope of clinical practice reports are prepared under s 67.

(2) The committee must give the practitioner a written notice (a ***recommendation notice***) stating—

(a) the committee's proposed recommendation; and

(b) the reasons for the committee's proposed recommendation; and

(c) that the practitioner may, not later than 21 days after the day the recommendation notice is given to the practitioner, make a submission to the committee about the proposed recommendation.

(3) A recommendation notice must not include sensitive information.

*Note* ***Sensitive information***—see s 124.

(4) The committee must consider any submission made by the practitioner midwife to the committee in accordance with the notice.

## 66 Interim and emergency withdrawal or amendment of scope of clinical practice by committee

(1) If at any time a scope of clinical practice committee forms the view that the clinical practice of a practitioner at a health facility poses a threat to the safety of members of the public, the committee may withdraw or amend the scope of clinical practice of the practitioner with immediate effect.



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(2) The scope of clinical practice committee may take action under subsection (1) before the completion of a review by the committee of the practitioner's scope of clinical practice under section 65.

(3) Any withdrawal or amendment under this section has effect until a decision of the CEO of a health facility on the scope of clinical practice report in relation to the practitioner takes effect under section 71 (When CEO decision on scope of clinical practice report takes effect).

(4) If a scope of clinical practice committee withdraws or amends the scope of clinical practice of a practitioner under subsection (1), the committee must tell the director-general of the committee's decision and the date of the decision, in writing, as soon as possible.

(5) If the director-general is told about the withdrawal or amendment of the scope of clinical practice of a practitioner under this section, the director-general must tell appropriate officers under their authority or direction of the committee's decision so that proper effect can be given to the decision.

## 67 Preparing scope of clinical practice reports

(1) This section applies to a scope of clinical practice committee if—

(a) the committee has reviewed the scope of clinical practice of a practitioner for a health facility; and

(b) if the committee has given the practitioner a recommendation notice—the committee has considered any submission made by the practitioner in accordance with the notice; and

(c) the committee has completed the review.

(2) The scope of clinical practice committee must prepare a report (a ***scope of clinical practice report***) about the review.

*Note* The report must be prepared as soon as possible (see Legislation Act, s 151B).



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(3) The scope of clinical practice report must include the committee's recommendations about whether—

(a) the scope of clinical practice of the practitioner should stay the same, be amended or be withdrawn; and

(b) the terms of engagement of the practitioner by the health facility should be amended; and

(c) the engagement of the practitioner by the health facility should be suspended or ended.

(4) In this section:

***recommendation notice***—see section 65 (2).

## 68 Giving scope of clinical practice reports to CEO of health facility and practitioner

If a scope of clinical practice committee prepares a scope of clinical practice report about a practitioner for a health facility, the committee must give a copy of the report to—

(a) the CEO of the health facility; and

(b) the practitioner.

*Note* The report must be given as soon as possible (see Legislation Act, s 151B).

## 69 CEO may make interim or emergency decision on scope of clinical practice

(1) If the CEO of a health facility has concerns about a practitioner for a health facility of sufficient seriousness to warrant the immediate amendment or withdrawal of the scope of clinical practice of the practitioner, the CEO may, by notice in writing, amend or withdraw the scope of clinical practice of the practitioner with immediate effect.



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(2) The CEO may take action under subsection (1) even if a scope of clinical practice committee has not reported on, or is not currently investigating, the scope of clinical practice of the practitioner.

(3) Any amendment or withdrawal of the scope of clinical practice of a practitioner under this section has effect from the day and time the notice is given to the practitioner—

(a) if a scope of clinical practice report is prepared under section 67 in relation to the practitioner—until a decision on the scope of clinical practice report takes effect under section 71; or

(b) in any other case—until the CEO, by notice in writing, revokes the amendment or withdrawal.

(4) Subsection (5) applies if—

(a) the CEO amends or withdraws the scope of clinical practice of a practitioner under subsection (1); and

(b) the scope of clinical practice of the practitioner is not the subject of an investigation by a scope of clinical practice committee.

(5) The CEO must immediately refer the scope of clinical practice of the practitioner to a scope of clinical practice committee.

(6) If the CEO amends or withdraws the scope of clinical practice of a practitioner under subsection (1), the CEO must, in writing, notify—

(a) the practitioner; and

(b) if the CEO is not the director-general—the director-general; and

(c) the relevant health board for the practitioner; and

(d) the health services commissioner; and

(e) the CEO of any other health facility at which the practitioner is engaged; and



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(f) if a scope of clinical practice committee submitted a report about the practitioner under section 68 to the CEO—the scope of clinical practice committee that submitted the report; and

(g) all appropriate officers under the CEO's authority or direction of the committee's decision so that proper effect can be given to the decision.

**Examples—appropriate officers**

- general manager of the health facility
- clinical unit director
- head of department at health facility
- immediate supervisor of practitioner
- human resource personnel

## 70 CEO must make decision on scope of clinical practice report

(1) This section applies if the CEO of a health facility is given a scope of clinical practice report about a practitioner for the health facility.

(2) The CEO must—

(a) consider the recommendations in the scope of clinical practice report; and

(b) decide whether to take—

(i) the action recommended in the scope of clinical practice report; or

(ii) any other action that the committee could have recommended under section 67 (3) that the CEO considers appropriate.

*Note 1* The CEO must consider the recommendations and make a decision as soon as possible (see Legislation Act, s 151B).

*Note 2* A decision of the CEO under this section is a reviewable decision (see pt 10).



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(3) After the CEO has made a decision under subsection (2), the CEO must give the following people notice in writing (a ***scope of clinical practice executive decision notice***) of the decision:

(a) each practitioner for the health facility whose scope of clinical practice or engagement will be affected by the CEO's decision;

(b) the scope of clinical practice committee that prepared the scope of clinical practice report;

(c) all appropriate officers under the CEO's authority or direction so that proper effect can be given to the decision.

**Examples—appropriate officers**

- general manager of the health facility
- clinical unit director
- head of department at health facility
- immediate supervisor of practitioner
- human resource personnel

(4) A scope of clinical practice executive decision notice in relation to a practitioner must include the following information:

(a) if the practitioner's scope of clinical practice is to stay the same—a statement to that effect;

(b) if the practitioner's scope of clinical practice is to be amended—how the scope of clinical practice is being amended;

(c) if the practitioner's scope of clinical practice is to be withdrawn—a statement to that effect;

(d) if the term of engagement of the practitioner by a health facility is to be amended—how the term is being amended;

(e) if the engagement of the practitioner by a health facility is to be suspended—the period for which the engagement is being suspended;



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(f) if the engagement of the practitioner by a health facility is to be ended—a statement to that effect;

(g) if the practitioner was the subject of a decision of the CEO under section 69—a statement to that effect;

(h) when the decision takes effect.

(5) The scope of clinical practice review notice must be in accordance with the requirements for a reviewable decision notice.

*Note* The requirements for reviewable decision notices are prescribed under the *ACT Civil and Administrative Tribunal Act 2008*.

## 71 When CEO decision on scope of clinical practice report takes effect

(1) A decision of the CEO of a health facility under section 69 or section 70 in relation to a practitioner for the health facility takes effect on the later of the following:

(a) the day stated in the scope of clinical practice review notice for the decision;

(b) the day the scope of clinical practice review notice is given to the practitioner.

(2) For subsection (1) (b), if the notice cannot be given to the practitioner in person, the notice is taken to be given to the practitioner 7 days after the day it is posted to the practitioner's last known home address.

## 72 CEO may give information about decision to health facility outside ACT

(1) If the CEO of a health facility makes a decision under section 69 or section 70 to amend or withdraw the scope of clinical practice of a practitioner, the CEO may tell the CEO of a health facility that is outside the ACT (the ***other CEO***) about the amendment or withdrawal.



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(2) However, the CEO may not tell the other CEO about the amendment or withdrawal, unless the other CEO asks, in writing, for information about the scope of clinical practice of the practitioner.

## 73 Request for information by health facility outside ACT

(1) This section applies if a health facility outside the ACT (the ***requesting facility***) asks the CEO of a health facility for clinical practice information about a practitioner that has been the subject of a scope of clinical practice review at the health facility.

(2) The CEO must—

(a) if the request for information is in writing—forward the request within 7 days of receiving it to the scope of clinical practice committee that reviewed the practitioner's scope of clinical practice; or

(b) if the request is not in writing—tell the requesting facility as soon as practicable that the request must be made in writing.

(3) A scope of clinical practice review committee that receives a request from a CEO under subsection (2) (a) may give the requesting facility—

(a) the following information if the information formed part of the committee's review of the practitioner, and is relevant to the information asked for by the requesting facility:

(i) particulars of the complaint against the practitioner;

(ii) particulars about any patients treated by the practitioner;

(iii) health facility medical records;

(iv) reports from other providers of health services; and

(b) a summary of the committee's review report into the practitioner's scope of clinical practice.



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(4) However, any information given to a requesting facility under subsection (3) must be given in a form that does not allow a person mentioned in the information, other than the practitioner reviewed by the committee, to be identified.

(5) In this section:

***clinical practice information***, about a practitioner, means information relating to the clinical competency and standards of professional conduct of the practitioner.

## 74 Scope of clinical practice committees—giving information to health board and health services commissioner

(1) A scope of clinical practice committee may give protected information to a health board if the committee is satisfied that giving the information would be likely to facilitate the improvement of health services provided in the ACT.

*Note* Protected information includes sensitive information (see s 123).

(2) If a clinical practice committee gives protected information to a health board under subsection (1), the committee must give the information to the health services commissioner.

(3) A scope of clinical practice committee must tell the relevant health board, and the health services commissioner, if the committee is satisfied that the clinical practice of a practitioner has failed to meet a required standard of practice, or that the practitioner does not satisfy the suitability to practise requirements.

*Note* The *Health Practitioner Regulation National Law (ACT)*, pt 8, div 2 imposes an obligation to report misconduct or impairment.



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## 75 Scope of clinical practice committees—admissibility of evidence

(1) The following are not admissible as evidence in a proceeding before a court:

(a) an oral statement made in a proceeding before a scope of clinical practice committee;

(b) a document given to a scope of clinical practice committee, but only to the extent that it was prepared only for the committee;

(c) a document prepared by a scope of clinical practice committee.

(2) In this section:

***court*** includes a tribunal, authority or person with power to require the production of documents or the answering of questions.

## 76 Sharing information with other committees

A scope of clinical practice committee may share the following information, including protected information, with another scope of clinical practice committee or a quality assurance committee:

(a) any information that comes before the committee in the course of its functions;

(b) a decision of a CEO under section 69 or section 70 that related to a recommendation made by the committee.

## 77 Sharing information with 3rd parties

(1) This section applies if—

(a) the CEO of a health facility makes a decision, under section 69 or section 70, to amend or withdraw the scope of clinical practice of a practitioner; and

(b) a person asks for information about the decision.



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(2) The CEO may give the person information about the decision, but may not disclose the identity of the practitioner or any other sensitive information.

*Note* ***Sensitive information***—see s 124.

## 78 Complainants to remain anonymous

If a person makes a complaint about a practitioner and the matter is referred to a scope of clinical practice committee, the committee—

(a) must not disclose the identity of the complainant to the practitioner or any other person who is not a member of the committee; and

(b) if the committee provides any information to a person about a complaint—may provide information in a way that protects the identity of the complainant unless required to do otherwise by this Act or any other Territory law.



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# Part 6 Abortions

## Division 6.1 Abortions—generally

### 80 Definitions—pt 6

(1) In this part:

***abortifacient*** means a medicine, drug or other substance that causes a pregnancy to end prematurely.

***abortion*** means a medical abortion or surgical abortion.

***approved medical facility*** means a medical facility approved under section 84.

***surgical abortion*** means a surgical procedure or any other procedure or act (other than the administration or supply of an abortifacient) that causes a pregnancy to end prematurely.

(2) In this section:

***medical abortion*** means the prescription, supply or administration of an abortifacient.

### 81 Offence—unauthorised supply or administration of abortifacient

(1) A person commits an offence if—

(a) the person supplies or administers an abortifacient to another person; and

(b) the abortifacient is supplied or administered by the person for the purpose of ending a pregnancy; and

(c) the person is not a doctor.

