



Australian Capital Territory

Health Professionals Regulation 2004

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made under the

Health Professionals Act 2004

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Not all amendments are in force: see last endnote

Authorised by the ACT Parliamentary Counsel

About this republication

The republished law

This is a republication of the *Health Professionals Regulation 2004*, made under the *Health Professionals Act 2004* (including any amendment made under the *Legislation Act 2001*, part 11.3 (Editorial changes)) as in force on 8 December 2006. It also includes any amendment, repeal or expiry affecting the republished law to 8 December 2006.

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

Kinds of republications

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- 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 or is affected by an uncommenced amendment, the symbol **U** appears immediately before the provision heading. The text of the uncommenced provision or amendment appears only in the last endnote.

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 *Legislation Act 2001*, section 95.

Penalties

The value of a penalty unit for an offence against this republished law at the republication date is—

- (a) if the person charged is an individual—\$100; or
- (b) if the person charged is a corporation—\$500.



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Health Professionals Act 2004

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Australian Capital Territory

Health Professionals Regulation 2004

made under the

Health Professionals Act 2004

Chapter 1 Preliminary

1 Name of regulation

This regulation is the *Health Professionals Regulation 2004*.

2 Commencement

- (1) Chapter 1, chapter 2, chapter 6 and the dictionary commence on 18 November 2004.
- (2) The remaining provisions (including, for example, schedule 1 and schedule 2) commence on a day fixed by the Minister by written notice.

Note 1 The naming and commencement provisions automatically commence on the notification day (see Legislation Act, s 75 (1)).

Note 2 A single day or time may be fixed, or different days or times may be fixed, for the commencement of different provisions (see Legislation Act, s 77 (1)).

- (3) If a provision of this regulation does not commence before 9 January 2007, it automatically commences on that day.
- (4) The Legislation Act, section 79 (1) (Automatic commencement of postponed law) does not apply to this regulation.

3 Dictionary

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

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

For example, the signpost definition '*drug of dependence*—see the *Drugs of Dependence Act 1989*, section 3 (1).' means that the term 'drug of dependence' is defined in that subsection and the definition applies to this regulation.

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

Chapter 2 Health profession boards

Part 2.1 Establishment of health profession boards

4 Establishment of health profession boards

- (1) The health profession board mentioned in schedule 1, column 2 is established to regulate the health profession mentioned in column 3.
- (2) Schedule 1, column 4 identifies the schedule that prescribes anything else required to be prescribed for a particular health profession.

Example of things required to be prescribed

the number of members the health profession board for the profession has, including how many members must be appointed and how many elected

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (3) If a schedule requires or allows something to be approved by a health profession board, the approval must be in writing and is a notifiable instrument.

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

Part 2.2 Health profession board members

5 Board president

- (1) The Minister must appoint a person to be president of a health profession board (the *board president*).

Note 1 The Minister must consult the board, and may consult other people, before appointing the board president (see s 11).

Note 2 For the making of appointments (including acting appointments), see the Legislation Act, pt 19.3.

Note 3 Certain Ministerial appointments require consultation with an Assembly committee and are disallowable (see Legislation Act, div 19.3.3).

- (2) However, the Minister may appoint a person under subsection (1) only if the person—
- (a) is a registered member of a health profession for which the health profession board was established; and
 - (b) has been registered for a continuous period of at least 3 years immediately before the day of appointment.

Example for par (a)

A single health profession board is established for health professions A and B. The Minister may appoint Smith, who is and has been a member of health profession A for the required time, as president, because Smith is a registered member of a health profession for which the board was established (that is, health profession A). Similarly, the Minister may appoint Jones, who is and has been a member of health profession B for the required time, as president.

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (3) An appointment must be for a term of not longer than 4 years.

Note A person may be reappointed to a position if the person is eligible to be appointed to the position (see Legislation Act, s 208 (1) (c)).

6 Board deputy president

- (1) A health profession board must, by majority vote, elect a board member (other than the board president) to be deputy president of the health profession board (the *board deputy president*).

Note Board members (other than the board president) are appointed under s 10 or elected under pt 2.3 (Elections).

- (2) The board deputy president may exercise a function of the board president at any time when the president cannot for any reason exercise the function.
- (3) The board deputy president is elected for 1 year, but may be re-elected if still eligible to be elected.
- (4) The board deputy president may resign as deputy president by written notice given to the board president or, if there is no president, the health profession board.

7 Eligibility to remain in office—board president

If the health professional who is the board president stops being registered by the health profession board, the health professional stops being board president.

8 Eligibility to remain in office—board deputy president

If the person who is board deputy president stops being a board member, the person stops being the board deputy president.

9 Board members—election or appointment

- (1) This section applies to board members other than the board president and any board member who is a community representative.
- (2) At least $\frac{1}{2}$ the members to which this section applies must be appointed by the Minister under section 10.
- (3) If the relevant health profession schedule in relation to a health profession requires a member of the board for the relevant health profession to be elected, the member must be elected under part 2.3 (Elections) unless that part requires the person to be appointed under section 10.

Note If an election fails because there are no candidates, the Minister may be required under pt 2.3 to appoint a member who would otherwise be elected (see s 35 (2)).

10 Appointment of board members

- (1) The Minister may appoint a person to be a member of a health profession board.

Note 1 The Minister must consult the board, and may consult other people, before appointing board members (see s 11).

Note 2 For the making of appointments (including acting appointments), see the Legislation Act, pt 19.3. In particular, an appointment may be made by naming a person or nominating the occupant of a position (see s 207).

Note 3 Certain Ministerial appointments require consultation with an Assembly committee and are disallowable (see Legislation Act, div 19.3.3).

- (2) However, the Minister may appoint a person under subsection (1) only if the person—
 - (a) is a registered member of a health profession for which the health profession board was established; and

- (b) has been registered for a continuous period of at least 3 years immediately before the day of the appointment.

Example for par (a)

A dentist who has been registered for 4 years may be appointed to the ACT Dental Board.

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (3) An appointment must be for not longer than 4 years.

Note 1 A board member's appointment ends if the Minister ends the appointment or the member resigns (see Legislation Act, s 208 and s 210).

Note 2 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*).

- (4) The Minister must appoint, from the community representative list, the number of community representatives to be board members that are required by the schedule that relates to the health profession.

Note There must be at least 1 community representative appointed as a board member (see the Act, s 24 (2) (c)).

- (5) If a position on the health profession board to which someone was appointed under this section becomes free, the Minister must fill the position by appointing someone who satisfies the requirements for the position.

11 Consultation about appointment to board

- (1) Before appointing someone, other than a community representative, to a health profession board the Minister must consult the board.
- (2) The Minister may also seek advice, and nominations, from an entity the Minister considers suitable to give advice, and make nominations, in relation to the health profession board.

- (3) Also, if the Minister considers it appropriate to do so, the Minister may appoint members to the health profession board at intervals, instead of at the same time.

Example of why Minister might consider it appropriate to appoint people at intervals

to avoid the loss of corporate knowledge that might happen if a large number of members were appointed at the same time and, because of that, left the board at the same time

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (4) Subsection (1) does not apply if the health profession board is suspended.

12 Community representatives

The Minister may appoint a person as a community representative to a health profession board only if the person is on the community representative list for the board.

13 Eligibility to remain in office—board members

If a registered health professional who is a board member (other than the board president) stops being registered by the health profession board, the health professional stops being a board member.

14 Proposal to remove board member

- (1) This section applies if a board president believes on reasonable grounds that someone should no longer be a board member.
- (2) The board president must, in writing, tell the person—
- (a) of the president's belief that the person should no longer be a board member; and
 - (b) why the president holds the belief; and

- (c) that the person may, within 2 weeks after the day the person receives the notice, make a written submission to the president about why the person believes the person should continue to be a board member.
- (3) If, after considering any submission made within the 2 weeks, the board president is satisfied that the person should no longer be a board member, the president may apply, in writing, to the Minister for the person's removal.
- (4) The application must—
 - (a) state the reasons why the board president believes the person should no longer be a board member; and
 - (b) be accompanied by any submission made by the person to the president within the 2 weeks.

15 Decision on application to remove board member

- (1) This section applies if a board president applies to the Minister under section 14 (3) for a person's removal.
- (2) If, after considering the application and any submission accompanying it, the Minister is satisfied that the person should no longer be a board member—
 - (a) the Minister may give the board president and the person written notice that the person is no longer a member; and
 - (b) if the Minister gives the person notice—the person is no longer a member from the time the person receives the notice.
- (3) If, after considering the application, the Minister is not satisfied that the person should no longer be a board member, the Minister must give written notice to the board president and the person to the effect that the person remains a board member.

16 Leave of board members

- (1) The Minister may, conditionally or unconditionally, allow a board president to take leave.
- (2) A board president may, conditionally or unconditionally, allow a board member (other than the president) to take leave for not longer than 1 year.

Note 1 The board deputy president is a board member and so can be given leave under s (2) (see s 6 (1) and s 8).

Note 2 The Minister may appoint a person to act in the position of someone on leave (see Legislation Act, s 209).

17 Payment of board members

- (1) A health profession board may decide, in writing, the allowances to be paid to board members.
- (2) However, if the remuneration tribunal sets a maximum amount of allowances for board members, the health profession board may not pay its members more than that amount.

18 Payment of assistants

A health profession board may pay anyone who helps the board.

Examples of ways people might help the health profession board

- 1 by providing expert opinion to the health profession tribunal in relation to a report about a health professional registered by the board
- 2 by serving on a panel or committee established by the board
- 3 by providing legal advice, or other services, to the board

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

19 Extraordinary expenses etc of health profession boards

- (1) A health profession board must, if practicable, seek the Minister's approval before taking action under the Act that the board considers is likely to incur an extraordinary liability.
- (2) A health profession board may apply to the Minister for financial assistance if the board believes on reasonable grounds that it is likely to incur extraordinary expenses in relation to legal fees or damages because of the administration of the Act.

20 Employment of staff

- (1) A health profession board must, in writing, appoint an executive officer.
- (2) The executive officer may, but need not, be a member of the health profession board.
- (3) A health profession board may engage the people, or buy the services, that are necessary or desirable to help it to exercise its functions.
- (4) Without limiting subsection (3), the health profession board may engage a person on a fee or contractual basis to provide advice or other assistance.

Note **Person** includes a corporation (see Legislation Act, dict, pt 1).

21 Functions of executive officer

The executive officer of a health profession board—

- (a) is responsible for the management of the board's affairs, subject to any direction given by the board; and
- (b) must advise the board; and
- (c) has any other function given to the executive officer under a territory law.

22 Delegation by board

A health profession board may delegate a function to—

- (a) a board member; or
- (b) the board's executive officer; or
- (c) a committee of the board; or
- (d) anyone else the board considers appropriate.

Note For the making of delegations and the exercise of delegated functions, see the Legislation Act, pt 19.4.