Maximum penalty: imprisonment for 5 years.



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(2) Subsection (1) does not apply to—

(a) a pharmacist supplying an abortifacient in accordance with a prescription; or

(b) a person assisting a pharmacist in supplying an abortifacient in accordance with a prescription.

(3) For this section, it does not matter whether or not—

(a) the other person was pregnant; or

(b) the abortifacient supplied or administered was sufficient to end a pregnancy.

(4) In this section:

***prescription***—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, dictionary.

## 82 Offence—unauthorised surgical abortion

(1) A person commits an offence if the person—

(a) carries out a surgical abortion; and

(b) is not a doctor.

Maximum penalty: imprisonment for 5 years.

(2) Subsection (1) does not apply to a person assisting a doctor to carry out a surgical abortion.

## 83 Surgical abortion to be carried out in approved medical facility

A person commits an offence if the person carries out a surgical abortion other than in an approved medical facility.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.



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## 84 Approval of facilities

(1) A person may apply to the Minister to have a medical facility, or a part of a medical facility, approved to carry out surgical abortions.

(2) The Minister must approve the application if reasonably satisfied the medical facility is suitable.

(3) An approval is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.

## 84A Conscientious objection

(1) Subject to subsection (2), an authorised person may refuse to prescribe, supply or administer an abortifacient, or carry out or assist in carrying out a surgical abortion, on religious or other conscientious grounds (a ***conscientious objection***).

(2) An authorised person must not refuse, only because of a conscientious objection—

(a) to carry out, or assist in carrying out, a surgical abortion in an emergency where an abortion is necessary to preserve the life of the pregnant person; or

(b) to provide medical assistance or treatment to a person requiring medical treatment because of an abortion.

(3) There is no breach of duty (by contract or by statutory or other legal requirement) or contravention of a territory law if an authorised person refuses to prescribe, supply or administer an abortifacient, or carry out or assist in carrying out a surgical abortion, because of a conscientious objection.

(4) However, if an authorised person refuses to prescribe, supply or administer an abortifacient, or carry out or assist in carrying out a surgical abortion because of a conscientious objection, the authorised person must tell a person requesting the abortifacient or abortion that the authorised person refuses because of the objection.



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(5) In this section:

***authorised person*** means a doctor or nurse.

## Division 6.2 Patient privacy in protected areas

### 85 Definitions—div 6.2

(1) In this division:

***capture visual data***—a person ***captures visual data*** of another person if the person captures moving or still images of the other person by a camera or any other means in such a way that—

(a) a recording is made of the images; or

(b) the images are capable of being transmitted in real time with or without retention or storage in a physical or electronic form; or

(c) the images are otherwise capable of being distributed.

***prohibited behaviour***, in a protected area around a protected facility, means any of the following:

(a) the harassment, hindering, intimidation, interference with, threatening or obstruction of a person, including by the capturing of visual data of the person, in the protected period that is intended to stop the person from—

(i) entering the protected facility; or

(ii) having an abortion, providing a surgical abortion or prescribing, supplying or administering an abortifacient in the protected facility;

(b) an act that—

(i) can be seen or heard by anyone in the protected period; and

(ii) is intended to stop a person from—

(A) entering the protected facility; or



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(B) having an abortion, providing a surgical abortion or prescribing, supplying or administering an abortifacient in the protected facility;

(c) a protest, by any means, in the protected period in relation to a person doing any of the things mentioned in paragraph (b) (ii) (A) or (B).

***protected area*** means an area declared under section 86.

***protected facility*** means an approved medical facility or other place around which a protected area has been declared under section 86.

(2) For this section, ***protected period***, in relation to a protected facility, means the period between 7 am and 6 pm on each day the facility is open or any other period declared by the Minister.

(3) A declaration is a disallowable instrument.

*Note* A disallowable instrument must be notified, and presented to the Legislative Assembly, under the Legislation Act.

## 86 Declaration of protected area

(1) The Minister must declare an area around an approved medical facility to be a protected area.

(2) The Minister may declare an area around a place where an abortifacient is prescribed, supplied or administered to be a protected area.

(3) In making the declaration, the Minister must be satisfied that the area declared is—

(a) not less than 50m at any point from the protected facility; and

(b) sufficient to ensure the privacy and unimpeded access for anyone entering, trying to enter or leaving the protected facility; but

(c) no bigger than necessary to ensure that outcome.



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(4) A declaration is a disallowable instrument.

*Note* A disallowable instrument must be notified, and presented to the Legislative Assembly, under the Legislation Act.

## 87 Prohibited behaviour in or in relation to protected area

(1) A person commits an offence if the person—

(a) is in a protected area; and

(b) engages in prohibited behaviour.

Maximum penalty: 25 penalty units.

(2) A person commits an offence if—

(a) the person publishes captured visual data of a person (the ***recorded person***) entering or leaving, or trying to enter or leave, a protected facility; and

(b) the person does so with the intention of stopping a person from—

(i) having an abortion; or

(ii) providing a surgical abortion; or

(iii) prescribing, supplying or administering an abortifacient; and

(c) the recorded person did not consent to the publication.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.



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(3) In this section:

***publish***, captured visual data—

(a) means communicate or distribute visual data in a way or to an extent that makes it available to, or likely to come to the notice of, the public or a section of the public or anyone else not lawfully entitled to the visual data; and

(b) includes—

(i) entering into an agreement or arrangement to do a thing mentioned in paragraph (a); and

(ii) attempting to do a thing mentioned in paragraph (a) or subparagraph (i).



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# Part 7 VMO service contracts

## 100 Definitions for pt 7

In this part:

***authorised representative*** means an entity authorised as a representative under section 105.

***core conditions*** means conditions determined under section 102.

***entity*** means a corporation or an unincorporated association.

***negotiating agent*** means an entity approved as a negotiating agent under section 104.

***negotiating period***—see section 103 (2).

***practice corporation***, of a VMO, means a corporation that is controlled or conducted by the VMO and by which the VMO conducts their practice as a doctor or dentist.

***service contract*** means a contract for services, between the Territory and a VMO (or the VMO's practice corporation), under which the VMO is to provide health services to or for the Territory.

***VMO*** (visiting medical officer) means a doctor or dentist who is engaged, or who the Territory proposes to engage, under a service contract.

## 101 Service contracts

(1) The Territory must not enter into a service contract unless it includes the core conditions that apply to the contract.

(2) A service contract entered into in contravention of subsection (1) is void.

(3) A condition of a service contract that is inconsistent with a core condition that applies to the contract is void to the extent of the inconsistency.



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## 102 Core conditions

(1) The Minister may determine core conditions for service contracts.

(2) The Minister must not determine a condition as a core condition unless the condition has been—

(a) agreed in collective negotiations under section 103; or

(b) decided by arbitration under section 106.

(3) A determination of core conditions is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.

## 103 Collective negotiations

(1) The Territory may negotiate with a negotiating agent, or negotiating agents, to establish proposed core conditions for service contracts.

(2) Before beginning collective negotiations, the Minister must determine a period (the ***negotiating period***) for the negotiations.

(3) A negotiating period must not be shorter than 3 months unless the parties to the negotiations agree to a shorter negotiating period.

(4) A determination of a negotiating period is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.

## 104 Negotiating agents

(1) The Minister may, in writing, approve an entity as a negotiating agent.

(2) The Minister must not approve an entity as a negotiating agent unless the Minister is satisfied that—

(a) the entity is the authorised representative of at least 50 VMOs who, between them, belong to at least 3 of the following categories:

(i) physician;

(ii) surgeon;



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(iii) obstetrician and gynaecologist;

(iv) anaesthetist;

(v) general practitioner or other doctor or dentist; and

(b) the entity is not disqualified under subsection (3); and

(c) the entity is otherwise suitable to be a negotiating agent having regard to anything that may reasonably influence that decision, including the following:

(i) any criminal or civil court proceedings in which the entity or an executive officer of the entity has been concerned in the previous 10 years;

(ii) any levy of execution against the entity or an executive officer of the entity that is not satisfied;

(iii) whether an executive officer of the entity has ceased to carry on business, or has been involved in the management of an entity that has ceased to carry on business, with the result that creditors were not fully paid or are unlikely to be fully paid.

(3) For subsection (2) (b), an entity is disqualified if—

(a) the entity, or an executive officer of the entity, has been convicted, in the ACT or elsewhere, of—

(i) an offence punishable by imprisonment for longer than 1 year; or

(ii) an offence that involves dishonesty and is punishable by imprisonment for 3 months or longer; or

(b) the entity has a receiver, receiver and manager, or provisional liquidator appointed over part or all of its affairs, or is otherwise under external administration; or



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(c) the entity is bankrupt or personally insolvent; or

*Note* ***Bankrupt or personally insolvent***—see the Legislation Act, dict, pt 1.

(d) the executive officer of the entity is disqualified from managing corporations under the Corporations Act, part 2D.6 (Disqualification from managing corporations).

(4) In this section:

***executive officer***, of an entity, means a person, by whatever name called, and whether or not the person is a director of the entity, who is concerned with or takes part in the management of the entity.

## 105 Authorised representatives

(1) A VMO may, in writing, authorise 1 entity to represent the VMO in collective negotiations under section 103.

*Note* If a form is approved under s 194 for an authorisation, the form must be used.

(2) The authorisation must nominate 1 of the categories mentioned in section 104 (2) (a) as the category to which the VMO belongs.

## 106 Arbitration

(1) This section applies if agreement is not reached in collective negotiations between the Territory and a negotiating agent or negotiating agents in relation to a matter before the end of the negotiating period.

(2) Unless resolved by mediation beforehand, the matter must be decided by arbitration.

(3) The arbitration must be conducted under the *Commercial Arbitration Act 2017* and in accordance with principles and rules determined by the Minister.



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(4) That Act applies to the arbitration as if the determined principles and rules were an arbitration agreement between the Territory and the negotiating agent or negotiating agents.

(5) The principles and rules—

(a) must be determined by the Minister having regard to the objective of improving the efficiency, effectiveness and quality of health services, and other public interest considerations; and

(b) must include a requirement that the arbitrator—

(i) be a person with experience in determining industrial awards or a barrister with mediation experience; and

(ii) have appropriate experience to enable the arbitrator to carry out the arbitrator's role; and

(c) must be fair and reasonable.

(6) A determination of principles and rules for arbitration is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.

## 107 Competition and Consumer Act authorisation

For the *Competition and Consumer Act 2010* (Cwlth) and the Competition Code of the ACT, the following are authorised:

(a) collective negotiations between the Territory and an approved negotiating agent, or approved negotiating agents, under this part;

(b) the conditions agreed in those negotiations;

(c) service contracts containing core conditions;

(d) everything done under a service contract.



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# Part 8 Secrecy

## 120 Definitions—pt 8

In this part:

***divulge***—see section 121.

***information holder***—see section 122.

*Note* ***Protected information*** and ***sensitive information*** are defined for the Act (see s 123 and s 124).

## 121 When is information *divulged*?

In this part:

***divulge*** includes communicate.

## 122 Who is an *information holder*?

For this part, a person is an ***information holder*** if—

(a) the person is or has been—

(i) a member of a quality assurance committee; or

(ii) a member of a scope of clinical practice committee; or

(iii) someone else exercising a function under part 4 (Quality assurance) or part 5 (Reviewing scope of clinical practice); or

(iv) someone else engaged in the administration of part 4 (Quality assurance) or part 5 (Reviewing scope of clinical practice); or



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(b) the person has been given information under this Act by a person mentioned in paragraph (a).

*Note* Information may be given to people under various provisions of pt 4 and pt 5, including:

- s 39 (Giving health service reports to CEO or director-general)
- s 43 (Quality assurance committees—giving information to the Coroner's Court)
- s 44 (Quality assurance committees—giving information to other quality assurance committees)
- s 45 (Quality assurance committees—giving information to health board and health services commissioner).
- s 74 (Scope of clinical practice committees—giving information to health board and health services commissioner).

## 123 What is *protected information*?

(1) For this Act,, information is ***protected information*** about a person if it is information about the person that is disclosed to, or obtained by, an information holder because of the exercise of a function under this Act by the information holder or someone else.

(2) Without limiting subsection (1), ***protected information*** includes sensitive information.

## 124 What is *sensitive information*?

In this Act:

***sensitive information*** means information that—

(a) identifies a person who—

(i) has received a health service; or

(ii) is a health service provider; or



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(iii) has provided information to a quality assurance committee under section 35 (Quality assurance committees—obtaining information) or otherwise in the course of the committee carrying out the committee's functions under this Act; or

(iv) has provided information to a scope of clinical practice committee under section 64 (Scope of clinical practice committees—obtaining information) or otherwise in the course of the committee carrying out the committee's functions under this Act; or

(b) would allow the identity of the person to be worked out.

## 125 Offence—secrecy of protected information

(1) An information holder commits an offence if—

(a) the information holder—

(i) makes a record of protected information about someone else; and

(ii) is reckless about whether the information is protected information about someone else; or

(b) the information holder—

(i) does something that divulges protected information about someone else; and

(ii) is reckless about whether—

(A) the information is protected information about someone else; and

(B) doing the thing would result in the information being divulged to another person.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.



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(2) This section does not apply to the making of a record or the divulging of information if the record is made or the information divulged—

(a) under this Act; or

(b) in the exercise of a function, as an information holder, under this Act.

(3) This section does not apply to the making of a record or the divulging of information if—

(a) the protected information is not sensitive information; and

(b) the record is made or the information divulged—

(i) under another territory law; or

(ii) in the exercise of a function, as an information holder, under another territory law.

(4) This section does not apply to the divulging of protected information about someone with the person's agreement.

(5) An information holder must not divulge protected information to a court, or produce a document containing protected information to a court, unless it is necessary to do so for this Act.

*Note* A quality assurance committee may give protected information to the Coroner's Court (see s 43).

(6) In this section:

***court*** includes a tribunal, authority or person with power to require the production of documents or the answering of questions.

***produce*** includes allow access to.



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## 126 Information may be given to Chief Executive Medicare

(1) The CEO of a health facility may give protected information about a health service provided by a health service provider for the health facility to—

(a) Chief Executive Medicare; or

(b) the auditor-general.

*Note* Protected information includes sensitive information (see s 123).

(2) However, the CEO must not give the information unless—

(a) the CEO is satisfied that the giving of the information will help the prevention or detection of fraud; and

(b) the Minister agrees, in writing, to the giving of the information.

(3) In this section:

***CEO***, of a health facility—see section 22.

***Chief Executive Medicare***—see the *Human Services (Medicare) Act 1973* (Cwlth), section 3.



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# Part 8A Offence—provision of health services by non-health practitioners

## 127 Provision of regulated health service by person not health practitioner

(1) A person commits an offence if—

(a) the person intentionally provides a regulated health service; and

(b) the person is not a health practitioner.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

**Example—someone providing a regulated health service to someone in the ACT when not a health practitioner**

A person (***Dr W***) provides a medical service by a video link from an island in the south Pacific to Mary Smith in the ACT. Dr W advises Mary that she needs to have her tonsils removed. Dr W is not a health practitioner. Dr W contravenes this subsection.

(2) This section does not apply to—

(a) a health service provided in an emergency; or

(b) the provision, by mail order, or over the internet or by other electronic means, of manufactured aids to rehabilitation or surgical prosthetics and orthotics; or

(c) a health service ordinarily provided in the ordinary course of business by people other than health practitioners.

**Example—par (b)**

dental restorative or corrective devices

(3) In this section:

***regulated health service*** means a health service ordinarily provided by a health practitioner.



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# Part 10 Review of decisions

## 130 Review of decisions

(1) A practitioner for a health facility may apply to the ACAT for review of a decision of the CEO of the health facility under section 69—

(a) to amend or withdraw the scope of clinical practice of the practitioner; or

(b) to amend the terms of engagement of the practitioner; or

(c) to suspend or end the engagement of the practitioner.

(2) An applicant under section 84 may apply to the ACAT for review of a decision of the Minister to refuse approval of a medical facility, or a part of a medical facility, to carry out surgical abortions.

## 131 Pt 10 obligations—no contracting out

To remove any doubt, for section 130 this part applies in relation to a practitioner for a health facility despite anything to the contrary in a term of the practitioner's engagement.



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# Part 15 Miscellaneous

## 189 Protection of practitioner from liability in emergency

(1) A practitioner for a health facility does not incur personal civil liability for an act done or omission made that falls outside the practitioner's scope of clinical practice at the health facility if done or made honestly and without recklessness to assist, or give advice about the assistance to be given to, a person who is apparently—

(a) injured or at risk of being injured; or

(b) in need of emergency medical assistance.

(2) However, the protection does not apply if—

(a) there is in force a professional indemnity insurance arrangement that covers the liability; or

(b) the practitioner's capacity to exercise appropriate care and skill was, at the relevant time, significantly impaired by a recreational drug.

(3) In this section:

***recreational drug*** means a drug consumed voluntarily for non-medicinal purposes, and includes alcohol.

## 190 Disclosure of interests by committee members

(1) If a member of a committee to which this section applies has a material interest in an issue being considered, or about to be considered, by the committee, the member must disclose the nature of the interest at a committee meeting as soon as practicable after the relevant facts come to the member's knowledge.

*Note 1* This section applies to a quality assurance committee (see s 32) and a scope of clinical practice committee (see s 61).

*Note 2* ***Material interest*** is defined in s (4). The definition of ***indirect interest*** in s (4) applies to the definition of ***material interest***.



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(2) The disclosure must be recorded in the committee's minutes and, unless the committee otherwise decides, the member must not—

(a) be present when the committee considers the issue; or

(b) take part in a decision of the committee on the issue.

**Example**

Adam, Ben and Charlotte are members of a quality assurance committee. They have an interest in an issue being considered at a committee meeting and they disclose the interest as soon as they become aware of it. Adam's and Ben's interests are minor but Charlotte has a direct financial interest in the issue.

The committee considers the disclosures and decides that because of the nature of the interests:

- Adam may be present when the committee considers the issue but not take part in the decision
- Ben may be present for the consideration and take part in the decision.

The committee does not make a decision allowing Charlotte to be present or take part in the committee's decision. Accordingly, since Charlotte has a material interest she cannot be present for the consideration of the issue or take part in the decision.

(3) Any other committee member who also has a material interest in the issue must not be present when the committee is considering its decision under subsection (2).

(4) In this section:

***associate***, of a person, means—

(a) the person's business partner; or

(b) a close friend of the person; or

(c) a family member of the person.

***executive officer***, of a corporation, means a person (however described) who is concerned with, or takes part in, the corporation's management, whether or not the person is a director of the corporation.



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***indirect interest***—without limiting the kinds of indirect interests a person may have, a person has an ***indirect interest*** in an issue if any of the following has an interest in the issue:

(a) an associate of the person;

(b) a corporation if the corporation has not more than 100 members and the person, or an associate of the person, is a member of the corporation;

(c) a subsidiary of a corporation mentioned in paragraph (b);

(d) a corporation if the person, or an associate of the person, is an executive officer of the corporation;

(e) the trustee of a trust if the person, or an associate of the person, is a beneficiary of the trust;

(f) a member of a firm or partnership if the person, or an associate of the person, is a member of the firm or partnership;

(g) someone else carrying on a business if the person, or an associate of the person, has a direct or indirect right to participate in the profits of the business.

***material interest***—a committee member has a ***material interest*** in an issue if the member has—

(a) a direct or indirect financial interest in the issue; or

(b) a direct or indirect interest of any other kind if the interest could conflict with the proper exercise of the member's functions in relation to the committee's consideration of the issue.

## 191 References to Health and Community Care Service

(1) In any Act, instrument made under an Act, contract or other document, a reference to the ***Health and Community Care Service*** is, for the application of that Act, instrument, contract or other document after the commencement of this section, a reference to the Territory.



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(2) In this section:

***Health and Community Care Service*** means the Australian Capital Territory Health and Community Care Service established by the *Health and Community Care Services Act 1996* (repealed).

## 192 Determination of fees

(1) The Minister may determine fees for this Act.

*Note* The Legislation Act contains provisions about the making of determinations and regulations relating to fees (see pt 6.3)

(2) Without limiting subsection (1), the Minister may determine fees in relation to the provision of health and community care services.

(3) A determination is a disallowable instrument.

*Note* A disallowable instrument must be notified, and presented to the Legislative Assembly, under the Legislation Act.

(4) A determination may adopt a Commonwealth law or a health benefits agreement (or a provision of a Commonwealth law or health benefits agreement) as in force from time to time.

*Note 1* The text of an applied, adopted or incorporated law or instrument, whether applied as in force from time to time or at a particular time, is taken to be a notifiable instrument if the operation of the Legislation Act, s 47 (5) or (6) is not disapplied (see s 47 (7)).

*Note 2* A notifiable instrument must be notified under the Legislation Act.

(5) In this section:

***Commonwealth law*** means a Commonwealth Act, or any regulations, rules, ordinance or disallowable legislative instrument under a Commonwealth Act.

***disallowable legislative instrument***, for a Commonwealth Act, means a legislative instrument that can be disallowed under the *Legislation Act 2003* (Cwlth), chapter 3, part 2 (Parliamentary scrutiny of legislative instruments), including that part, or provisions of that part, applied by another Commonwealth law.



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***health benefits agreement*** means an agreement between the Territory and an entity that provides health benefits to contributors of a health benefits fund conducted by the entity.

## 193 Payment of fees and interest

(1) A fee is payable to the Territory on or before the payment date.

(2) If an amount for a fee remains unpaid after the payment date, in addition to that amount, interest calculated on the aggregate amount at the rate determined by the Minister is payable to the Territory in relation to every month or part of a month that the aggregate amount remains unpaid.

(3) A determination is a disallowable instrument.

*Note* A disallowable instrument must be notified, and presented to the Legislative Assembly, under the Legislation Act.

(4) In this section:

***aggregate amount***, for a month, means the total of—

(a) the amount of the fee; and

(b) the amount of interest;

remaining unpaid at the end of the previous month.

***payment date***, for a fee, means the 28th day after the day when the account for the fee was issued.

## 194 Approved forms

(1) The Minister may approve forms for this Act.

(2) If the Minister approves a form for a particular purpose, the form must be used for that purpose.

*Note* For other provisions about forms, see Legislation Act, s 255.

(3) An approved form is a notifiable instrument.

*Note* A notifiable instrument must be notified under the Legislation Act.



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## 196 Regulation-making power

The Executive may make regulations for this Act.

*Note* Regulations must be notified, and presented to the Legislative Assembly, under the Legislation Act.



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# Dictionary

(see s 2)

*Note 1* The Legislation Act contains definitions and other provisions relevant to this Act.

*Note 2* For example, the Legislation Act, dict, pt 1 defines the following terms:

- ACAT
- Act
- ACT
- appoint
- Commonwealth
- Coroner's Court
- dentist
- director-general (see s 163)
- doctor
- entity
- exercise
- found guilty
- function
- health practitioner
- in relation to
- interest
- make
- midwife
- Minister (see s 162)
- notifiable instrument (see s 10)
- nurse practitioner
- penalty unit (see s 133)
- pharmacist
- proceeding
- territory law
- the Territory
- tribunal.



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***abortifacient***, for part 6 (Abortions)—see section 80 (1).

***abortion***, for part 6 (Abortions)—see section 80 (1).

***approved medical facility***, for part 6 (Abortions)—see section 80 (1).

***authorised representative***, for part 7 (VMO service contracts)—see section 100.

***capture visual data***, for division 6.2 (Patient privacy in protected areas)—see section 85.

***CEO***—

(a) of a health facility, for part 4 (Quality assurance)—see section 22; and

(b) of a health professional organisation, for part 4 (Quality assurance)—see section 23; and

(c) of a health facility, for part 5 (Reviewing scope of clinical practice)—see section 53.

***core conditions***, for part 7 (VMO service contracts)—see section 100.

***day hospital*** means a facility where a person is admitted for surgical or medical treatment and discharged on the same day.