Part 2.3 Elections

Division 2.3.1 General

Note to div 2.3.1

For first elections under this part or elections if a health profession board is suspended, see div 2.3.1A.

23 Definitions for pt 2.3

In this part:

ballot paper envelope means an envelope addressed to the electoral commissioner on which is printed a declaration to be filled out by an elector.

Note If a form is approved under s 52 for the envelope and declaration, the form must be used.

close of poll day, for an election for a health profession—see section 24 (1) (d).

election, for a health profession board—

- (a) means an election of members of the board; and
- (b) includes—
 - (i) an election to elect a prescribed member of the board; and
 - (ii) a recount under division 2.3.3 (Casual and temporary vacancies in elected positions) for an election of members of the board.

election start day, for an election for a health profession—see section 24 (1) (a).

elector, for an election for a health profession—see section 37.

Electoral Act means the *Electoral Act 1992*.

eligible means eligible to be a member of a health profession board under section 28.

hour of nomination, for an election for a health profession—see section 30.

issue of papers day, for an election for a health profession—see section 24 (1) (c).

list of health professionals, for an election for a health profession—see section 26.

nomination close day, for an election for a health profession—see section 24 (1) (b).

officer means an officer appointed under the Electoral Act, section 33, and includes the electoral commissioner.

preliminary scrutiny means action by the electoral commissioner under section 44 (2).

prescribed election voter, for an election of a prescribed member of a health profession board, means a registered health professional in the relevant health profession who, under the relevant health profession schedule, is eligible to vote and to be elected.

Note ***Relevant health profession*** and ***relevant health profession schedule*** are defined in the dictionary.

prescribed member, of a health profession board, means—

- (a) if the board is established for a single health profession—a member who, under the relevant health profession schedule, is required to be a registered health professional of a particular kind in the relevant health profession to be eligible to vote and be elected in the election; and
- (b) if the board is established for 2 or more health professions—a member who, under a relevant health profession schedule for a health profession for which the board is established, is required

to be a registered health professional registered in a particular health profession to be eligible to vote and be elected in the election.

scrutiny centre, for an election for a health profession, means a scrutiny centre declared for the election under section 51.

24 Dates for elections

- (1) For an election for a health profession, the board president for the health profession must, in writing, fix the following days for the election:
 - (a) the day from which candidates for election may be nominated (the *election start day*);
 - (b) the last day when candidates for election may be nominated (the *nomination close day*);
 - (c) the last day when voting papers may be issued (the *issue of papers day*);
 - (d) the day for the close of the poll (the *close of poll day*).
- (2) The election start day for the election must be at least 1 week after the day the board president fixes the days under subsection (1) for the election.
- (3) The nomination close day for the election must be at least 21 days after the election start day.
- (4) The issue of papers day for the election must be—
 - (a) at least 21 days before the close of poll day; and
 - (b) at least 14 days after nomination close day.
- (5) The close of poll day for the election must be at least 70 days and at most 90 days after the election start day.

- (6) After fixing the days under subsection (1), the board president must promptly send a copy of the instrument to the electoral commissioner.
- (7) A failure to comply with this section in relation to an election does not invalidate the election.

26 List of health professionals

- (1) As soon as practicable after the election start day for an election for a health profession board, the board president must give the electoral commissioner a list (the *list of health professionals*).
- (2) The list of health professionals must state the following:
 - (a) if the election is to elect someone other than a prescribed member—
 - (i) the name of each person who was a registered health professional in the health profession on election start day; and
 - (ii) the postal address of each person mentioned in subparagraph (i); or
 - (b) if the election is to elect a prescribed member—
 - (i) the name of each person who was a prescribed election voter for the election on the election start day; and
 - (ii) the postal address of each person mentioned in subparagraph (i).
- (3) The list of health professionals must be certified correct by the board president.
- (4) The electoral commissioner must—
 - (a) make a copy of the list of health professionals for the election available for public inspection at the office of the electoral

- commissioner during ordinary business hours as soon as practicable after the commissioner receives the list; and
- (b) continue to make the list available for public inspection until—
- (i) the end of the period when the election result may be disputed; or
 - (ii) if the election result is disputed—the dispute is decided or otherwise ends.
- (5) A failure to comply with this section in relation to an election does not invalidate the election.

27 Registered health professionals to be notified of dates

- (1) After receiving the list of health professionals for an election for a health profession, the electoral commissioner must send by post to each health professional on the list, at the address shown in the list, a written notice—
- (a) telling the health professional about the days fixed under section 24 (1); and
 - (b) telling the health professional about the requirements for eligibility for nomination in section 28; and
 - (c) inviting the health professional to seek nomination for the election.
- (2) The electoral commissioner must send each notice under subsection (1) not later than 2 weeks before the nomination close day for the election.
- (3) A failure to comply with this section in relation to an election does not invalidate the election.

28 Eligibility for nominations etc

- (1) A person is eligible to be a member of the health profession board for a health profession if the person—
 - (a) is—
 - (i) a registered health professional in the health profession; and
 - (ii) if the election is to elect a prescribed member—a prescribed election voter for the election; and
 - (b) has been continuously registered, or continuously registered under a corresponding law of a local jurisdiction and the Act, for at least 3 years before election start day.

Example

Stephanie was registered under a corresponding law of a local jurisdiction (New Zealand) for 2 years and 9 months. Since coming to the ACT, she has been registered under the Act. There was no break in registration between the time she was registered in New Zealand and being registered under the Act. Once she has been registered for 3 months in the ACT, she will have been continuously registered under a corresponding law of a local jurisdiction and the Act for 3 years, and will be eligible for nomination.

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (2) A person is not eligible to be nominated for election as a member of a health profession board for a health profession unless the person is, on election start day, eligible to be a member of the health profession board.

29 Nominations

- (1) The nomination of a person (the *nominee*) for election as a member of the health profession board for a health profession must be signed by the person and 2 other health professionals (the *nominators*).

- (2) The nominee must be eligible to be nominated for the election under section 28.
- (3) The nominators must be—
 - (a) registered in the health profession on the election start day; and
 - (b) if the election is to elect a prescribed member—prescribed election voters for the election on the election start day.
- (4) The nomination must include, or be accompanied by, a signed statement by the nominee that the nominee consents to the nomination.
- (5) The nomination must be given to the electoral commissioner before the hour of nomination.

30 Hour of nomination

The *hour of nomination*, for an election for a health profession, is 12 noon on the nomination close day.

31 Withdrawal of nomination

A person nominated to be a candidate may withdraw his or her consent to the nomination by giving the electoral commissioner written notice of withdrawal before the hour of nomination.

32 Application of Electoral Act, s 110

- (1) The Electoral Act, section 110 (Rejection of nominations), applies to an election under this part.
- (2) In applying the Electoral Act, section 110 in relation to this part—
 - (a) a reference in the Electoral Act, section 110 (1) to section 105 is taken to be a reference to this regulation, section 29 (Nominations); and
 - (b) any other necessary changes are taken to have been made.

- (3) The electoral commissioner may ask the executive officer of a health profession board for any information the commissioner needs to work out whether a nominee is eligible to be nominated as a member of the board.
- (4) An executive officer must comply with a request made to the officer under subsection (3).

33 Declaration of candidates

- (1) As soon as practicable after the hour of nomination for an election, the electoral commissioner must, in writing, declare the name and postal address of each candidate.
- (2) A declaration is a notifiable instrument.

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

34 If no more candidates than positions

- (1) This section applies to an election for a health profession if, at the hour of nomination—
 - (a) at least 1 candidate has been nominated; and
 - (b) there are no more candidates nominated than are required to be elected at the election.
- (2) The electoral commissioner must, in writing—
 - (a) declare the nominated candidate or candidates elected; and
 - (b) tell the board president of the health profession board about the election of each person elected; and
 - (c) if fewer candidates are nominated for election than are required to be elected—tell the board president the number of candidates required to be elected who were not elected.
- (3) A declaration under subsection (2) (a) is a notifiable instrument.

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

- (4) If the electoral commissioner tells the Minister a number under subsection (2) (c), the Minister must appoint that number of people as members of the health profession board under section 9.

35 If no candidates

- (1) If no candidate is nominated for an election for a health profession, the election is taken to have failed and the electoral commissioner must, in writing, tell the board president and the Minister about the failure of the election.
- (2) If the electoral commissioner tells the Minister about the failure of the election, the Minister must, under section 10, appoint as members of the health profession board the number of people who would otherwise be required to be elected.

36 If more candidates than positions

If more candidates are nominated for an election for a health profession than are required to be elected, the electoral commissioner must conduct a poll under this part to decide the election.

37 Eligibility to vote

A person (an *elector*) may vote in an election for a health profession if, on the election start day—

- (a) the person is registered in the health profession; and
- (b) if the election is to elect a prescribed member—the person is a prescribed election voter for the election.

38 Number of votes

Each elector is entitled to only 1 vote at the election.

39 Positions on ballot paper

- (1) The electoral commissioner must determine by lot the positions in which the candidates for an election are to appear on the ballot paper.
- (2) The electoral commissioner determines positions by lot if the commissioner determines the positions in accordance with an approval under the Electoral Act, section 125.

40 Distribution of ballot papers

- (1) The electoral commissioner must, on or before the issue of papers day, send each registered health professional whose name appears on the list of health professionals for the election—
 - (a) a ballot paper; and
 - (b) a ballot paper envelope; and
 - (c) an envelope addressed to the commissioner.

Note If a form is approved under s 52 for a ballot paper, the form must be used.

- (2) Things sent to a health professional under subsection (1)—
 - (a) must be in a covering envelope addressed to the health professional that is sent to the postal address for the health professional in the list of health professionals; and
 - (b) may be sent to the health professional's business address if they are returned unclaimed to the electoral commission before the close of poll day.

41 Manner of voting

The Electoral Act, section 132 (Manner of recording vote) applies to the manner of voting under this part.

42 Replacement of ballot papers

- (1) This section applies if, before close of poll day for an election for a health profession, a person eligible to vote at the election makes and gives the electoral commissioner a written statement—
 - (a) setting out his or her full name and postal address; and
 - (b) stating that he or she has not received a ballot paper or ballot paper envelope or that a ballot paper or ballot paper envelope received by him or her has been lost or destroyed; and
 - (c) stating that he or she has not already voted at the election;
- (2) This section also applies if, before an election for a health profession, a person eligible to vote at the election—
 - (a) makes and gives to the electoral commissioner a written statement—
 - (i) setting out his or her full name and postal address; and
 - (ii) stating that a ballot paper or ballot paper envelope received by him or her has, by mistake or accident, been spoilt; and
 - (b) gives the electoral commissioner the spoilt ballot paper or ballot paper envelope.
- (3) The electoral commissioner must give the person a ballot paper or ballot paper envelope, or a further ballot paper or ballot paper envelope and, if relevant, cancel the spoilt ballot paper or envelope.