***dental technical work*** means work involving the making, altering, repairing or maintaining of dental prosthetic appliances.

**Example—dental technical work**

shade-taking for dental prosthetic appliances

***dental technician*** means a person who does dental technical work and either—

(a) is a graduate of a course of education in dental technical work accredited by the Council of Regulating Authorities for Dental Technicians and Dental Prosthetists (***CORA***); or



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(b) has—

(i) completed a course of education or training in dental prosthetic work outside Australia that is accredited by CORA; and

(ii) passed an exam in dental prosthetic work accredited by CORA.

***divulge***, for part 8 (Secrecy)—see section 121.

***engage*** in conduct means—

(a) do an act; or

(b) omit to do an act.

***entity***, for part 7 (VMO service contracts)—see section 100.

***health board*** means a national board established under the *Health Practitioner Regulation National Law (ACT)*, section 31.

***health facility***—see section 6.

***health facility QAC***, for a health facility, for part 4 (Quality assurance)—see section 20.

***health professional organisation***, for part 4 (Quality assurance)—see section 21.

***health professional organisation QAC***, for a health professional organisation, for part 4 (Quality assurance)—see section 20.

***health service***—see section 5.

***health service provider***—see section 7.

***health service report***, for part 4 (Quality assurance)—see section 38.

***hospital***, for part 5 (Reviewing scope of clinical practice)—see section 50.

***information holder***, for part 8 (Secrecy)—see section 122.

***ministerial report***, for part 4 (Quality assurance)—section 41.



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***negotiating agent***, for part 7 (VMO service contracts)—see section 100.

***negotiating period***, for part 7 (VMO service contracts)—see section 103 (2).

***practice corporation***, for part 7 (VMO service contracts)—see section 100.

***practitioner***, for a health facility—see section 52.

***prohibited behaviour***, for division 6.2 (Patient privacy in protected areas)—see section 85.

***protected area***, for division 6.2 (Patient privacy in protected areas)—see section 85.

***protected facility***, for division 6.2 (Patient privacy in protected areas)—see section 85.

***protected information***—see section 123.

***quality assurance committee***—see section 24.

***review***, in relation to the scope of clinical practice, for part 5 (Reviewing scope of clinical practice)—see section 55.

***scope of clinical practice***, of a practitioner, for a health facility, for part 5 (Reviewing scope of clinical practice)—see section 54.

***scope of clinical practice committee***—see section 51.

***scope of clinical practice executive decision notice***, for part 5 (Reviewing scope of clinical practice)—see section 70.

***scope of clinical practice report***, for part 5 (Reviewing scope of clinical practice)—see section 67.

***sensitive information***—see section 124.

***service contract***, for part 7 (VMO service contracts)—see section 100.

***special purpose QAC***, for part 4 (Quality assurance)—see section 20.



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***surgical abortion***, for part 6 (Abortions)—see section 80 (1).

***VMO***, or visiting medical officer, for part 7 (VMO service contracts)—see section 100.



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# Endnotes

## 1 About the endnotes

Amending and modifying laws are annotated in the legislation history and the amendment history. Current modifications are not included in the republished law but are set out in the endnotes.

Not all editorial amendments made under the *Legislation Act 2001*, part 11.3 are annotated in the amendment history. Full details of any amendments can be obtained from the Parliamentary Counsel's Office.

Uncommenced amending laws are not included in the republished law. The details of these laws are underlined in the legislation history. Uncommenced expiries are underlined in the legislation history and amendment history.

If all the provisions of the law have been renumbered, a table of renumbered provisions gives details of previous and current numbering.

The endnotes also include a table of earlier republications.

## 2 Abbreviation key

A = Act
AF = Approved form
am = amended
amdt = amendment
AR = Assembly resolution
ch = chapter
CN = Commencement notice
def = definition
DI = Disallowable instrument
dict = dictionary
disallowed = disallowed by the Legislative Assembly
div = division
exp = expires/expired
Gaz = gazette
hdg = heading
IA = Interpretation Act 1967
ins = inserted/added
LA = Legislation Act 2001
LR = legislation register
LRA = Legislation (Republication) Act 1996
mod = modified/modification
NI = Notifiable instrument
o = order
om = omitted/repealed
ord = ordinance
orig = original
par = paragraph/subparagraph
pres = present
prev = previous
(prev...) = previously
pt = part
r = rule/subrule
reloc = relocated
renum = renumbered
R[X] = Republication No
RI = reissue
s = section/subsection
sch = schedule
sdiv = subdivision
SL = Subordinate law
sub = substituted
underlining = whole or part not commenced or to be expired



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## 3 Legislation history

**Health Act 1993 A1993-13**
notified 1 March 1993 (Gaz 1993 No S23)
commenced 1 March 1993 (s 2)

as amended by

**Health (Amendment) Act 1994 A1994-23**
notified 20 May 1994 (Gaz 1994 No S87)
commenced 20 May 1994 (s 2)

**Public Sector Management (Consequential and Transitional Provisions) Act 1994 A1994-38 sch 1 pt 44**
notified 30 June 1994 (Gaz 1994 No S121)
s 1, s 2 commenced 30 June 1994 (s 2 (1))
sch 1 pt 44 commenced 1 July 1994 (s 2 (2) and Gaz 1994 No S142)

**Administrative Appeals (Consequential Amendments) Act 1994 A1994-60 sch 1**
notified 11 October 1994 (Gaz 1994 No S197)
s 1, s 2 commenced 11 October 1994 (s 2 (1))
sch 1 commenced 14 November 1994 (s 2 (2) and see Gaz 1994 No S250)

**Health and Community Care Services (Consequential Provisions) Act 1996 A1996-35 sch**
notified 1 July 1996 (Gaz 1996 No S130)
commenced 1 July 1996 (s 2)

**Health (Amendment) Act 1998 A1998-50**
notified 16 November 1998 (Gaz 1998 No S205)
commenced 16 November 1998 (s 2)

**Statute Law Revision (Penalties) Act 1998 A1998-54 sch**
notified 27 November 1998 (Gaz 1998 No S207)
s 1, s 2 commenced 27 November 1998 (s 2 (1))
sch commenced 9 December 1998 (s 2 (2) and Gaz 1998 No 49)



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**Legislation (Consequential Amendments) Act 2001 A2001-44 pt 175**
notified 26 July 2001 (Gaz 2001 No 30)
s 1, s 2 commenced 26 July 2001 (IA s 10B)
pt 175 commenced 12 September 2001 (s 2 and see Gaz 2001 No S65)

**Statute Law Amendment Act 2001 (No 2) 2001 No 56 pt 1.3**
notified 5 September 2001 (Gaz 2001 No S65)
s 1, s 2 commenced 5 September 2001 (IA s 10B)
amdts 1.3-1.8, 1.10-1.13, 1.15, 1.16, 1.17, 1.35 commenced 12 September 2001 (s 2 (2))
pt 1.3 remainder commenced 5 September 2001 (s 2 (1))

**Health and Community Care Services (Repeal and Consequential Amendments) Act 2002 A2002-47 pt 1.2**
notified LR 20 December 2002
s 1, s 2 commenced 20 December 2002 (LA s 75 (1))
pt 1.2 commenced 31 December 2002 (s 2)

**Statute Law Amendment Act 2003 A2003-41 sch 1 pt 1.1**
notified LR 11 September 2003
s 1, s 2 commenced 11 September 2003 (LA s 75 (1))
sch 1 pt 1.1 commenced 9 October 2003 (s 2 (1))

**Health Amendment Act 2003 A2003-43**
notified LR 29 September 2003
s 1, s 2 commenced 29 September 2003 (LA s 75 (1))
remainder commenced 30 September 2003 (s 2)

**Nurse Practitioners Legislation Amendment Act 2004 A2004-10 pt 2**
notified LR 19 March 2004
s 1, s 2 commenced 19 March 2004 (LA s 75 (1))
pt 2 commenced 27 May 2004 (s 2 and CN2004-9)

**Health Professionals Legislation Amendment Act 2004 A2004-39 sch 1 pt 1.3**
notified LR 8 July 2004
s 1, s 2 commenced 8 July 2004 (LA s 75 (1))
sch 1 pt 1.3 commenced 7 July 2005 (s 2 and see Health Professionals Act 2004 A2004-38, s 2 and CN2005-11)



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**Health Legislation Amendment Act 2005 A2005-28 amdt 1.70**
notified LR 6 July 2005
s 1, s 2 commenced 6 July 2005 (LA s 75 (1))
amdt 1.70 commenced 7 July 2005 (s 2)

**Criminal Code Harmonisation Act 2005 A2005-54 sch 1 pt 1.24**
notified LR 27 October 2005
s 1, s 2 commenced 27 October 2005 (LA s 75 (1))
sch 1 pt 1.24 commenced 24 November 2005 (s 2)

**Statute Law Amendment Act 2005 (No 2) A2005-62 sch 3 pt 3.10**
notified LR 21 December 2005
s 1, s 2 commenced 21 December 2005 (LA s 75 (1))
sch 3 pt 3.10 commenced 11 January 2006 (s 2 (1))

**Health Legislation Amendment Act 2006 A2006-27 pt 2, sch 1**
notified LR 14 June 2006
s 1, s 2 commenced 14 June 2006 (LA s 75 (1))
pt 2, sch 1 commenced 14 December 2006 (s 2 and LA s 79)

**Health Legislation Amendment Act 2006 (No 2) A2006-46 sch 2 pt 2.8**
notified LR 17 November 2006
s 1, s 2 commenced 17 November 2006 (LA s 75 (1))
sch 2 pt 2.8 commenced 18 November 2006 (s 2 (2))

**Statute Law Amendment Act 2007 (No 2) A2007-16 sch 3 pt 3.18**
notified LR 20 June 2007
s 1, s 2 taken to have commenced 12 April 2007 (LA s 75 (2))
sch 3 pt 3.18 commenced 11 July 2007 (s 2 (1))

**Medicines, Poisons and Therapeutic Goods Act 2008 A2008-26 sch 2 pt 2.12**
notified LR 14 August 2008
s 1, s 2 commenced 14 August 2008 (LA s 75 (1))
sch 2 pt 2.12 commenced 14 February 2009 (s 2 and LA s 79)

**ACT Civil and Administrative Tribunal Legislation Amendment Act 2008 (No 2) A2008-37 sch 1 pt 1.53**
notified LR 4 September 2008
s 1, s 2 commenced 4 September 2008 (LA s 75 (1))
sch 1 pt 1.53 commenced 2 February 2009 (s 2 (1) and see ACT Civil and Administrative Tribunal Act 2008 A2008-35, s 2 (1) and CN2009-2)



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**Health Practitioner Regulation National Law (ACT) Act 2010 A2010-10 sch 2 pt 2.7**

notified LR 31 March 2010
s 1, s 2 commenced 31 March 2010 (LA s 75 (1))
sch 2 pt 2.7 commenced 1 July 2010 (s 2 (1) (a))

as modified by

**Health Practitioner Regulation National Law (ACT) (Transitional Provisions) Regulation 2010 (No 2) SL2010-39 s 3 and sch 1**

notified LR 11 October 2010
s 1, s 2 commenced 11 October 2010 (LA s 75 (1))
s 3 and sch 1 commenced 12 October 2010 (s 2*)*

as amended by

**Fair Trading (Australian Consumer Law) Amendment Act 2010 A2010-54 sch 3 pt 3.11**

notified LR 16 December 2010
s 1, s 2 commenced 16 December 2010 (LA s 75 (1))
sch 3 pt 3.11 commenced 1 January 2011 (s 2 (1))

**Statute Law Amendment Act 2011 A2011-3 sch 3 pt 3.22**

notified LR 22 February 2011
s 1, s 2 commenced 22 February 2011 (LA s 75 (1))
sch 3 pt 3.22 commenced 1 March 2011 (s 2)

**Health Amendment Act 2011 A2011-11**

notified LR 12 April 2011
s 1, s 2 commenced 12 April 2011 (LA s 75 (1))
s 4, s 5 commenced 1 July 2011 (s 2 (2))
remainder commenced 13 April 2011 (s 2 (1))

**Administrative (One ACT Public Service Miscellaneous Amendments) Act 2011 A2011-22 sch 1 pt 1.76**

notified LR 30 June 2011
s 1, s 2 commenced 30 June 2011 (LA s 75 (1))
sch 1 pt 1.76 commenced 1 July 2011 (s 2 (1))



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**Statute Law Amendment Act 2011 (No 2) A2011-28 sch 3 pt 3.18**
notified LR 31 August 2011
s 1, s 2 commenced 31 August 2011 (LA s 75 (1))
sch 3 pt 3.18 commenced 21 September 2011 (s 2 (1))

**Statute Law Amendment Act 2013 A2013-19 sch 1 pt 1.1**
notified LR 24 May 2013
s 1, s 2 commenced 24 May 2013 (LA s 75 (1))
sch 1 pt 1.1 commenced 14 June 2013 (s 2)

**Statute Law Amendment Act 2013 (No 2) A2013-44 sch 1 pt 1.2, sch 3 pt 3.11**
notified LR 11 November 2013
s 1, s 2 commenced 11 November 2013 (LA s 75 (1))
sch 1 pt 1.2, sch 3 pt 3.11 commenced 25 November 2013 (s 2)

**Veterinary Surgeons Act 2015 A2015-29 sch 2 pt 2.4**
notified LR 20 August 2015
s 1, s 2 commenced 20 August 2015 (LA s 75 (1))
sch 2 pt 2.4 commenced 1 December 2015 (s 2 (1) and CN2015-22)

**Health Legislation Amendment Act 2016 A2016-11 pt 3**
notified LR 1 March 2016
s 1, s 2 commenced 1 March 2016 (LA s 75 (1))
pt 3 commenced 2 March 2016 (s 2)

**Health (Patient Privacy) Amendment Act 2015 A2015-43**
notified LR 4 November 2015
s 1, s 2 commenced 4 November 2015 (LA s 75 (1))
remainder commenced 22 March 2016 (s 2 and CN2016-4)

**Statute Law Amendment Act 2017 A2017-4 sch 3 pt 3.14**
notified LR 23 February 2017
s 1, s 2 commenced 23 February 2017 (LA s 75 (1))
sch 3 pt 3.14 commenced 9 March 2017 (s 2)

**Commercial Arbitration Act 2017 A2017-7 sch 1 pt 1.3**
notified LR 4 April 2017
s 1A, s 1B commenced 4 April 2017 (LA s 75 (1))
sch 1 pt 1.3 commenced 1 July 2017 (s 1B and CN2017-1)



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**Health (Improving Abortion Access) Amendment Act 2018 A2018-37**
notified LR 27 September 2018
s 1, s 2 commenced 27 September 2018 (LA s 75 (1))
remainder commenced 1 July 2019 (s 2 (1) and CN2019-10)

**Statute Law Amendment Act 2018 A2018-42 sch 1 pt 1.2, sch 3 pt 3.17**
notified LR 8 November 2018
s 1, s 2 taken to have commenced 1 July 2018 (LA s 75 (2))
sch 1 pt 1.2, sch 3 pt 3.17 commenced 22 November 2018 (s 2 (1))

**Health Amendment Act 2019 A2019-33**
notified LR 9 October 2019
s 1, s 2 commenced 9 October 2019 (LA s 75 (2))
remainder commenced 10 October 2019 (s 2)

**Statute Law Amendment Act 2021 A2021-12 sch 3 pt 3.22**
notified LR 9 June 2021
s 1, s 2 commenced 9 June 2021 (LA s 75 (1))
sch 3 pt 3.22 commenced 23 June 2021 (s 2 (1))

**Statute Law Amendment Act 2022 A2022-14 sch 3 pt 3.20**
notified LR 10 August 2022
s 1, s 2 commenced 10 August 2022 (LA s 75 (1))
sch 3 pt 3.20 commenced 24 August 2022 (s 2)

**Health Infrastructure Enabling Act 2023 A2023-17 sch 2 pt 2.1**
notified LR 2 June 2023
s 1, s 2 commenced 2 June 2023 (LA s 75 (1))
sch 2 pt 2.1 commenced 3 July 2023 (s 2 (2) and see s 7 (1) (a))



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# 4 Amendment history

**Long title**

long title — sub A1998-50 s 4
am A2002-47 amdt 1.10

**Name of Act**

s 1 — sub A2001-56 amdt 1.3

**Dictionary**

s 2 — om A2001-44 amdt 1.2022
ins A2001-56 amdt 1.3
am A2006-27 s 4; A2010-10 amdt 2.27

**Notes**

s 3 — defs reloc to dict A2001-56 amdt 1.6
sub A2001-56 amdt 1.7

**Declaration of quality assurance activity**

s 3A — renum as s 4

**Offences against Act—application of Criminal Code etc**

s 4 — **orig s 4**
renum as s 5 and then s 10
**prev s 4**
(prev s 3A) ins A2001-56 amdt 1.8
renum as s 4 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 5
**pres s 4**
(prev s 3A) ins A2005-54 amdt 1.167
renum as s 4 A2006-27 amdt 1.1

**Important concepts**

pt 2 hdg — **orig pt 2 hdg**
renum as pt 3 hdg
**pres pt 2 hdg**
ins A2006-27 s 5

**What is a *health service*?**

s 5 — **orig s 5**
renum as s 6 and then s 11
**prev s 5**
renum as s 10
**pres s 5**
ins A2006-27 s 5



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**What is a *health facility*?**

s 6 **orig s 6**
renum as s 7 and then s 12
**prev s 6**
renum as s 11
**pres s 6**
ins A2006-27 s 5
am A2010-10 amdt 2.28

**Who is a *health service provider*?**

s 7 **orig s 7**
renum as s 8
**prev s 7**
renum as s 12
**pres s 7**
ins A2006-27 s 5
am A2010-10 amdt 2.29

**Appointment of members**

s 7A renum as s 9

**What is the *local hospital network*?**

s 8 hdg (prev s 7 hdg) sub A2001-56 amdt 1.10
s 8 (prev s 7) am A1994-38 sch 1 pt 44; A1996-35 sch; A2001-56 amdts 1.10-1.12
renum as s 8 R4 LA (see A2001-56 amdt 1.36)
am A2002-47 amdt 1.12, amdt 1.13
om A2006-27 s 6
ins A2011-11 s 4
om A2017-4 amdt 3.66

**Disclosure of interest**

s 8A renum as s 11

**Appointment of members**

s 9 (prev s 7A) ins A2001-56 amdt 1.13
renum as s 9 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6

**Health care principles**

pt 3 hdg **orig pt 3 hdg**
sub A1998-50 s 6
om A2006-27 s 6
**pres pt 3 hdg**
(prev pt 2 hdg) renum as pt 3 hdg A2006-27 amdt 1.2

**General**

div 3.1 hdg (prev pt 3 div 1 hdg) renum R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6



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**Confidentiality and evidentiary matters**

div 3.2 hdg (prev pt 3 div 2 hdg) renum R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6

**Objectives**

s 10 **orig s 10**
renum as s 13
**prev s 10**
(prev s 8) am A1998-50 s 7
renum as s 10 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6
**pres s 10**
(prev s 4) am A1996-35 sch
renum as s 5 R4 LA (see A2001-56 amdt 1.36)
am A2002-47 amdt 1.11
renum as s 10 A2006-27 amdt 1.3
am A2011-3 amdt 3.220

**Medicare principles and commitments**

s 11 **orig s 11**
renum as s 14
**prev s 11**
(prev s 8A) ins A1998-50 s 8
renum as s 11 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6
**pres s 11**
(prev s 5) am A1994-23 s 4; A2001-56 amdt 1.9
renum as s 6 R4 LA (see A2001-56 amdt 1.36)
renum as s 11 A2006-27 amdt 1.3
am A2022-14 amdt 3.104

**Legal effect**

s 12 **orig s 12**
renum as s 15
**prev s 12**
(prev s 9) am A1998-50 s 9; A2001-56 amdts 1.14-1.17
renum as s 12 R4 LA (see A2001-56 amdt 1.36)
am A2003-41 amdt 1.1
om A2006-27 s 6
**pres s 12**
(prev s 6) renum as s 7 R4 LA (see A2001-56 amdt 1.36)
renum as s 12 A2006-27 amdt 1.3

**Local Health and Hospitals Network**

pt 3A hdg **orig pt 3A hdg**
renum as pt 4 hdg
**pres pt 3A hdg**
ins A2011-11 s 5
om A2016-11 s 5



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**Establishment, functions and members of Local Hospital Network Council**

div 3A.1 hdg — ins A2011-11 s 5
om A2016-11 s 5

**Local Hospital Network Council**

s 13 — (prev s 10) am A1998-50 s 10; A1998-54 sch
renum as s 13 R4 LA (see A2001-56 amdt 1.36)
sub A2005-54 amdt 1.168
om A2006-27 s 6
ins A2011-11 s 5
om A2016-11 s 5

**Protection of people assisting committee**

s 13AA — renum as s 17

**Definitions for pt 4**

s 13AB — renum as s 18

**Committee to be approved**

s 13AC — renum as s 19

**Procedure and conduct of matters**

s 13AD — renum as s 20

**Disclosure of interest**

s 13AE — renum as s 21

**Nondisclosure of identity**

s 13AF — renum as s 22

**Admissibility of evidence**

s 13AG — renum as s 23

**Members not compellable**

s 13AH — renum as s 24

**Protection of members**

s 13AI — renum as s 25

**Protection of people assisting committee**

s 13AJ — renum as s 26

**Interpretation for pt 5**

s 13A — renum as s 27

**Functions of council**

s 14 — (prev s 11) sub A1998-50 s 11
renum as s 14 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6
ins A2011-11 s 5
am A2011-22 amdt 1.239
om A2016-11 s 5



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**Council report to Minister etc**

s 15 hdg (prev s 12 hdg) sub A2003-41 amdt 1.1
s 15 (prev s 12) am A1998-50 s 12
renum as s 15 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6
ins A2011-11 s 5
om A2016-11 s 5

**Membership of council**

s 16 (prev s 13) am A1996-35 sch; A1998-50 s 13; A2001-56 amdts 1.18-1.24
renum as s 16 R4 LA (see A2001-56 amdt 1.36)
am A2002-47 amdt 1.14
om A2006-27 s 6
ins A2011-11 s 5
om A2016-11 s 5

**Members of council**

s 17 **orig s 17**
om A1996-35 sch
**pres s 17**
(prev s 13AA) ins A1998-50 s 14
am A2001-56 amdt 1.25
renum as s 17 R4 LA (see A2001-56 amdt 1.36)
am A2002-47 amdt 1.14
om A2006-27 s 6
ins A2011-11 s 5
om A2016-11 s 5

**Chair and deputy chair**

s 18 **orig s 18**
om A1996-35 sch
**pres s 18**
(prev s 13AB) ins A1998-50 s 15
def ***prescribed body*** ins A1998-50 s 15
am A2001-56 amdt 1.26
def ***private day hospital facility*** ins A1998-50 s 15
renum as s 18 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6
ins A2011-11 s 5
om A2016-11 s 5

**Term of appointment of members**

s 19 (prev s 13AC) ins A1998-50 s 15
am A2001-44 amdt 1.2023, amdt 1.2024
renum as s 19 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 s 6
ins A2011-11 s 5
om A2016-11 s 5



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**Ending of appointment of members**

s 19A **orig s 19A**
renum as s 31
**pres s 19A**
ins A2011-11 s 5
om A2016-11 s 5

**Conditions of appointment generally**

s 19B ins A2011-11 s 5
om A2016-11 s 5

**Proceedings of council**

div 3A.2 hdg ins A2011-11 s 5
om A2016-11 s 5

**Time and place of meetings of council**

s 19C ins A2011-11 s 5
am A2011-22 amdt 1.239
om A2016-11 s 5

**Procedures governing proceedings of council**

s 19D ins A2011-11 s 5
am A2011-22 amdt 1.239
om A2016-11 s 5

**Council—disclosure of interests**

s 19E ins A2011-11 s 5
om A2016-11 s 5

**Review of pt 3A**

div 3A.3 hdg ins A2011-11 s 5
exp 1 July 2013 (s 19F (3))