43 After voting

An elector for an election for a health profession must, after recording his or her vote—

- (a) place the ballot paper in the ballot paper envelope and seal the envelope; and

- (b) fill in and sign the declaration printed on the ballot paper envelope, place the envelope in the envelope addressed to the electoral commissioner (the *returning envelope*) and seal the returning envelope; and
- (c) send the returning envelope to the commissioner so that it reaches the commissioner not later than 12 noon on the close of poll day.

44 Scrutiny

- (1) The Electoral Act, part 12 (The scrutiny) (other than section 189 (Declaration of result of election)) applies to an election as if—
 - (a) a reference to declaration voting papers were a reference to votes cast in the election; and
 - (b) a reference to preliminary scrutiny for the election were a reference to scrutiny under subsection (2); and
 - (c) all other necessary changes were made.
- (2) If the electoral commissioner is satisfied that the declaration on a ballot paper envelope has been signed by the elector named in the declaration, the ballot paper must be admitted to further scrutiny.

45 Appointment of scrutineers

- (1) A candidate for an election for a health profession may appoint a scrutineer to represent the candidate during the scrutiny for the election.
- (2) An appointment may be made by giving the electoral commissioner—
 - (a) written notice, signed by the candidate, stating the name and address of the scrutineer; and

- (b) an undertaking signed by the scrutineer.

Note If a form is approved under s 52 for an undertaking, the form must be used.

46 Conduct of scrutineers

- (1) A scrutineer representing a candidate for an election for a health profession may enter, be present in or leave a scrutiny centre for the election during the conduct of the scrutiny for the election at the centre.
- (2) However, at any time during the conduct of the scrutiny at the centre, there must not be more scrutineers at the centre representing a particular candidate than there are officers at the centre.
- (3) A scrutineer at a scrutiny centre must wear a badge, supplied by the electoral commissioner, that identifies the person as a scrutineer.

47 Candidates not to participate in conduct of election

A candidate must not take any part in the conduct of an election.

48 Declaration etc of results

- (1) As soon as practicable after the result of an election for a health profession has been decided, the electoral commissioner must, in writing—
 - (a) declare each successful candidate elected; and
 - (b) tell the board president of the health profession board in writing about the election of each person elected.
- (2) A declaration under subsection (1) is a notifiable instrument.

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

49 Term of elected board members

The term of a person declared elected under section 48—

- (a) begins on the day the person is declared elected; and
- (b) is 4 years.

50 Destruction of election material

The electoral commissioner must destroy the ballot papers and ballot paper envelopes for an election on the election start day for the next election.

51 Scrutiny centres

- (1) The electoral commissioner may, in writing, declare a stated place to be a scrutiny centre for an election for a health profession.
- (2) A declaration is a notifiable instrument.

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

52 Approved forms for elections

- (1) The electoral commissioner may, in writing, approve forms for this part.
- (2) If the electoral commissioner approves a form for a particular purpose, the approved form must be used for the purpose.

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

- (3) An approved form is a notifiable instrument.

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

Division 2.3.2 Application of ch 2 to first elections and suspended boards

52A Application of ch 2 to first election for professions previously unregulated under the Act

- (1) This section applies if a regulation (the *amending regulation*) amending schedule 1 to establish a health profession has been made and notified but has not commenced.
- (2) Appointments may be made to the health profession board under part 2.2, and elections may be conducted for members of the board under part 2.2 and part 2.3, as if the amending regulation had commenced.
- (3) Without limiting subsection (2)—
 - (a) anything may be done for the purpose of making an appointment or conducting an election; and
 - (b) a successful candidate for election may be declared elected.
- (4) For subsection (2), chapter 2 (Health profession boards) applies to the making of an appointment, or the conduct of an election, as if—
 - (a) a person who would be registered in the health profession if the amending regulation had commenced were registered in the health profession; and
 - (b) the words ‘, from the community representative list,’ were omitted from section 10 (4) (Appointment of board members); and
 - (c) section 11 (1) (Consultation about appointment to board) were omitted; and
 - (d) section 12 (Community representatives) were omitted; and
 - (e) the words ‘the board president and’ were omitted from section 35 (1) (If no candidates); and

-
- (f) a reference in chapter 2 to the *board president* were a reference to the Minister; and
- (g) any other necessary changes were made.
- (5) Without limiting subsection (4), anything that may or must be done under chapter 2 by or in relation to the board president may or must be done by or in relation to the Minister.
- (6) This section is additional to the Legislation Act, section 81 (Exercise of powers between notification and commencement).
- (7) However, if the health profession is regulated under a repealed Act, subsection (4) (c) applies in relation to the health profession board for the profession as if it read as follows:
- ‘(c) the reference in section 11 (1) (Consultation about appointment to board) to the health profession board is taken to be a reference to the board established under the repealed Act that regulates the profession under that Act;’.
- (8) Also, if the health profession is regulated under a repealed Act, an election under part 2.3 to the health profession board for that profession is not invalid only because a person registered, or taken to be registered, as a member of the profession when the election is held is not registered as a member of the profession when the schedule that establishes the board commences.
- (9) In this section:
- repealed Act* means an Act, other than the *Medical Practitioners Act 1930*, mentioned in the Act, section 136 (Repeals).
- (10) This section does not apply in relation to medical practitioners.
- Note* See s 52B.
- (11) Subsections (7) to (10) and this subsection expire on 9 January 2007.

52C Application of ch 2 to elections if board suspended

- (1) This section applies if the health profession board for a health profession is suspended.
- (2) Chapter 2 applies to the conduct of an election as if—
 - (a) the words ‘the board president and’ were omitted from section 35 (1) (If no candidates); and
 - (b) a reference in chapter 2 to the *board president*, in relation to the suspended board, were a reference to the Minister; and
 - (c) any other necessary changes were made.
- (3) Without limiting subsection (2), anything that may or must be done under chapter 2 by or in relation to the health profession board president may or must be done by or in relation to the Minister.

Division 2.3.3 Casual and temporary vacancies in elected positions

53 Definitions for div 2.3.3

In this division:

casual vacancy means a vacancy in a position on a health profession board to which a board member is elected rather than appointed if the vacancy has happened otherwise than because—

- (a) the board has been discharged; or
- (b) the term for which the board member was elected has ended; or
- (c) there has been a complete or partial failure of an election.

closing time for applications—see section 56 (2) (Candidates for casual vacancy).

former board member, in relation to a casual vacancy in a position on a health profession board, means the person who was elected to the position at the last election before the vacancy happened.

partial failure, of an election, means that fewer candidates were nominated for the election than were required to be elected.

54 Notice of long casual vacancy

- (1) This section applies if—
 - (a) there is a casual vacancy for a position on a health profession board; and
 - (b) the former board member's term had more than 1 year to run.
- (2) The board president of the health profession board must tell the electoral commissioner in writing about the casual vacancy.

55 Publication of notice about casual vacancy

- (1) This section applies if the board president of a health profession board tells the electoral commissioner in writing about a casual vacancy under section 54.
- (2) If the electoral commissioner is satisfied that it is practicable to fill the vacancy under section 58, the commissioner must, so far as practicable, give a copy of the notice to anyone who, in the commissioner's opinion, may be entitled to make an application under section 56 in relation to the vacancy.
- (3) A notice under subsection (2) must—
 - (a) contain a statement to the effect that—
 - (i) there is a casual vacancy in the health profession board; and
 - (ii) a person may apply to be a candidate under section 56; and

- (b) state the closing time for applications.
- (4) If the electoral commissioner is not satisfied that it is practicable to fill the vacancy under section 58, the commissioner must tell the board president that it is not practicable.

56 Candidates for casual vacancy

- (1) A person may apply to be a candidate for a position on a health profession board for which a casual vacancy has happened if the person—
 - (a) was a candidate in the last election for the position; and
 - (b) was not elected at that election; and
 - (c) is eligible to be elected to the position.
- (2) An application under subsection (1) must reach the electoral commissioner before 12 noon on the 10th day after the day when notice of the vacancy is given under section 55 (2) (the *closing time for applications*).

Note If a form is approved under s 52 for an application, the form must be used.

- (3) An applicant may withdraw his or her application by giving the electoral commissioner written notice of the withdrawal before applications close.
- (4) The electoral commissioner must reject a purported application that is not in accordance with subsection (2) and give the person in relation to whom it was made written notice setting out the reasons for the rejection.

57 Publication of candidates' details

- (1) If 1 or more people have applied to be a candidate under section 56, the electoral commissioner must, in writing, declare the name and postal address of each candidate.

- (2) If there are no candidates for a casual vacancy, the electoral commissioner must declare that there are no candidates and tell the board president of the relevant health profession board in writing that there are no candidates.
- (3) A declaration under subsection (1) is a notifiable instrument.

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

58 Determination of candidate to fill vacancy

- (1) If there is only 1 candidate for a casual vacancy, the electoral commissioner must declare the candidate elected.
- (2) If there is more than 1 candidate for a casual vacancy, the electoral commissioner must, as soon as practicable after making a declaration under section 57 (1)—
 - (a) fix a time and place for a recount of the ballot papers counted at the last election at which the former board member was elected; and
 - (b) give each candidate written notice of the time and place fixed; and
 - (c) recount the ballot papers in accordance with the Electoral Act, schedule 4, part 4.3 (with necessary changes).

Note For how documents may be given, see the Legislation Act, pt 19.5.

- (3) The electoral commissioner must—
 - (a) declare the successful candidate elected; and
 - (b) tell the board president of the health profession board in writing about the election of the successful candidate.

59 Board nominees

- (1) This section applies if—

- (a) there is a casual vacancy for a position on a health profession board; and
- (b) either—
 - (i) the former board member's term had not more than 1 year to run; or
 - (ii) the electoral commissioner tells the board president under section 55 (4) that it is not practicable to fill the vacancy; or
 - (iii) the commissioner tells the board president under section 57 (2) that there are no candidates for the vacancy.
- (2) If the health profession board is satisfied that, because of the size of the board, it is not practicable for the board to exercise its functions without filling the vacancy, the board may ask the Minister to nominate a person to fill the vacancy.
- (3) If the board asks the Minister to fill the vacancy, the Minister must, after consulting the health profession board, nominate a person who is eligible to be elected to the vacant position and tell the electoral commissioner about the nomination.
- (4) The electoral commissioner must—
 - (a) declare the person elected; and
 - (b) tell the board president of the health profession board in writing about the person's election.
- (5) To remove any doubt, the health profession board may exercise functions under this section even if it does not have a quorum.

60 Term of board member declared elected under div 2.3.3

- (1) This section applies to a person declared elected under this division.
- (2) The term of the person's appointment begins at the end of the day the election of the person is declared and, unless sooner ended, ends

on the day the original board member's appointment would have ended.

61 Temporary vacancies

- (1) This section applies if—
- (a) an elected board member cannot for any reason exercise the functions of the position to which the member was elected; and
 - (b) the period for which the member cannot exercise the functions is shorter than 1 year; and
 - (c) the board member's inability to exercise the functions is temporary.