**Review of pt 3A**

s 19F ins A2011-11 s 5
exp 1 July 2013 (s 19F (3))

**Quality assurance**

pt 4 hdg (prev pt 3A hdg) ins A1998-50 s 15
renum as pt 4 hdg R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Quality assurance—important concepts**

div 4.1 hdg (prev pt 3A div 1 hdg) renum R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Definitions—pt 4**

s 20 (prev s 13AD) ins A1998-50 s 15
renum as s 20 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6
def ***CEO*** ins A2006-27 s 6
def ***health facility QAC*** ins A2006-27 s 6



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def ***health professional organisation*** ins A2006-27 s 6
def ***health professional organisation QAC*** ins A2006-27 s 6
def ***health service report*** ins A2006-27 s 6
def ***ministerial report*** ins A2006-27 s 6
def ***special purpose QAC*** ins A2006-27 s 6
sub A2018-42 amdt 3.48

**What is a *health professional organisation*?**

s 21 **orig s 21**
renum as s 34
**pres s 21**
(prev s 13AE) ins A1998-50 s 15
renum as s 21 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Who is the *CEO* of a health facility?**

s 22 **orig s 22**
renum as s 35 and then s 191
**pres s 22**
(prev s 13AF) ins A1998-50 s 15
renum as s 22 R4 LA (see A2001-56 amdt 1.36)
sub A2005-54 amdt 1.169; A2006-27 s 6
am A2011-22 amdt 1.238

**Who is the *CEO* of a health professional organisation?**

s 23 (prev s 13AG) ins A1998-50 s 15
renum as s 23 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Quality assurance—quality assurance committees**

div 4.2 hdg (prev pt 3A div 2 hdg) renum R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**What is a *quality assurance committee*?**

s 24 (prev s 13AH) ins A1998-50 s 15
renum as s 24 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Approval of health facility QACs**

s 25 (prev s 13AI) ins A1998-50 s 15
am A2001-56 amdts 1.27-1.33
renum as s 25 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Approval of health professional organisation QACs**

s 26 (prev s 13AJ) ins A1998-50 s 15
am A2001-56 amdt 1.34
renum as s 26 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6



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**Approval of special purpose QACs**
s 27 (prev s 13A) ins A1996-35 sch
renum as s 27 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Quality Assurance Committees—term**
s 27A ins A2011-11 s 6

**Quality assurance committees—criteria for approval**
s 28 (prev s 14) am A1994-38 sch 1 pt 44; A1998-50 s 16
renum as s 28 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Quality assurance committees—revocation of approval**
s 29 (prev s 15) renum as s 29 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Quality assurance committees—functions**
s 30 (prev s 16) renum as s 30 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Meaning of *abortion* for pt 6**
s 30A renum as s 80

**Only doctor may carry out abortion**
s 30B renum as s 81

**Abortion to be carried out in approved medical facility**
s 30C renum as s 82

**Approval of facilities**
s 30D renum as s 83

**No obligation to carry out abortion**
s 30E renum as s 84

**Quality assurance committees—appointment of members**
s 31 (prev s 19A) ins A1996-35 sch
renum as s 31 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6
am A2011-22 amdt 1.238

**Quality assurance committees—disclosure of interests**
s 32 (prev s 19) am A1994-38 sch 1 pt 44; A1994-60 sch 1
sub A1998-50 s 17
renum as s 32 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6



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**Quality assurance committees—procedure**
s 33 (prev s 20) am A1994-38 sch 1 pt 44; A1994-60 sch 1
sub A1998-50 s 17
renum as s 33 R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6

**Definitions for pt 7**
s 33A renum as s 100

**Service contracts**
s 33B renum as s 101

**Core conditions**
s 33C renum as s 102

**Collective negotiations**
s 33D renum as s 103

**Negotiating agents**
s 33E renum as s 104

**Authorised representatives**
s 33F renum as s 105

**Arbitration**
s 33G renum as s 106

**Trade Practices Act authorisation**
s 33H renum as s 107

**Quality assurance committees—protection of members etc from liability**
s 34 (prev s 21) ins A1994-23 s 5
renum as s 34 R4 LA (see A2001-56 amdt 1.36)
om A2006-27 amdt 1.25
ins A2006-27 s 6

**Quality assurance committees—obtaining information**
s 35 **orig s 35**
renum as s 191
**pres s 35**
ins A2006-27 s 6

**Assessment and evaluation of health services**
div 4.3 hdg ins A2006-27 s 6

**Assessment and evaluation of health services**
s 36 **orig s 36**
renum as s 192
**pres s 36**
ins A2006-27 s 6



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**Approval of quality assurance activities**

s 37 **orig s 37**
renum as s 193
**pres s 37**
ins A2006-27 s 6

**Approved forms**

s 37A renum as s 194

**Regulations about nurse practitioners**

s 37B renum as s 195

**Preparing health service reports**

s 38 **orig s 38**
renum as s 196
**pres s 38**
ins A2006-27 s 6

**Extraordinary reports**

s 38A ins A2011-11 s 7
am A2011-22 amdt 1.238

**Interim reports**

s 38B ins A2011-11 s 7
am A2011-22 amdt 1.238

**Giving health service reports to CEO or director-general**

s 39 hdg am A2011-22 amdt 1.238
s 39 **orig s 39**
ins A2002-47 amdt 1.16
exp 31 December 2003 (s 46)
**prev s 39**
renum as s 240
**pres s 39**
ins A2006-27 s 6
am A2011-22 amdt 1.238

**Monitoring implementation of recommendations**

s 40 **orig s 40**
ins A2002-47 amdt 1.16
exp 31 December 2003 (s 46)
**prev s 40**
renum as s 241
**pres s 40**
ins A2006-27 s 6

**Quality assurance committees—reporting**

div 4.4 hdg ins A2006-27 s 6



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**Annual quality assurance committee report to Minister**

s 41 ins A2002-47 amdt 1.16
exp 31 December 2003 (s 46)
ins A2006-27 s 6

**Other quality assurance committee reports**

s 42 ins A2002-47 amdt 1.16
exp 31 December 2003 (s 46)
ins A2006-27 s 6

**Quality assurance committees—information sharing**

div 4.5 hdg ins A2006-27 s 6

**Quality assurance committees—giving information to the Coroner's Court**

s 43 ins A2002-47 amdt 1.16
exp 31 December 2003 (s 46)
ins A2006-27 s 6
sub A2011-11 s 8

**Quality assurance committees—giving information to other quality assurance committees**

s 44 ins A2002-47 amdt 1.16
exp 31 December 2003 (s 46)
ins A2006-27 s 6
sub A2011-11 s 8

**Quality assurance committees—giving information to health board and health services commissioner**

s 45 hdg am A2010-10 amdt 2.30
s 45 ins A2002-47 amdt 1.16
exp 31 December 2003 (s 46)
ins A2006-27 s 6
am A2010-10 amdt 2.30
sub A2011-11 s 8

**Quality assurance committees—giving information to Minister**

s 46 ins A2002-47 amdt 1.16
exp 31 December 2003 (s 46)
ins A2006-27 s 6
sub A2011-11 s 8

**Quality assurance committees—admissibility of evidence**

s 47 ins A2006-27 s 6

**Reviewing scope of clinical practice**

pt 5 hdg **orig pt 5 hdg**
om A1996-35 sch
**pres pt 5 hdg**
(prev pt 4 hdg) renum as pt 5 hdg R4 LA (see A2001-56 amdt 1.36)
sub A2006-27 s 6; A2011-11 s 9



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**Definitions—pt 5**

s 50 ins A2006-27 s 6
am A2019-33 s 5
def ***CEO*** ins A2006-27 s 6
def ***chief executive officer, Calvary*** ins A2018-42 amdt 3.49
om A2023-17 amdt 2.1
def ***clinical privileges*** ins A2006-27 s 6
om A2011-11 s 10
def ***clinical privileges report*** ins A2006-27 s 6
om A2011-11 s 10
def ***clinical privileges review notice*** ins A2006-27 s 6
om A2011-11 s 10
def ***dentist*** ins A2006-27 s 6
om A2019-33 s 4
def ***doctor*** ins A2006-27 s 6
om A2019-33 s 4
def ***eligible midwife*** ins A2013-44 amdt 1.2
om A2019-33 s 4
def ***hospital*** ins A2006-27 s 6
def ***review*** ins A2006-27 s 6
sub A2011-11 s 11
def ***scope of clinical practice*** ins A2011-11 s 11
am A2013-44 amdt 1.3; A2019-33 s 12
def ***scope of clinical practice executive decision notice*** ins A2011-11 s 11
def ***scope of clinical practice report*** ins A2011-11 s 11

**What is a *scope of clinical practice committee*?**

s 51 ins A2006-27 s 6
sub A2011-11 s 12

**Who is a *practitioner* for a health facility?**

s 52 hdg sub A2013-44 amdt 1.4
s 52 ins A2006-27 s 6
am A2013-44 amdt 1.5
sub A2019-33 s 6

**Who is the *CEO* of a health facility?**

s 53 ins A2006-27 s 6
am A2011-22 amdt 1.238

**What is *scope of clinical practice*?**

s 54 ins A2006-27 s 6
sub A2011-11 s 13
am A2013-44 amdt 1.6; A2019-33 s 12

**Meaning of *review* scope of clinical practice**

s 55 ins A2006-27 s 6
sub A2011-11 s 13



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**Approval of scope of clinical practice committees**
s 56 ins A2006-27 s 6
sub A2011-11 s 13

**Scope of clinical practice committees—criteria for approval**
s 57 ins A2006-27 s 6
sub A2011-11 s 13

**Scope of clinical practice committees—revocation of approval**
s 58 ins A2006-27 s 6
sub A2011-11 s 13

**Scope of clinical practice committees—functions**
s 59 ins A2006-27 s 6
sub A2011-11 s 13
am A2013-44 amdt 1.7, amdt 1.8; A2019-33 s 7, s 12, s 13

**Scope of clinical practice committees—appointment of members**
s 60 ins A2006-27 s 6
sub A2011-11 s 13
am A2011-22 amdt 1.238

**Scope of clinical practice committees—disclosure of interests**
s 61 ins A2006-27 s 6
sub A2011-11 s 13

**Scope of clinical practice committees—procedure**
s 62 ins A2006-27 s 6
sub A2011-11 s 13

**Scope of clinical practice committees—protection of members etc from liability**
s 63 ins A2006-27 s 6
sub A2011-11 s 13

**Scope of clinical practice committees—obtaining information**
s 64 ins A2006-27 s 6
sub A2011-11 s 13

**Scope of clinical practice committee must give practitioner opportunity to explain**
s 65 hdg am A2013-44 amdt 1.9; A2019-33 s 12
s 65 ins A2006-27 s 6
sub A2011-11 s 13
am A2013-44 amdt 1.9; A2019-33 s 12

**Interim and emergency withdrawal or amendment of scope of clinical practice by committee**
s 66 ins A2006-27 s 6
sub A2011-11 s 13
am A2011-22 amdt 1.235; A2013-44 amdt 1.9, amdt 1.10; A2019-33 s 12, s 13; A2023-17 amdt 2.2, amdt 2.3



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**Preparing scope of clinical practice reports**

s 67 ins A2006-27 s 6
sub A2011-11 s 13
am A2013-44 amdt 1.11; A2019-33 s 12

**Giving scope of clinical practice reports to CEO of health facility and practitioner**

s 68 hdg am A2013-44 amdt 1.11; A2019-33 s 12
s 68 ins A2006-27 s 6
sub A2011-11 s 13
am A2013-44 amdt 1.11; A2019-33 s 12

**CEO may make interim or emergency decision on scope of clinical practice**

s 69 ins A2006-27 s 6
sub A2011-11 s 13
am A2011-22 amdt 1.238; A2013-44 amdt 1.11; A2019-33 s 12; A2023-17 amdt 2.4; pars renum R44 LA