Examples for par (a)

- 1 The board member is ill or on leave.
- 2 The board member is outside the ACT or Australia.

Note 1 **Function** is defined in the Legislation Act, dict, pt 1 to include authority, duty and power.

Note 2 An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see s 126 and s 132).

- (2) If the health profession board is satisfied that, because of the size of the board, it is not practicable for the board to exercise its functions without filling the position of the elected board member, the board may ask the Minister to appoint a person to fill the position temporarily.
- (3) If asked to do so under subsection (2) and after consulting the health profession board, the Minister may, in writing, appoint to the board a person who is eligible to be a member of the board for the period while the elected member is unable to exercise the functions of the position.
- (4) To remove any doubt, the health profession board may exercise functions under this section even if it does not have a quorum.

Division 2.3.4 Disputed elections

62 Definitions for div 2.3.4

In this division:

bribery means a contravention of the Criminal Code, section 356 (Bribery) in relation to an election.

contravention, of a section of the Act or the *Crimes Act 1914* (Cwlth), includes—

- (a) attempting or conspiring to contravene that section; or
- (b) aiding, abetting, counselling or procuring the contravention of that section.

Court of Disputed Health Elections—see section 63 (2).

disputed election application means an application disputing the validity of an election.

election—

- (a) means an election under this part; and
- (b) includes the election of a person to fill a casual vacancy.

file means file in the registrar's office.

leave application means an application under section 72 for leave to withdraw a disputed election application.

proceeding means a proceeding before the Court of Disputed Health Elections.

registrar means the registrar of the Supreme Court.

undue influence means a contravention of the *Crimes Act 1914* (Cwlth), section 28 (Interfering with political liberty).

63 Court of Disputed Health Elections

- (1) The Supreme Court has jurisdiction to hear and decide—
 - (a) disputed election applications; and
 - (b) questions referred to the court by a health profession board about—
 - (i) the eligibility of people who have been declared elected to be members of the board; or
 - (ii) vacancies in the membership of the board.
- (2) When exercising jurisdiction under subsection (1), the Supreme Court is known as the *Court of Disputed Health Elections*.

64 Powers of the court

The Supreme Court has the same powers (so far as they are applicable) when exercising jurisdiction under this part as it has when exercising its original jurisdiction.

65 Court's decisions are final

A decision of the Court of Disputed Health Elections is final and conclusive, is not subject to appeal and must not be called into question.

66 Validity may be disputed after election

- (1) The validity of an election must not be disputed except by application to the Court of Disputed Health Elections after the result of the election is declared.

- (2) Without limiting subsection (1), if any of the following matters in relation to an election is called into question, the validity of the election is to be taken to be in dispute:
- (a) the acceptance or rejection of the nomination of a candidate by the electoral commissioner;
 - (b) the eligibility of a person to be nominated as a candidate or to be elected;
 - (c) any matter connected with the distribution, or scrutiny, of ballot papers;
 - (d) any matter connected with the admission or rejection of votes by the electoral commissioner at the preliminary scrutiny.

67 People entitled to dispute elections

The following people are entitled to dispute the validity of an election for a health profession:

- (a) a candidate in the election;
- (b) an elector for the election;
- (c) the electoral commissioner.

68 Form of disputed election application

- (1) A disputed election application must—
- (a) state the declarations sought; and
 - (b) set out the facts relied on to invalidate the election with sufficient detail to identify the matters on which the applicant relies to justify each declaration; and
 - (c) set out the applicant's full name and address and the capacity in which the applicant is making the application; and
 - (d) be signed by the applicant.

- (2) The signature of an applicant other than the electoral commissioner must be witnessed by someone else.
- (3) The witness's signature, full name, address and occupation must be set out in the disputed election application.

69 Time for filing disputed election application

A disputed election application must be filed within 40 days after the day the result of the election is notified.

70 Registrar to serve copies of disputed election application

If a disputed election application is filed under section 69, the registrar must serve a sealed copy of the application on—

- (a) the person whose election is being disputed; and
- (b) the board president of the health professions board to which the person was elected; and
- (c) if the electoral commissioner is not the applicant—the commissioner.

71 Parties to disputed election application

- (1) The following people are entitled to appear in a proceeding under this division:
 - (a) the applicant;
 - (b) the electoral commissioner;
 - (c) if the person whose election is being disputed files a notice of appearance within 7 days after the day the person is served with a copy of the application under section 70—the person;
 - (d) anyone else with the leave of the Court of Disputed Health Elections.

- (2) A person other than the applicant who appears under subsection (1) is taken to be a respondent to the disputed election application.
- (3) This section does not apply to a leave application.

72 Withdrawal of disputed election application

- (1) The applicant for a disputed election application may withdraw the application only with the leave of the Court of Disputed Health Elections.
- (2) An applicant is not entitled to make a leave application unless notice of the applicant's intention to do so has been given to the electoral commissioner and to each of the respondents to the disputed election application.
- (3) If there are 2 or more applicants to the disputed election application, the leave application must not be made without the consent of each applicant to the disputed election application.
- (4) If the disputed election application is withdrawn, the applicant is liable to pay the costs of the respondent in relation to that application and the leave application unless the Court of Disputed Health Elections orders otherwise.

73 Hearing and decision on leave application

- (1) This section applies to a leave application made under section 72 in relation to a disputed election application.
- (2) The electoral commissioner, and each respondent to the disputed election application, are entitled to appear as respondents to the leave application.
- (3) Anyone else may appear as a respondent to the leave application only with the leave of the Court of Disputed Health Elections.

- (4) In deciding the leave application, the Court of Disputed Health Elections must inquire into the reasons for the application and decide whether it was—
- (a) the result of an agreement, arrangement or understanding; or
 - (b) in consideration of—
 - (i) the position on the health profession board that is in issue being vacated in the future; or
 - (ii) the withdrawal of another disputed election application; or
 - (iii) anything else.
- (5) The Court of Disputed Health Elections must publish its reasons for a decision as if it were a judgment and give a copy of them to the electoral commissioner.

74 Person ceasing to be respondent to disputed election application

- (1) This section applies to a person (other than the electoral commissioner) who is a respondent to a disputed election application if, before the hearing of a disputed election application, the respondent—
- (a) dies or gives written notice that he or she does not intend to oppose the application; or
 - (b) resigns from, or otherwise ceases to hold, the position on the health profession board that is in issue.
- (2) If this section applies to a person—
- (a) the person stops being a respondent; and
 - (b) the person, or his or her personal representative, must—

- (i) give the registrar written notice explaining why the person has stopped being the respondent; and
 - (ii) give each person who might have been an applicant in relation to the election application notice that the person has stopped being the respondent; and
 - (c) if a person who might have been an applicant in relation to the election application files a notice of appearance within 7 days after the day the person receives the notice under subsection (2) (b) (ii)—that person is entitled to appear as a respondent to the application.
- (3) A person who has stopped being a respondent to a disputed election application is not entitled to appear as a party in a proceeding in relation to the application.
- (4) The registrar must tell the electoral commissioner of the receipt of a notice mentioned in subsection (2) (b).

75 End of disputed election application

- (1) The death of a sole applicant or the last survivor of several applicants ends a disputed election application.
- (2) The ending of a disputed election application does not affect the liability of the applicant or anyone else for costs awarded against the applicant or anyone else.

76 Hearing disputed election applications

- (1) As soon as practicable after the time for filing a disputed election application under section 69 in relation to an election has ended, the registrar must prepare a list of the disputed election applications in the order of filing and make a copy of the list available for inspection at the registrar's office.
- (2) A disputed election application must, as far as practicable, be heard in the order in which it appears in the list.

- (3) However, all disputed election applications in relation to an election for a particular position on a health profession board must be heard together.

77 Declarations and orders of court

- (1) The Court of Disputed Health Elections must hear and decide a disputed election application and may—
- (a) declare the election void; or
 - (b) declare that a person who has been declared elected was not properly elected; or
 - (c) declare that a person who has not been declared elected was properly elected; or
 - (d) dismiss the application completely or partly.
- (2) The Court of Disputed Health Elections may make any other order in relation to the disputed election application that the court considers appropriate.

78 Illegal election practices

- (1) In this section:

illegal practice means a contravention of the Criminal Code, section 356 (Bribery) or part 3.6 (Forgery and related offences), and includes undue influence.

prescribed declaration means a declaration under section 77 (1) (a) or (b)—

- (a) on the ground of an illegal practice (other than bribery or undue influence); or

- (b) on the ground of bribery or undue influence by a person who was not a candidate for the election without the knowledge or consent of a candidate in the election.

Note **Undue influence** is defined in s 62.

- (2) The Court of Disputed Health Elections may make a declaration under section 77 (1) (a) or (b)—
 - (a) on the ground of an illegal practice in relation to the election; or
 - (b) on any other ground the court considers appropriate.
- (3) However, the Court of Disputed Health Elections must not make a prescribed declaration unless satisfied that—
 - (a) the result of the election was, or was likely to have been, affected by the illegal practice; and
 - (b) it is just to make the declaration.
- (4) If the Court of Disputed Health Elections finds an illegal practice in relation to an election (whether or not the court makes a declaration under section 77 (1) (a) or (b) on that ground), the registrar must report the finding to—
 - (a) the electoral commissioner; and
 - (b) the director of public prosecutions; and
 - (c) the board president of the health profession board to which the election related.
- (5) A finding by the Court of Disputed Health Elections in relation to an illegal practice in relation to an election does not bar, or prejudice in any way, any prosecution in relation to the act claimed before the court to have been the illegal practice.

79 Bribery or undue influence by person elected

If the Court of Disputed Health Elections finds that a person who was declared elected committed, or attempted to commit, bribery or undue influence in relation to any election, the court must declare the election of the person void.

80 Immaterial delays and errors in relation to elections

- (1) The Court of Disputed Health Elections must not make a declaration under section 77 (1) (a), (b) or (c) on the ground that there was a delay in—
 - (a) declaring the nominations for the election; or
 - (b) declaring the result of the election.
- (2) The Court of Disputed Health Elections must not make a declaration under section 77 (1) (a), (b) or (c) on the ground of an absence of, or error or omission by, the electoral commissioner or an officer unless the absence, error or omission affected, or was likely to have affected, the result of the election.
- (3) In deciding whether an absence, error or omission that prevented an elector from voting affected the result of an election, the Court of Disputed Health Elections must not have regard to any evidence of the way in which the elector intended to vote.

81 Inquiries by court

In deciding a disputed election application, the Court of Disputed Health Elections may make the inquiries it considers appropriate, including—

- (a) an inquiry about the identity of people who voted; and
- (b) an inquiry about whether ballot papers were improperly admitted or rejected.