**CEO must make decision on scope of clinical practice report**

s 70 ins A2006-27 s 6
am A2008-37 amdt 1.232
sub A2011-11 s 13
am A2013-44 amdt 1.11, amdt 1.12, amdt 3.95; A2019-33 s 12, s 13

**When CEO decision on scope of clinical practice report takes effect**

s 71 ins A2006-27 s 6
sub A2011-11 s 13
am A2013-44 amdt 1.13; A2019-33 s 12; A2022-14 amdt 3.105

**CEO may give information about decision to health facility outside ACT**

s 72 hdg am A2010-10 amdt 2.30
s 72 ins A2006-27 s 6
am A2010-10 amdt 2.30
sub A2011-11 s 13
am A2013-44 amdt 1.13; A2019-33 s 12

**Request for information by health facility outside ACT**

s 73 ins A2006-27 s 6
sub A2011-11 s 13
am A2013-44 amdt 1.13, amdt 1.14; A2019-33 s 12, s 13

**Scope of clinical practice committees—giving information to health board and health services commissioner**

s 74 ins A2006-27 s 6
sub A2011-11 s 13
am A2013-44 amdt 1.15; A2015-29 amdts 2.33-2.35; A2019-33 s 12



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**Scope of clinical practice committees—admissibility of evidence**
s 75 ins A2011-11 s 13

**Sharing information with other committees**
s 76 ins A2011-11 s 13

**Sharing information with 3rd parties**
s 77 ins A2011-11 s 13
am A2013-44 amdt 1.15; A2019-33 s 12

**Complainants to remain anonymous**
s 78 ins A2011-11 s 13
am A2013-44 amdt 1.15, amdt 1.16; A2019-33 s 8, s 12

**Abortions**
pt 5A hdg renum as pt 6 hdg

**Abortions**
pt 6 hdg **orig pt 6 hdg**
om A2006-27 amdt 1.9
**pres pt 6 hdg**
(prev pt 5A hdg) reloc from Medical Practitioners Act 1930 pt 4B by A2005-28 amdt 1.70
renum as pt 6 hdg A2006-27 amdt 1.4

**Abortions—generally**
div 6.1 hdg ins A2015-43 s 4
sub A2018-37 s 4

**Definitions—pt 6**
s 80 hdg (prev s 30A hdg) am A2006-27 amdt 1.5
s 80 (prev s 30A) reloc from Medical Practitioners Act 1930 s 55A by A2005-28 amdt 1.70
renum as s 80 A2006-27 amdt 1.6
sub A2018-37 s 4
def ***abortifacient*** ins A2018-37 s 4
def ***abortion*** sub A2018-37 s 4
def ***approved medical facility*** ins A2018-37 s 4
def ***surgical abortion*** ins A2018-37 s 4

**Offence—unauthorised supply or administration of abortifacient**
s 81 (prev s 30B) reloc from Medical Practitioners Act 1930 s 55B by A2005-28 amdt 1.70
renum as s 81 A2006-27 amdt 1.6
sub A2018-37 s 4



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**Offence—unauthorised surgical abortion**

s 82 (prev s 30C) reloc from Medical Practitioners Act 1930 s 55C by A2005-28 amdt 1.70
am A2006-27 amdt 1.7
renum as s 82 A2006-27 amdt 1.8
sub A2018-37 s 4

**Surgical abortion to be carried out in approved medical facility**

s 83 (prev s 30D) reloc from Medical Practitioners Act 1930 s 55D by A2005-28 amdt 1.70
renum as s 83 A2006-27 amdt 1.8
am A2011-3 amdt 3.221
sub A2018-37 s 4

**Approval of facilities**

s 84 (prev s 30E) reloc from Medical Practitioners Act 1930 s 55E by A2005-28 amdt 1.70
renum as s 84 A2006-27 amdt 1.8
sub A2018-37 s 4

**Conscientious objection**

s 84A ins A2018-37 s 4

**Patient privacy in protected areas**

div 6.2 hdg ins A2015-43 s 5

**Definitions—div 6.2**

s 85 ins A2015-43 s 5
am A2018-37 s 12
def ***approved medical facility*** ins A2015-43 s 5
am A2018-37 s 5
def ***capture visual data*** ins A2015-43 s 5
def ***prohibited behaviour*** ins A2015-43 s 5
am A2018-37 ss 6-10
def ***protected area*** ins A2015-43 s 5
def ***protected facility*** ins A2018-37 s 11

**Declaration of protected area**

s 86 ins A2015-43 s 5
am A2018-37 ss 13-15; ss renum R39 LA

**Prohibited behaviour in or in relation to protected area**

s 87 ins A2015-43 s 5
am A2018-37 s 16, s 17

**VMO service contracts**

pt 7 hdg **orig pt 7 hdg**
renum as pt 15 hdg
**pres pt 7 hdg**
(prev pt 6A hdg) ins A2003-43 s 4
renum as pt 7 hdg A2006-27 amdt 1.10



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**Definitions for pt 7**

s 100 hdg (prev s 33A hdg) am A2006-27 amdt 1.11

s 100 (prev s 33A) ins A2003-43 s 4
renum as s 100 A2006-27 amdt 1.16
def ***authorised representative*** ins A2003-43 s 4
am A2006-27 amdt 1.12
def ***core conditions*** ins A2003-43 s 4
am A2006-27 amdt 1.13
def ***entity*** ins A2003-43 s 4
def ***negotiating agent*** ins A2003-43 s 4
am A2006-27 amdt 1.14
def ***negotiating period*** ins A2003-43 s 4
am A2006-27 amdt 1.15
def ***practice corporation*** ins A2003-43 s 4
am A2022-14 amdt 3.106
def ***service contract*** ins A2003-43 s 4
def ***VMO*** ins A2003-43 s 4

**Service contracts**

s 101 (prev s 33B) ins A2003-43 s 4
renum as s 101 A2006-27 amdt 1.16

**Core conditions**

s 102 (prev s 33C) ins A2003-43 s 4
am A2006-27 amdt 1.17, amdt 1.18
renum as s 102 A2006-27 amdt 1.19
am A2011-3 amdt 3.222

**Collective negotiations**

s 103 (prev s 33D) ins A2003-43 s 4
renum as s 103 A2006-27 amdt 1.19
am A2013-44 amdt 3.96

**Negotiating agents**

s 104 (prev s 33E) ins A2003-43 s 4
am A2005-62 amdt 3.119
renum as s 104 A2006-27 amdt 1.19
am A2017-4 amdt 3.67

**Authorised representatives**

s 105 (prev s 33F) ins A2003-43 s 4
am A2006-27 amdts 1.20-1.22
renum as s 105 A2006-27 amdt 1.23

**Arbitration**

s 106 (prev s 33G) ins A2003-43 s 4
renum as s 106 A2006-27 amdt 1.23
am A2011-3 amdt 3.223; A2013-19 amdt 1.1; A2017-7 amdt 1.4



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**Competition and Consumer Act authorisation**

| | |
|---|---|
| s 107 hdg | am A2010-54 amdt 3.32 |
| s 107 | (prev s 33H) ins A2003-43 s 4<br>renum as s 107 A2006-27 amdt 1.23<br>am A2010-54 amdt 3.33 |

**Secrecy**

| | |
|---|---|
| pt 8 hdg | **orig pt 8 hdg**<br>ins A2002-47 amdt 1.16<br>exp 31 December 2003 (s 46)<br>**prev pt 8 hdg**<br>renum as pt 20 hdg<br>**pres pt 8 hdg**<br>ins A2006-27 s 7 |

**Definitions—pt 8**

| | |
|---|---|
| s 120 | ins A2006-27 s 7<br>am A2021-12 amdt 3.48<br>def ***divulge*** ins A2006-27 s 7<br>def ***information holder*** ins A2006-27 s 7<br>def ***protected information*** ins A2006-27 s 7<br>om A2021-12 amdt 3.47 |

**When is information *divulged*?**

| | |
|---|---|
| s 121 | ins A2006-27 s 7 |

**Who is an *information holder*?**

| | |
|---|---|
| s 122 | ins A2006-27 s 7<br>am A2010-10 amdt 2.31; A2011-11 s 14, s 15; A2011-22 amdt 1.238 |

**What is *protected information*?**

| | |
|---|---|
| s 123 | ins A2006-27 s 7<br>am A2021-12 amdt 3.49 |

**What is *sensitive information*?**

| | |
|---|---|
| s 124 | ins A2006-27 s 7<br>am A2011-11 s 16 |

**Offence—secrecy of protected information**

| | |
|---|---|
| s 125 | ins A2006-27 s 7<br>am A2011-3 amdt 3.224 |

**Information may be given to Chief Executive Medicare**

| | |
|---|---|
| s 126 hdg | sub A2018-42 amdt 3.50 |
| s 126 | ins A2006-27 s 7<br>am A2018-42 amdts 3.51-3.53 |

**Offence—provision of health services by non-health practitioners**

| | |
|---|---|
| pt 8A hdg | ins A2010-10 amdt 2.32 |



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**Provision of regulated health service by person not health practitioner**
s 127 ins A2010-10 amdt 2.32

**Pharmacists and pharmacy premises**
pt 9 hdg orig pt 9 hdg renum as pt 10 hdg
ins A2008-26 amdt 2.74
sub A2010-10 amdt 2.33
om A2013-44 amdt 1.17

**Meaning of *community pharmacy*—pt 9**
s 128 ins A2010-10 amdt 2.33
reloc to Public Health Act 1997 s 66U by A2013-44 amdt 1.18

**Complying pharmacy corporation**
s 128A ins A2010-10 amdt 2.33
om A2013-44 amdt 1.19

**Standard of premises**
s 128B ins A2010-10 amdt 2.33
am A2013-44 amdt 1.20, amdt 1.21
reloc to Public Health Act 1997 s 66W by A2013-44 amdt 1.22

**Restriction on pharmacy premises—supermarkets**
s 129 ins A2008-26 amdt 2.74
am A2010-10 amdt 2.34
reloc to Public Health Act 1997 s 66X by A2013-44 amdt 1.22

**Ownership of pharmacy business**
s 129A ins as mod SL2010-39 mod 1.1
exp 1 July 2012 (see A2010-10 s 12A (2))

**Review of decisions**
pt 10 hdg (prev pt 9 hdg) ins A2006-27 s 7
renum as pt 10 hdg A2008-26 amdt 2.75

**Review of decisions**
s 130 ins A2006-27 s 7
am A2008-37 amdt 1.233; A2011-11 s 17; A2013-44 amdt 1.23, amdt 1.24; A2018-37 s 18; A2019-33 s 12

**Pt 10 obligations—no contracting out**
s 131 ins A2006-27 s 7
sub A2013-44 amdt 1.25
am A2018-37 s 19; A2019-33 s 12, s 13

**Miscellaneous**
pt 15 hdg (prev pt 7 hdg) ins A1994-23 s 5
renum as pt 15 hdg A2006-27 amdt 1.24



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**Protection of practitioner from liability in emergency**

s 189 hdg sub A2013-44 amdt 1.26
am A2019-33 s 12

s 189 ins A2011-11 s 18
am A2013-44 amdt 1.27, amdt 1.28; A2019-33 s 12, s 13

**Disclosure of interests by committee members**

s 190 ins A2006-27 s 8
am A2011-11 s 19; A2016-11 s 7

**References to Health and Community Care Service**

s 191 (prev s 22) ins A1994-23 s 5
sub A2001-44 amdt 1.2025
renum as s 35 R4 LA (see A2001-56 amdt 1.36)
sub A2002-47 amdt 1.15
renum as s 191 A2006-27 amdt 1.26

**Determination of fees**

s 192 (prev s 36) ins A2002-47 amdt 1.15
renum as s 192 A2006-27 amdt 1.26
am A2011-3 amdt 3.225; A2021-12 amdt 3.50, amdt 3.51

**Payment of fees and interest**

s 193 (prev s 37) ins A2002-47 amdt 1.15
renum as s 193 A2006-27 amdt 1.26
am A2011-3 amdt 3.226

**Approved forms**

s 194 (prev s 37A) ins A2003-43 s 5
renum as s 194 A2006-27 amdt 1.26
am A2011-3 amdt 3.227