82 Rejected ballot papers

In deciding a disputed election application, the Court of Disputed Health Elections may have regard to any ballot papers rejected at the preliminary scrutiny if the court forms the opinion that the ballot papers should not have been rejected.

83 Evidence that people were not allowed to vote

In deciding a disputed election application, the Court of Disputed Health Elections must not have regard to any evidence that a person was not allowed to cast a vote in an election unless the court is satisfied that the person—

- (a) claimed to vote under this regulation; and
- (b) complied with the requirements of this regulation for voting to the extent that the person was allowed to do so.

84 Inspection of electoral papers

- (1) A party to a disputed election application may inspect, and make copies of or take extracts from, the electoral papers (except ballot papers) in the electoral commissioner's possession that were used in relation to the election being disputed.
- (2) However, the party may only do something under subsection (1)—
 - (a) with the leave of the Court of Disputed Health Elections; and
 - (b) in the presence of the electoral commissioner or a member of staff of the electoral commission.

85 Commissioner not prevented from accessing documents

Unless the Court of Disputed Health Elections otherwise orders, the filing of a disputed election application does not prevent the electoral commissioner, another member of the electoral commission or a member of the staff of the commission from having access to a document to which the person would otherwise be entitled to have access to exercise a function under this regulation.

86 Registrar to serve copies of court declarations on certain people

The registrar must, after a disputed election application is decided, serve a sealed copy of the declarations and orders (if any) made by the Court of Disputed Health Elections on—

- (a) the board president of the health profession board to which the election related; and
- (b) each party to the application.

87 Effect of court declarations

- (1) If the Court of Disputed Health Elections declares an election void, another election must be held under this part.
- (2) If the Court of Disputed Health Elections declares that a person who has been declared elected was not properly elected, the person is taken not to have been properly elected.
- (3) If the Court of Disputed Health Elections declares that a person who has not been declared elected was properly elected, the person is taken to have been properly elected.
- (4) A declaration by the Court of Disputed Health Elections mentioned in subsection (1), (2) or (3) takes effect at the end of the day the declaration by the court is made.

88 Court procedure

In a proceeding, the Court of Disputed Health Elections —

- (a) must be guided by the substantial merits and good conscience of the case; and
- (b) is not bound by technicalities, legal forms or the rules of evidence, but may inform itself in the way it considers appropriate.

89 Legal representation limited in court proceeding

In a proceeding, a party is entitled to be represented by only 1 lawyer appearing as counsel.

90 Costs may be ordered against Territory

Even if the Territory is not a party to a proceeding, the Court of Disputed Health Elections may order the Territory to pay some or all of the costs of the proceeding.

Division 2.3.5 Electoral offences

91 Multiple votes prohibited

- (1) A health professional must not vote more than once at the same election.

Maximum penalty: 30 penalty units.

- (2) An offence against this section is a strict liability offence.

92 Interference with voting

- (1) A person must not—
 - (a) interfere with the casting of a vote by an elector; or
 - (b) do anything to find out how an elector voted; or
 - (c) allow anyone else to find out how an elector voted.Maximum penalty: 30 penalty units.
- (2) Subsection (1) does not apply to a person assisting an elector under subsection (3).
- (3) An elector may be assisted in voting if the elector would otherwise be unable to vote.
- (4) An assistant—
 - (a) must be a nominee of the elector; and
 - (b) may assist in any of the following ways:
 - (i) by acting as an interpreter;
 - (ii) by filling out, or assisting the elector to fill out, the declaration;
 - (iii) by explaining the ballot paper and the requirements of this regulation relating to its marking;
 - (iv) by marking, or assisting the elector to mark, the ballot paper at the elector's direction;
 - (v) by folding the ballot paper and putting it in a ballot paper envelope as required by this regulation;
 - (vi) by sending the ballot paper envelope with the marked ballot paper back to the electoral commissioner.
- (5) An offence against this section is a strict liability offence.

93 Giving completed ballot papers to commissioner

- (1) A person who accepts completed ballot papers to be given to the electoral commissioner must give them to the commissioner as soon as practicable.

Maximum penalty: 10 penalty units.

- (2) An offence against this section is a strict liability offence.

94 Opening envelopes containing ballot papers

- (1) Unless authorised under this regulation, a person must not open an envelope that appears to contain completed ballot papers.

Maximum penalty: 5 penalty units.

- (2) An offence against this section is a strict liability offence.

95 Influencing of votes by officers

- (1) An officer must not do anything to influence someone else's vote.

Maximum penalty: 30 penalty units.

- (2) An offence against this section is a strict liability offence.

96 Violence and intimidation

- (1) A person must not, by violence or intimidation, hinder or interfere with the free exercise of a right or duty under this regulation.

Maximum penalty: 30 penalty units.

Note 1 **Function** is defined in the Legislation Act, dict, pt 1 to include authority, duty and power.

Note 2 **Exercise** a function includes perform the function (see Legislation Act, dict, pt 1).

- (2) An offence against this section is a strict liability offence.

97 Voting fraud

- (1) A person must not supply a ballot paper unless authorised by this regulation.

Maximum penalty: 20 penalty units.

- (2) A person must not mark a ballot paper unless—

(a) the person is an elector or an assistant assisting the elector under section 92 (3); and

(b) the ballot paper marked is the elector's ballot paper.

Maximum penalty: 30 penalty units.

- (3) A person commits an offence if—

(a) the person casts a ballot; and

(b) the person is not entitled to vote.

Maximum penalty: 30 penalty units.

- (4) An offence against this section is a strict liability offence.

Part 2.4 **Health profession board meetings**

98 **When are board meetings held?**

- (1) A health profession board may hold the meetings it considers appropriate to allow the board to exercise its functions.
- (2) The board president may, in writing, call a meeting at a stated time and place.
- (3) The board president must call a meeting if a majority of the board members asks the president in writing to call a meeting.

99 **Board meetings usually in public**

- (1) Health profession board meetings must be open to the public unless the board decides otherwise, either for a particular meeting or for a particular kind of meeting.
- (2) A decision by the health profession board that a meeting is not to be open to the public does not prevent the board from allowing someone other than a board member to attend the meeting.

100 **Ministerial referrals to board**

The Minister may, in writing, refer a matter to a health profession board for consideration if—

- (a) the Minister considers that the matter involves the protection of the public or of the public interest; and
- (b) the matter relates to a health profession the board regulates.

101 Presence at board meetings

- (1) If the members of the health profession board agree, a board meeting may be held by means of a method of communication, or a combination of a number of methods of communication, that allows everyone taking part in the meeting to hear what anyone else taking part in the meeting says without being in each other's presence.
- (2) A health profession board member who takes part in a meeting conducted under subsection (1) is taken, for all purposes, to be present at the meeting.

102 Presiding member at board meetings

- (1) The board president must preside at each health profession board meeting at which the president is present.
- (2) If the board president is not present at a health profession board meeting but the board deputy president is present, the deputy president must preside at the meeting.
- (3) If neither the board president nor board deputy president is present at a health profession board meeting attended by a quorum of board members, the members present may elect a member present to preside at the meeting.

103 Board quorum

- (1) A quorum, for a health profession board meeting, is a majority of the board members.
- (2) For this section, the *board members* include any positions on the health profession board that are vacant.

104 Voting at board meetings

- (1) A question arising at a health profession board meeting must be decided by a majority of the votes of board members attending and voting.
- (2) The member presiding at a health profession board meeting may decide a question arising at the meeting if—
 - (a) the member is the board president or board deputy president; and
 - (b) the members attending and voting cannot decide the question by a majority.
- (3) However, a decision on a question arising at a meeting must be postponed until a future health profession board meeting if—
 - (a) the member presiding at a health profession board meeting is not the board president or board deputy president; and
 - (b) the members attending and voting cannot decide the question by a majority.
- (4) Voting at a health profession board meeting is by show of hands or, if a board member attending the meeting calls for a vote by ballot, by ballot.

105 Records of board meetings

Each health profession board must keep a record of what happens at its meetings.

Note Under the *Electronic Transactions Act 2001*, s 9, a requirement in legislation for something to be signed may be satisfied even if the thing is kept in electronic form.

106 Board meeting procedures

If this part does not prescribe a procedure for something the health profession board must or may do at a meeting, the board may decide its own procedures for meetings.

107 Disclosure of interests by board members

- (1) This section applies if a board member (the *interested member*) has a personal interest or a direct or indirect financial interest in a matter being considered or about to be considered by the health profession board.
- (2) As soon as practicable after the matter comes to the interested member's knowledge, the member must either—
 - (a) disclose that the member has an interest in the matter and withdraw from the meeting at which the matter is to be considered; or
 - (b) describe the interest to the health profession board and allow the board to decide whether the person should take part in consideration of the matter.
- (3) The withdrawal of a member under subsection (2) (a) must be recorded in the minutes of the health profession board meeting.
- (4) Unless the health profession board otherwise decides, the interested member must not—
 - (a) be present during a deliberation of the board in relation to the matter; or
 - (b) take part in a decision of the board in relation to the matter.
- (5) The interested member must not—
 - (a) be present during a deliberation of the health profession board to decide whether the interested member should take part in the consideration of the matter; or

- (b) take part in the making of the decision by the health profession board mentioned in paragraph (a) in relation to the member.
- (6) A person must not contravene subsection (4) or (5).

Maximum penalty: 10 penalty units.

Part 2.5 Health profession board functions

108 Board to seek to form ties

- (1) A health profession board for a health profession must actively seek to form ties with relevant entities to further the promotion and achievement of suitability to practise standards and professional development standards within the health profession.
- (2) In this section:
relevant entities mean professional entities and entities in local jurisdictions that correspond to the health profession board.

109 Performance of board on standards

- (1) In assessing a health profession board's performance, the Minister may consider whether the standards approved by the board under section 134 (Standards statements) benefit, or are likely to benefit, the public.
- (2) The Minister must consider the public benefit of the standards by considering—
 - (a) whether the standards—
 - (i) promote the main object of the Act; and
 - (ii) clearly set out safe practice requirements; and
 - (b) how much the health profession board consulted in the development of the standards; and
 - (c) whether there is public support for the standards; and
 - (d) the public benefit of the standards as compared to alternative approaches.

110 Performance of board on applications and reports

- (1) In assessing a health profession board's performance, the Minister may consider whether the board deals with applications under the Act and reports as promptly as possible while allowing for proper consideration of the applications and reports.
- (2) A health profession board is responsible for ensuring that health professionals referred to panels established by the board are dealt with as promptly as possible, while allowing for proper consideration of the issues.

111 Board's obligation to send renewal notices

In assessing a health profession board's performance, the Minister may consider whether the board has sent renewal notices under section 126 (Renewal notice for registration).

Chapter 3 Registration of health professionals

Note The entitlement to, and criteria for, registration are in the Act, s 37.

Part 3.1 Applications for registration

*Note about application of the Mutual Recognition Act 1992 (Cwlth) and the Trans-Tasman Mutual Recognition Act 1997 (Cwlth) (the **Commonwealth Acts**)*

The Commonwealth Acts allow people registered in certain occupations in a local jurisdiction to carry on the occupations in another local jurisdiction and set out the method of applying for registration in the ACT or a local jurisdiction. The requirements for registration under this regulation cannot validly require anything of people being registered under the Commonwealth Acts that would be inconsistent with those Acts. Accordingly, provisions of this chapter, such as the requirements for applications, do not apply to the registration of people under the Commonwealth Acts. Also, the Commonwealth Acts set out when conditions may be placed on people registered under those Acts by a health profession board. For more information, see the Commonwealth Acts.

112 Applications for registration

An application by a person for registration as a health professional must contain the following:

- (a) the person's name;
- (b) the name used by the person, or intended to be used by the person, when practising the profession if different from the person's name;
- (c) if the person has previously practised in the profession—any other name used by the person when practising the profession;
- (d) the person's date of birth;
- (e) the person's postal address;

- (f) the person's business address, or intended business address;
- (g) evidence of the person's qualifications, including relevant training undertaken;
- (h) if the person has been refused registration, or had his or her registration cancelled—details of the refusal or cancellation;
- (i) if the person has been refused registration (however described) as a health professional, or had his or her registration as a health professional cancelled, under a corresponding law of a local jurisdiction—details of the refusal or cancellation.

Note A fee may be determined under the Act, s 132 for this section.

113 Registration of health professionals

- (1) On application by a person under section 112, the health profession board must—
 - (a) register the person unconditionally; or
 - (b) register the person conditionally; or
 - (c) refuse to register the person.
- (2) The health profession board must give the person written notice of the decision under subsection (1).
- (3) If the health profession board registers a person, whether unconditionally or conditionally, the board must give the person a unique registration number.
- (4) A notice under subsection (2) must be in accordance with the requirements of the code of practice in force under the *Administrative Appeals Tribunal Act 1989*, section 25B (1).

114 Suitability to practise requirements

- (1) Someone is suitable to practise in a health profession, or a specialist area of the profession, if—
 - (a) the person has the qualifications for the health profession or specialist area set out in the schedule for the profession; and
 - (b) the person has successfully completed training (which may include an internship) set out in the schedule for the profession or specialist area; and
 - (c) the person is generally competent.

Note General competence is dealt with in s 115.

- (2) A person is also suitable to practise in a health profession if the person is unconditionally registered in another jurisdiction and is entitled to be registered in the ACT under the *Mutual Recognition Act 1992* (Cwlth) or the *Trans-Tasman Mutual Recognition Act 1997* (Cwlth).
- (3) For subsection (1) (b), the schedule for the profession may require the training to have been completed within a stated time before the application for registration.

115 General competence to practise

- (1) A health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider the following:
 - (a) whether the person is mentally and physically healthy enough to practise the profession;
 - (b) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise the health profession;

- (c) whether the person has been convicted, or found guilty, in the ACT, a local jurisdiction or elsewhere of an offence that indicates that the person may not be competent to practise the profession;
 - (d) whether the person's practice experience is recent enough and sufficient to allow the person to practise the profession safely, taking into account any requirements about recency of practice included in the schedule that relates to the health profession.
- (2) The health profession board may also consider any other relevant matter.

Examples of other relevant matters

- 1 whether the person has previously had his or her registration cancelled, either in the ACT or a local jurisdiction
- 2 the health profession tribunal has previously declared that, if the person had been registered at the time the tribunal considered the person, the tribunal would have found that the person had contravened the required standard of practice or did not satisfy the suitability to practise requirements

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

116 Conditional registration

- (1) If a health profession board is not required to register a person under the Act, section 37, the board may register a person conditionally if satisfied that—
- (a) the conditional registration of the person is in the public interest; and
- Note* Section 117 sets out when conditional registration is in the public interest.
- (b) the conditional registration of the person will not endanger public safety.

- (2) A health profession board may place conditions on a person's registration, even if the person is someone the board must register under the Act, section 37, if satisfied on reasonable grounds that it is in the public interest to do so.

117 When is conditional registration in public interest?

- (1) It is in the public interest to register a person conditionally if—
- (a) the person would be entitled to apply for unconditional registration if the person had completed a period of supervised training (which may include internship) that the person has started; or
 - (b) the person's registration in a local jurisdiction is subject to a condition; or
 - (c) the person is a graduate from an institution other than an institution approved by a national organisation that represents the health profession, and registration would allow the person to undertake postgraduate training that the board considers suitable for the person; or
 - (d) the person is a candidate for an examination required under the Act and the health profession board has approved the person to undertake a period of supervised training to help the person become unconditionally registered; or
 - (e) the person wishes to take up a teaching or research position; or
 - (f) the person is approved by the board to fill a position that is in an area of unmet need; or
 - (g) the person is not trained in a local jurisdiction and, if registered, the person could undertake additional training before the person is examined or assessed in the ACT or a local jurisdiction; or

(h) the person's general competence or competence to practise the profession is limited and conditional registration is required in the public interest.

- (2) This section does not limit when it is in the public interest to register a person conditionally.

Note A person may only be registered for up to 1 year at a time (see s 120), so a condition will only last for a maximum of 1 year, unless renewed.

118 Specialist area registration

- (1) This section applies if the schedule for a health profession includes requirements relating to admission to a specialist area of the health profession.
- (2) A person may only practise in the specialist area if the person is registered to practise in the area.

119 Powers of health profession boards to require information

- (1) A health profession board may, before making a decision in relation to an application for registration of a person, ask the person, in writing—
- (a) for stated information in relation to something relevant to the person's entitlement to registration; or
- (b) to appear personally before the board to give information about the person's application.

Note The health profession board may delegate its power to take information under par (b) (see s 22).

- (2) Subsection (1) (b) does not apply if the application for registration is made under the *Mutual Recognition Act 1992* (Cwlth).
- (3) If a health profession board asks a person to give information (whether in person or otherwise) to the board, the board may refuse

to consider the application for registration further if the person does not give the information.

120 Length of registration

Registration is for—

- (a) the period of not longer than 1 year stated in the practising certificate; or
- (b) if no period is stated in the practising certificate—
 - (i) the period ending on the day fixed under the schedule for the health profession; or
 - (ii) if no day is fixed—1 year.

Examples of what may be fixed under a schedule

- 1 The schedule for psychologists may provide that the registration period for a psychologist ends on 30 June.
- 2 The schedule for dentists may provide that the registration period for a dentist ends on the dentist's birthday.

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

121 Practising certificate

If a health profession board registers someone as a health professional, the board must give the person a certificate that states—

- (a) the name the person is allowed to practise under; and
- (b) the profession (or specialist area within the profession) the person is registered in; and
- (c) the date the registration ends (the *registration end date*); and
- (d) if the registration is conditional—that the person's registration is conditional and that the conditions on registration may be

obtained from the health profession board unless the board decides otherwise under section 155 (3) (Access to registers).

122 Replacement practising certificates

- (1) This section applies if a person's practising certificate is damaged, lost, stolen or destroyed.
- (2) On application, the relevant health profession board may issue a replacement registration certificate to the person if satisfied that the registration certificate has been damaged, lost, stolen or destroyed.
- (3) To help the health profession board decide whether the registration certificate has been damaged, lost, stolen or destroyed, the board may, in writing, ask the person to give the board a written statement confirming, and explaining the circumstances of, the damage, loss, theft or destruction.

Note A fee may be determined under the Act, s 132 for this section.

123 Return of practising certificate

- (1) For this section, the following are *relevant circumstances* for a health professional:
 - (a) the health professional's registration is cancelled;
 - (b) the health professional's registration is suspended;
 - (c) a condition has been placed on the health professional's registration since the practising certificate was issued;
 - (d) the details included on the health professional's practising certificate are not, or are no longer, accurate.
- (2) If a relevant circumstance applies to the health professional, the relevant health profession board may, in writing, mention the circumstance and ask the health professional to give the practising certificate to the board.

- (3) Within 14 days after the day the health professional receives a notice under subsection (2), the health professional must give the health professional's practising certificate to the health profession board.

Maximum penalty: 5 penalty units.

- (4) If the relevant circumstance is a circumstance mentioned in subsection (1) (c) or (d), the health profession board must give the health professional an accurate practising certificate.
- (5) The health profession board must return the practising certificate of a health professional if—
- (a) the certificate was given to the board because the professional's registration was suspended; and
 - (b) the suspension has ended; and
 - (c) the health professional is still registered.

Part 3.2 End of registration and renewal

124 When does registration end?

- (1) A health professional's registration ends if—
 - (a) the registration has not been renewed at the end of 2 weeks after the registration end date; or
 - (b) the health professions tribunal cancels the person's registration; or
 - (c) the person dies.
- (2) If registration ends under subsection (1) (a), the registration is taken to have ended on the registration end date.
- (3) If registration ends under subsection (1) (b), the registration ends on cancellation.

125 Failure to meet insurance requirement

- (1) A health profession board may ask a relevant health professional to produce to the board a certificate of insurance for any insurance required to be held by the health professional under the Act.
- (2) The health profession board may require production of the certificate of insurance within a stated period that is at least 7 days after the day the health professional receives the request.
- (3) If the health professional does not produce the certificate within the stated period, the health profession board may apply to the health professions tribunal for the cancellation of the health professional's registration.

126 Renewal notice for registration

- (1) A *renewal notice* for the registration of a registered health professional is a notice, addressed to the health professional, that states that the health professional's registration will end if it is not renewed on or before a date stated in the notice.
- (2) A health profession board must send a renewal to a registered health professional not later than 4 weeks, and not earlier than 8 weeks, before the registration end date.
- (3) If the health profession board fails to send a renewal notice to a registered health professional, or the notice is not received by the health professional, the failure or nonreceipt does not affect—
 - (a) the end of the health professional's registration; or
 - (b) the obligation of the health professional to renew the registration if the health professional intends to practise his or her health profession after the end of the existing registration.

127 Late payment of registration

- (1) This section applies if—
 - (a) a health professional's registration (the *expired registration*) ends without being renewed; and
 - (b) the health professional pays the registration fee for renewal of the registration within 2 weeks after the registration end date for the expired registration.
- (2) The relevant health profession board may renew the health professional's registration with effect from the registration end date for the expired registration.

Note A fee may be determined under the Act, s 132 for this section.

128 Retrospective re-registration

- (1) This section applies if—
 - (a) a health professional's registration (the *expired registration*) ends without being renewed; and
 - (b) the health professional does not pay the registration fee for renewal of the registration within 2 weeks after the registration end date for the expired registration.
- (2) The relevant health profession board may renew the health professional's registration.

Note A fee may be determined under the Act, s 132 for this section.

- (3) The renewal may be made effective from the day the expired registration ended or from a later day, as the health profession board considers appropriate.