**Regulations about nurse practitioners**

s 195 (prev s 37B) ins A2004-10 s 4
renum as s 195 A2006-27 amdt 1.26
om A2018-42 amdt 1.2

**Regulation-making power**

s 196 (prev s 38) ins A2002-47 amdt 1.15
renum as s 196 A2006-27 amdt 1.26

**Transitional—Health Professionals Act 2004**

pt 20 hdg (prev pt 8 hdg) ins A2004-39 amdt 1.15
renum as pt 20 hdg A2006-27 amdt 1.27
exp 9 January 2009 (s 241)

**Transitional—definitions in Health (Fees) Determination**

s 240 hdg (prev s 39 hdg) sub A2006-27 amdt 1.28

s 240 (prev s 39) ins A2004-39 amdt 1.15
renum as s 240 A2006-27 amdt 1.28
exp 9 January 2009 (s 241)



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**Expiry—pt 20**

s 241 hdg (prev s 40 hdg) sub A2006-27 amdt 1.29
s 241 (prev s 40) ins A2004-39 amdt 1.15
renum as s 241 A2006-27 amdt 1.29
exp 9 January 2009 (s 241)

**Transitional—Health Legislation Amendment Act 2006**

pt 21 hdg ins A2006-27 s 9
exp 14 December 2007 (s 243)

**Transitional—protection of former members from liability**

s 242 ins A2006-27 s 9
exp 14 December 2007 (s 243)

**Expiry—pt 21**

s 243 ins A2006-27 s 9
am A2007-16 amdt 3.68
exp 14 December 2007 (s 243)

**Approval of facilities—transitional**

s 250 ins A2006-46 amdt 2.25
exp 18 November 2006 (s 250 (3) (LA s 88 declaration applies))

**Transitional—Health Amendment Act 2011**

pt 22 hdg ins A2011-11 s 20
exp 13 April 2012 (s 260)

**Definitions—pt 22**

s 255 ins A2011-11 s 20
exp 13 April 2012 (s 260)
def ***clinical privileges committee*** ins A2011-11 s 20
exp 13 April 2012 (s 260)
def ***commencement day*** ins A2011-11 s 20
exp 13 April 2012 (s 260)

**Transitional—quality assurance committee already appointed**

s 256 ins A2011-11 s 20
exp 13 April 2012 (s 260)

**Transitional—clinical privileges—review not begun**

s 257 ins A2011-11 s 20
exp 13 April 2012 (s 260)

**Transitional—clinical privileges—review begun**

s 258 ins A2011-11 s 20
exp 13 April 2012 (s 260)

**Transitional—clinical privileges committees—admissibility of evidence**

s 259 ins A2011-11 s 20
exp 13 April 2012 (s 260)



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**Expiry—pt 22**

s 260 ins A2011-11 s 20
exp 13 April 2012 (s 260)

**Transitional—Health (Improving Abortion Access) Amendment Act 2018**

pt 23 hdg ins A2018-37 s 20
exp 1 July 2019 (s 263)

**Meaning of *commencement day*—pt 23**

s 261 ins A2018-37 s 20
exp 1 July 2019 (s 263)

**Existing approvals of medical facilities**

s 262 ins A2018-37 s 20
exp 1 July 2019 (s 263)

**Expiry—pt 23**

s 263 ins A2018-37 s 20
exp 1 July 2019 (s 263)

**Dictionary**

dict ins A2001-56 amdt 1.35
sub A2006-27 s 10
am A2008-37 amdt 1.234, amdt 1.235; A2010-10 amdt 2.35; A2011-11 s 21; A2011-22 amdt 1.236, amdt 1.237; A2013-44 amdt 3.97, amdt 3.98; A2018-37 s 21; A2019-33 s 9
def ***abortifacient*** ins A2018-37 s 22
def ***abortion*** ins R17 LA
sub A2018-37 s 23
def ***approved committee*** om A1998-50 s 5
def ***approved medical facility*** ins A2015-43 s 6
sub A2018-37 s 24
def ***approved private sector committee*** ins A1998-50 s 5
om A2006-27 s 10
def ***approved public sector committee*** ins A1998-50 s 5
sub A2001-56 amdt 1.4
am A2003-41 amdt 1.2
om A2006-27 s 10
def ***authorised representative*** ins A2003-43 s 6
sub A2006-27 s 10
def ***capture visual data*** ins A2015-43 s 6
def ***CEO*** ins A2006-27 s 10
def ***chief executive officer, Calvary*** ins A2011-11 s 22
sub A2018-42 amdt 3.54
om A2023-17 amdt 2.5
def ***clinical privileges*** sub A2006-27 s 10
om A2011-11 s 23
def ***clinical privileges committee*** ins A2006-27 s 10
om A2011-11 s 23



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def ***clinical privileges report*** ins A2006-27 s 10
om A2011-11 s 23
def ***clinical privileges review notice*** ins A2006-27 s 10
om A2011-11 s 23
def ***community pharmacy*** ins A2010-10 amdt 2.36
om A2013-44 amdt 1.29
def ***core conditions*** ins A2003-43 s 6
sub A2006-27 s 10
def ***council*** ins A2011-11 s 24
om A2016-11 s 6
def ***day hospital*** ins A2006-27 s 10
def ***dental technical work*** ins A2011-28 amdt 3.129
def ***dental technician*** ins A2011-28 amdt 3.129
def ***dentist*** ins A2006-27 s 10
sub A2011-11 s 25
om A2019-33 s 10
def ***divulge*** ins A2006-27 s 10
def ***doctor*** ins A2006-27 s 10
sub A2011-11 s 26
om A2019-33 s 10
def ***eligible midwife*** ins A2013-44 amdt 1.30
sub A2018-42 amdt 3.55
om A2019-33 s 10
def ***engage*** ins A2006-27 s 10
def ***entity*** ins A2006-27 s 10
def ***health board*** ins A2010-10 amdt 2.36
sub A2015-29 amdt 2.36
def ***health facility*** am A1996-35 sch; A2002-47 amdt 1.17
sub A2006-27 s 10
def ***health facility QAC*** ins A2006-27 s 10
def ***health profession board*** ins A2006-27 s 10
om A2010-10 amdt 2.37
def ***health professional*** ins A2006-27 s 10
om A2010-10 amdt 2.37
def ***health professional organisation*** ins A2006-27 s 10
def ***health professional organisation QAC*** ins A2006-27 s 10
def ***health service*** ins A2006-27 s 10
def ***health service provider*** sub A2004-39 amdt 1.16; A2006-27 s 10
def ***health service report*** ins A2006-27 s 10
def ***hospital*** ins A2006-27 s 10
sub A2011-11 s 27
def ***information holder*** ins A2006-27 s 10
def ***local hospital network*** ins A2011-11 s 28
om A2017-4 amdt 3.68
def ***ministerial report*** ins A2006-27 s 10



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def ***negotiating agent*** ins A2003-43 s 6
sub A2006-27 s 10
def ***negotiating period*** ins A2003-43 s 6
sub A2006-27 s 10
def ***practice corporation*** ins A2003-43 s 6
sub A2006-27 s 10
def ***practitioner*** ins A2019-33 s 11
def ***prescribed body*** ins A2001-56 amdt 1.35
om A2006-27 s 10
def ***private day hospital facility*** ins A2001-56 amdt 1.35
om A2006-27 s 10
def ***prohibited behaviour*** ins A2015-43 s 6
def ***protected area*** ins A2015-43 s 6
def ***protected facility*** ins A2018-37 s 25
def ***protected information*** ins A2006-27 s 10
sub A2011-28 amdt 3.130; A2021-12 amdt 3.52
def ***quality assurance activities*** om A2001-56 amdt 1.5
def ***quality assurance activity*** ins A2001-56 amdt 1.5
om A2006-27 s 10
def ***quality assurance committee*** ins A2006-27 s 10
def ***review*** ins A2006-27 s 10
sub A2011-11 s 29
def ***scope of clinical practice*** ins A2011-11 s 24
am A2019-33 s 12
def ***scope of clinical practice committee*** ins A2011-11 s 24
def ***scope of clinical practice executive decision notice*** ins A2011-11 s 24
def ***scope of clinical practice report*** ins A2011-11 s 24
def ***sensitive information*** ins A2006-27 s 10
def ***service contract*** ins A2003-43 s 6
sub A2006-27 s 10
def ***special purpose QAC*** ins A2006-27 s 10
am A2018-42 amdt 3.56
def ***surgical abortion*** ins A2018-37 s 25
def ***tribunal*** om A1994-60 sch 1
def ***VMO*** ins A2003-43 s 6
sub A2006-27 s 10



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## 5 Earlier republications

Some earlier republications were not numbered. The number in column 1 refers to the publication order.

Since 12 September 2001 every authorised republication has been published in electronic pdf format on the ACT legislation register. A selection of authorised republications have also been published in printed format. These republications are marked with an asterisk (*) in column 1. Electronic and printed versions of an authorised republication are identical.

| Republication No | Amendments to | Republication date |
|---|---|---|
| 1 | A1994-60 | 28 February 1995 |
| 2 | A1996-35 | 31 January 1998 |
| 3 | A1998-54 | 28 February 1999 |
| 4 | A2001-56 | 19 April 2002 |
| 5 | A2002-47 | 31 December 2002 |
| 6 | A2003-43 | 30 September 2003 |
| 7 | A2003-43 | 9 October 2003 |
| 8 | A2003-43 | 24 December 2003 |
| 9 | A2004-10 | 27 May 2004 |
| 10 | A2005-28 | 7 July 2005 |
| 11 | A2005-54 | 24 November 2005 |
| 12* | A2005-62 | 11 January 2006 |
| 13 | A2006-46 | 18 November 2006 |
| 14 | A2006-46 | 19 November 2006 |
| 15 | A2006-46 | 14 December 2006 |
| 16 | A2007-16 | 11 July 2007 |
| 17 | A2007-16 | 15 December 2007 |
| 18 | A2008-37 | 10 January 2009 |
| 19 | A2008-37 | 2 February 2009 |
| 20 | A2008-37 | 14 February 2009 |
| 21* | A2010-10 | 1 July 2010 |
| 22 | A2010-10 | 12 October 2010 |



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| Republication No | Amendments to | Republication date |
|---|---|---|
| 23 | A2010-54 | 1 January 2011 |
| 24 | A2011-3 | 1 March 2011 |
| 25 | A2011-11 | 13 April 2011 |
| 26 | A2011-22 | 1 July 2011 |
| 27 | A2011-28 | 21 September 2011 |
| 28 | A2011-28 | 14 April 2012 |
| 29 | A2011-28 | 2 July 2012 |
| 30 | A2013-19 | 14 June 2013 |
| 31 | A2013-19 | 2 July 2013 |
| 32 | A2013-44 | 25 November 2013 |
| 33 | A2015-29 | 1 December 2015 |
| 34 | A2016-11 | 2 March 2016 |
| 35 | A2016-11 | 22 March 2016 |
| 36 (RI) | A2017-4 | 9 March 2017 |
| 37 (RI) | A2017-7 | 1 July 2017 |
| 38 (RI) | A2018-42 | 22 November 2018 |
| 39 | A2018-42 | 1 July 2019 |
| 40 | A2018-42 | 2 July 2019 |
| 41 | A2019-33 | 10 October 2019 |
| 42 | A2021-12 | 23 June 2021 |
| 43 | A2022-14 | 24 August 2022 |



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## 6 Expired transitional or validating provisions

This Act may be affected by transitional or validating provisions that have expired. The expiry does not affect any continuing operation of the provisions (see *Legislation Act 2001*, s 88 (1)).

Expired provisions are removed from the republished law when the expiry takes effect and are listed in the amendment history using the abbreviation 'exp' followed by the date of the expiry.

To find the expired provisions see the version of this Act before the expiry took effect. The ACT legislation register has point-in-time versions of this Act.

## 7 Renumbered provisions

This Act was renumbered under the *Legislation Act 2001*, in R4 (see A2001-56). Details of renumbered provisions are shown in endnote 4 (Amendment history). For a table showing the renumbered provisions, see R4.

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