Part 3.3 **Maintaining competence and continuing professional development**

129 Obligation to maintain competence and continue professional development

A registered health professional must ensure that he or she remains suitable to practise the profession in which he or she is registered.

Note Section 114 sets out the suitability to practise requirements for a health professional.

130 Programs for maintenance of competence

A health profession board must, in writing, establish, or facilitate the establishment of, programs to support, promote and assess health professionals' general and professional competence.

131 Standards for maintenance of competence

- (1) The standards under this section are part of the suitability to practise standards relating to the maintenance of competence.
- (2) A health profession board must, in consultation with professional representative bodies, develop or endorse written standards about the action registered health professionals need to take to maintain competence and continue professional development.
- (3) The health profession board must ensure, as far as practicable, that the standards developed or endorsed are consistent with any standards developed by professional representative bodies for the health profession.
- (4) An endorsement of standards must be in writing, and may be an endorsement of standards as in force from time to time.

- (5) A standard, or an endorsement of standards, is a notifiable instrument.

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

- (6) The standards must include the following:
- (a) requirements for maintaining professional competence and professional development;
 - (b) how the requirements are satisfied and demonstrated, including—
 - (i) the frequency and extent of any required training, instruction or practical experience; and
 - (ii) the time within which the training, instruction or practical experience must be completed; and
 - (iii) detail of any examination required; and
 - (iv) the reporting requirements.
- (7) The standards may provide that membership of a named organisation or participation in a named course or program is sufficient evidence of maintenance of competence to practise and professional development.
- (8) A health profession board may establish a committee to assist in overseeing the board's continuing competence and professional development program.

132 Use of information about continuing competence etc

- (1) A health profession board may use information it receives about a registered health professional's continuing competence or professional development to take action to protect public safety or in the public interest.

- (2) The action the health profession board may take includes the following:
- (a) reporting annually to the Minister, using non-identifying information, on the general performance or achievement of a regulated health profession as a whole or within specialist areas;
 - (b) providing information or advice to registered health professionals about their performance, including comparisons to best practice;
 - (c) providing information to someone else with the consent of the registered health professional;
 - (d) using information to support the board's advice or decision on what to do about a report or matter referred to the board by the commissioner for health complaints in relation to a health professional.
- (3) Also, if information received under this part in relation to a health professional indicates a potential risk to public safety, the health profession board may treat the matter as a report about the health professional.

Chapter 4 Required standard of practice

Part 4.1 Required standard of practice generally

133 Purpose of ch 4

This chapter—

- (a) allows a health profession board to decide what behaviour does and does not meet the required standard of practice in relation to relevant health professionals, so that the health professionals can tell what they should, and should not, be doing to be competent to practise; and
- (b) sets out how a health professional may be judged against the standard; and
- (c) sets out the required standard of practice that, if breached, will mean the health professional is not competent to practise.

134 Standards statements

- (1) A *standards statement* is a statement designed to raise awareness of the standard of practice required from a health professional for the professional to be competent to practise, or to help the health professional improve his or her suitability to practise.
- (2) A health profession board may develop standards to make up the required standard of practice for the health profession it regulates.

Example of standard

a code of professional conduct

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (3) A health profession board must, in writing, approve standards developed by the board or another entity.
- (4) However, the health profession board must not approve standards that are inconsistent with standards approved by a professional body representing the health profession unless satisfied that the inconsistent standard is necessary to protect the public.
- (5) If a health profession board approves a standard statement developed by another entity, it may approve the standard 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.

Note 3 See s 157B (5) in relation to the application of the Legislation Act, s 47.

- (6) An approval is a notifiable instrument.

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

135 Pattern of practice or particular acts

In deciding whether a registered health professional's standard of practice meets the required standard of practice, the health professions tribunal, the relevant health profession board or a panel formed by the relevant health profession board may consider the health professional's act or acts and the health professional's pattern of practice.

Note *Act* includes fail to act (see dict).

136 Endangering public

A registered health professional breaches the required standard of practice if the health professional engages in a standard of practice that endangers public health and safety.

137 Lack of competence to practise etc

A registered health professional breaches the required standard of practice if the health professional engages in a standard of practice that demonstrates a lack of competence to practise, knowledge, skill, judgment or care by the health professional.

Part 4.2 **Specific breaches of the required standard of practice**

138 Purpose of pt 4.2 etc

- (1) The purpose of this part is to prescribe a minimum for the required standard of practice.
- (2) If a health professional breaches this part, the health professional breaches the required standard of practice and is not competent to practise unless the health profession board decides otherwise.

139 Breach of standards statements

A registered health professional must not breach a standards statement that applies to the professional.

140 Telling board about proceedings relating to health professional

- (1) A registered health professional must tell the health profession board for the health professional if the health professional is charged with an offence.
- (2) A notice under subsection (1) must—
 - (a) identify the charge sufficiently to allow the health profession board to decide whether the charge indicates that the health professional may be contravening the Act; and
 - (b) be made as soon as practicable after the day the health professional is charged, but in any case within 7 days after that day.

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).

141 Infection control and notifiable diseases

A registered health professional must comply with legislation that prescribes requirements for infection control and reporting of notifiable disease.

142 Substances that affect health professional's abilities

- (1) A registered health professional must not practise while under the influence of a drug (whether or not a prescription or illegal drug) or other substance if the drug or substance affects the health professional's ability to practise.
- (2) A registered health professional must not practise while dependent on a drug (for example, a drug of dependence) or other substance that may adversely affect the health professional's ability to practise.

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

143 Drugs and patients

- (1) A registered health professional must not give a drug of dependence or a prohibited substance to a drug-dependent person.
- (2) This section does not apply if the drug is required for the medical treatment of the drug-dependent person and is given as part of a treatment plan for the person.
- (3) In this section:

drug-dependent person—see the *Drugs of Dependence Act 1989*, section 3 (1).

give includes sell, offer for sale, prescribe and administer.

prohibited substance—see the *Drugs of Dependence Act 1989*, section 3 (1).

144 Inappropriate behaviour

- (1) A registered health professional must not engage in inappropriate behaviour involving someone who is, or was, a user of a health service provided by the health professional.
- (2) A standards statement may set out what kind of behaviour is inappropriate in relation to a health profession.

145 Reporting other health professionals

A registered health professional is taken to have contravened the required standard of practice if—

- (a) the health professional believes on reasonable grounds that—
 - (i) another registered health professional has contravened or is contravening a required standard of practice or a suitability to practice requirement; and
 - (ii) the contravention has had, or is likely to have, a substantial effect on a member of the public; and
- (b) the contravention does not relate to an administrative matter; and
- (c) the health professional does not tell a health professional board about the belief; and
- (d) the contravention has, or has had, a substantial effect on a member of the public.

146 Clinical records

- (1) A registered health professional must maintain adequate clinical records.
- (2) A registered health professional must not change a clinical record to deceive anyone.

147 Misrepresenting facts in certificates

A registered health professional must not, while practising as a health professional, sign a certificate that misrepresents a fact.

148 Treatment by assistants

- (1) A registered health professional must not allow someone else (an *assistant*) to treat a user of a health service provided by or on behalf of the health professional, or perform a procedure, on the health professional's behalf if the treatment, or procedure, requires professional discretion or skill.
- (2) Subsection (1) does not apply if—
 - (a) the treatment is given, or the procedure performed, as part of a program to train the assistant to become a registered health professional; or
 - (b) the assistant is a registered health professional.
- (3) A registered health professional must adequately supervise anyone providing health services on behalf of the health professional.

149 Misleading advertising

A registered health professional must not advertise a health service in a way that is misleading.

149A Practising under allowed name

A registered health professional must not practise under a name other than the name the health professional is allowed to practice under (see section 121 (a)).

150 Behaviour that contravenes another law

- (1) A registered health professional must not engage in behaviour that contravenes another law in a way that reflects on the ability or

commitment of the health professional to provide an adequate standard of care for patients.

- (2) Without limiting the behaviour mentioned in subsection (1), a health professional engages in behaviour of that kind if—
- (a) while registered—
 - (i) the health professional is convicted, or found guilty, of an offence punishable by imprisonment for 6 months or longer; and
 - (ii) the behaviour on which the conviction, or finding of guilt, is based reflects adversely on the professional's suitability to practise; or
 - (b) the health professional is convicted, or found guilty, of an offence against the *Health Insurance Act 1973* (Cwlth) committed while registered; or
 - (c) the health professional breaches the health rights and responsibilities code while registered.

- (3) In subsection (2) (c):

health rights and responsibilities code—see the *Community and Health Services Complaints Act 1993*, section 4, definition of ***code***.

Chapter 5 The register

151 Register

- (1) A health profession board must keep a register.
- (2) The register may be kept in the form of 1 or more registers, or 1 or more parts, as long as the register complies with the Act.
- (3) The health profession board must ensure that the information in the register is as accurate and current as practicable.
- (4) The health profession board must on application, and may on its own initiative, make the changes necessary to the register to give effect to subsection (3).
- (5) If a court or tribunal orders the health profession board to make a change to the register, the board must make the change.

152 Contents of register

- (1) The register kept by a health profession board must contain the registration details of each person registered as a health professional for a health profession it regulates.
- (2) The register may also contain other information in relation to a registered health professional that the health profession board considers necessary or desirable.
- (3) For this section:

registration details, for a person, means the following details:

- (a) the details required to be included in the person's application for registration under section 112;
- (b) the provision under which the person was registered;
- (c) the registration number given to the person;

- (d) the registration date and, if the registration has been renewed, the latest renewal date;
- (e) any condition on registration;
- (f) if the person's registration is suspended—the date the suspension began and is to end.

Examples for par (b)

- 1 s 113 (1) (a) for unconditional registration
- 2 s 113 (1) (b) for conditional registration

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

153 Information in register to be accessible and extractable

The register kept by a health profession board must be kept in a way that allows the information about a registered health professional to be readily reproduced in an easily readable form.

154 Executive officer responsible for register

- (1) The executive officer of a health profession board must keep the register on behalf of the board.
- (2) Without limiting how the executive officer may keep the register, the executive officer may do the following in relation to the register:
 - (a) include the details of newly registered health professionals;
 - (b) remove the details of health professionals who are no longer registered;
 - (c) correct information in the register that is not, or is no longer, accurate.
- (3) To remove any doubt, the removal of details of a health professional who is no longer registered does not prevent the executive officer from keeping a record of details removed.

155 Access to register

- (1) The register kept by a health profession board must be open for inspection by the public at reasonable times.
- (2) However, information that is not required to be included in the register under section 152 (Contents of register) need not be available to the public.
- (3) Also, the health profession board need not allow public inspection of a condition on the registration of a person if—
 - (a) the condition contains information about someone other than the registered person that the board is satisfied is, or may possibly be, confidential; or
 - (b) in the board's opinion, the benefit to the public of knowing the condition is outweighed by the personal or prejudicial nature of the condition.
- (4) The health profession board may, if asked, give someone a copy of, or extract from, the register.

Note If a fee is determined under the Act, s 132 for a request under s (4), the fee must be paid.

156 Requests for changes of details in register

- (1) A person may apply to the health profession board for a change to be made to the information in the register kept by the board.
- (2) If someone applies for a change, the health profession board must consider whether the change is necessary and tell the applicant, in writing, whether the board considers the change necessary.

Note Because the health profession board is required to keep the register current and accurate, if the board considers the change necessary the board must make the change under s 151 (4).

157 When board must not charge fees etc for register corrections

A health profession board may not charge a fee, or must refund any fee paid, on application for a change in the register kept by the board if the change is necessary because of a mistake of the board.

Chapter 6 Miscellaneous

157A Inspection of incorporated documents

- (1) This section applies to an incorporated document, or an amendment or replacement of an incorporated document.

Note For the meaning of *incorporated document*, see the dictionary.

- (2) The health profession board in relation to the incorporated document must ensure that the document, amendment or replacement is made available for inspection free of charge to the public on business days at reasonable times at the office of the health profession board.
- (3) In this section:
amendment, of an incorporated document—see section 157B (6).

157B Notification of certain incorporated documents

- (1) This section applies to—
 - (a) an incorporated document; or
 - (b) an amendment of, or replacement for, an incorporated document.

Example of replacement standard

a new edition of the incorporated document

Note 1 For the meaning of *incorporated document*, see the dictionary.

Note 2 An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

-
- (2) The health profession board in relation to the incorporated document may prepare a written notice (an *incorporated document notice*) for the incorporated document, amendment or replacement that contains the following information:
- (a) for an incorporated document—details of the document, including its title, author and date of publication;
 - (b) for a replacement of an incorporated document—details of the replacement, including its title, author and date of publication;
 - (c) for an amendment of an incorporated document—the date of publication of the amendment (or of the standard as amended) and a brief summary of the effect of the amendment;
 - (d) for an incorporated document or any amendment or replacement—
 - (i) a date of effect (no earlier than the day after the day of notification of the notice); and
 - (ii) details of how access to inspect the document, amendment or replacement may be obtained under section 157A (Inspection of incorporated documents); and
 - (iii) details of how copies may be obtained, including an indication of whether there is a cost involved.
- (3) An incorporated document notice is a notifiable instrument.
- Note* A notifiable instrument must be notified under the Legislation Act.
- (4) The incorporated document, amendment or replacement has no effect under this Act unless—
- (a) an incorporated document notice is notified in relation to the standard, amendment or replacement; or
 - (b) the document, amendment or replacement is notified under the Legislation Act, section 47 (6).

(5) The Legislation Act, section 47 (7) does not apply in relation to the incorporated document, amendment or replacement.

(6) In this section:

amendment, of an incorporated document, includes an amendment of a replacement for the incorporated document.

replacement, for an incorporated document, means—

- (a) a standard that replaces the incorporated document; or
- (b) a document (an *initial replacement*) that replaces a document mentioned in paragraph (a); or
- (c) a document (a *further replacement*) that replaces an initial replacement or any further replacement.

157C Approved forms—health profession boards

(1) A health profession board may, in writing, approve forms for a relevant health profession.

(2) If the health profession board approves a form for a particular purpose, the approved form must be used for the purpose.

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

(3) An approved form is a notifiable instrument.

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

U Schedule 1 Regulated professions

(see s 4)

column 1 item	column 2 health profession board	column 3 health profession	column 4 relevant schedule
1	ACT Medical Board	medical practitioners	2
2	ACT Nursing and Midwifery Board	nurses	3
3	ACT Nursing and Midwifery Board	midwives	4
12	ACT Chiropractors and Osteopaths Board	chiropractors	13
13	ACT Chiropractors and Osteopaths Board	osteopaths	14

Schedule 2 Medical practitioners

(see s 4 and sch 1)

2.1 General area of operation of medical profession—Act, s 22 (1) (a)

The practice of medicine by a medical practitioner involves a service, attendance or operation, or the giving of advice, that includes 1 or more of the following:

- (a) diagnosis of medical conditions;
- (b) prescribing or administration of medication;
- (c) invasive procedures or other therapy;
- (d) the management, prognostication or treatment of a patient resulting in written or documented medical opinion being offered that affects the diagnosis or management of a patient;
- (e) an examination or assessment for medico-legal purposes.

2.2 Qualifications as suitability to practise requirements for medical practitioners—Act, s 23 (a)

- (1) To practise medicine, a person must—
 - (a) have recognised medical qualifications; and
 - (b) have successfully completed a period of supervised training approved in writing by the medical board.
- (2) For this section, a person has *recognised medical qualifications* if the person—
 - (a) is a graduate of a medical school (whether in or outside Australia) approved in writing by the medical board; or
 - (b) has successfully completed examinations held by the Australian Medical Council; or

- (c) has graduated from a medical school accredited by the Australian Medical Council.

2.3 Mental and physical health as suitability to practise requirements—Act, s 23 (b)

To practise medicine, a person must have—

- (a) adequate physical capacity, mental capacity and skill to practise medicine; and
- (b) communication skills that allow the person to practise medicine effectively without endangering patients.

Note Under the Act, s 37 (1) (b), the person must have a knowledge of written and spoken English that is adequate to allow the person to practise medicine.

2.4 Specialist areas and suitability to practise requirements—Act, s 23 (c)

- (1) Each of the areas mentioned in table 2.4, column 2 is a specialist area.
- (2) Each of the areas mentioned in table 2.4, column 3 is a sub-specialist area of the specialist area to which it relates.
- (3) A person meets the requirements for registration in a specialist area of medicine if—
 - (a) the person—
 - (i) is registered under the Act; and
 - (ii) has a qualification mentioned in table 2.4, column 4 in a specialist area of medicine mentioned in column 2; or
 - (b) the person—
 - (i) graduated in medicine, whether from an Australian institution, or otherwise; and

- (ii) holds a qualification in a specialist area of medicine awarded by an educational institution outside Australia; and
 - (iii) the qualification is approved in writing by an entity accredited by the Australian Medical Council, or an entity established to regulate the medical profession under a corresponding law of a local jurisdiction.
- (4) A reference in subsection (3) (a) (ii) to a qualification (the *current qualification*) mentioned in table 2.4, column 4 in a specialist area of medicine includes a reference to a qualification—
 - (a) awarded before the current qualification was first awarded; and
 - (b) that the medical board is satisfied was, at the time it was awarded, an adequate qualification for admission to the specialist area.

Table 2.4 Specialist and sub-specialist areas of medical practice

column 1 item	column 2 specialist areas	column 3 sub-specialist areas	column 4 qualification
1	adult medicine	general medicine, cardiology, clinical genetics, haematology, immunology and allergy, clinical pharmacology, endocrinology, gastroenterology and hepatology, geriatric medicine, infectious disease, intensive care, medical oncology, nephrology, neurology, nuclear medicine, rheumatology, respiratory and sleep medicine, thoracic medicine	Fellowship of Royal Australasian College of Physicians (FRACP)
2	paediatric medicine		Fellowship of Royal Australasian College of Physicians (FRACP)
3	anaesthesia	anaesthetics	Fellowship of Australian and New Zealand College of Anaesthetists (FANZCA)

Schedule 2 Medical practitioners

Section 2.4

column 1 item	column 2 specialist areas	column 3 sub-specialist areas	column 4 qualification
		intensive care	Fellowship of Faculty of Intensive Care, Australian and New Zealand College of Anaesthetists (FFICANZCA) or Fellowship of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists, Royal Australasian College of Physicians (FJFICM)
4	dermatology		Fellowship of Australasian College of Dermatologists (FACD)
5	diagnostic radiology	diagnostic ultrasound, nuclear medicine, radiation oncology, radiology	Fellowship of Royal Australian and New Zealand College of Radiologists (FRANZCR)
6	emergency medicine		Fellowship of Australasian College for Emergency Medicine (FACEM)

column 1 item	column 2 specialist areas	column 3 sub-specialist areas	column 4 qualification
7	general practice		Fellowship of Royal Australian College of General Practitioners (FRACGP)
8	medical administration		Fellowship of Royal Australian College of Medical Administrators (FRACMA)
9	obstetrics and gynaecology	obstetrics and gynaecology	Fellowship of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)
		gynaecological oncology	Fellowship of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) with certification in gynaecological oncology (CGO)

Schedule 2 Medical practitioners

Section 2.4

column 1 item	column 2 specialist areas	column 3 sub-specialist areas	column 4 qualification
		maternal-foetal medicine	Fellowship of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) with certification in Maternal-Foetal Medicine
		obstetrical and gynaecological ultrasound	Fellowship of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) with certification in Obstetrical and Gynaecological Ultrasound
		reproductive endocrinology and infertility	Fellowship of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) with certification in Reproductive Endocrinology and Infertility

column 1 item	column 2 specialist areas	column 3 sub-specialist areas	column 4 qualification
		urogynaecology	Fellowship of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) with certification in Urogynaecology
10	occupational medicine		Fellowship of Australasian Faculty of Occupational Medicine (FAFOM)
11	ophthalmology		Fellowship of Royal Australian College of Ophthalmologists (FRACO) or Fellowship of Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)
12	pain medicine		Fellowship of the Faculty of Pain Management Australian and New Zealand College of Anaesthetists (FFPMANZCA)

Schedule 2 Medical practitioners

Section 2.4

column 1 item	column 2 specialist areas	column 3 sub-specialist areas	column 4 qualification
13	pathology	general pathology, anatomical pathology, chemical pathology, clinical genetics, cytopathology, forensic pathology, haematology, immunology, microbiology	Fellowship of Royal College of Pathologists of Australasia (FRCPA)
14	psychiatry		Fellowship of Royal Australian and New Zealand College of Psychiatrists (FRANZCP)
15	public health medicine		Fellowship of Australasian Faculty of Public Health Medicine (FAFPHM)
16	rehabilitation medicine		Fellowship of Australasian Faculty of Rehabilitation Medicine (FAFRM)
17	surgery	general surgery, cardiothoracic surgery, neurosurgery, orthopaedic surgery, otolaryngology (head and neck surgery), paediatric surgery, plastic and reconstructive surgery, urology, vascular surgery	Fellowship of Royal Australasian College of Surgeons (FRACS)

2.5 Maintenance and demonstration of continued competence, recency of practice and professional development—Act, s 23 (d)

- (1) To demonstrate recency of practice at the time of application for registration (including at renewal of registration), the applicant must include in the application—
 - (a) evidence that the applicant has completed on average at least 10 hours of medical practice each week during the 5-year period before the day the application is made; or
 - (b) evidence of the applicant's attendance and satisfactory completion of a refresher course approved in writing by the medical board; or
 - (c) other evidence that demonstrates the applicant's recency of practice.
- (2) To demonstrate adequate professional development at the time of application for renewal of registration, the applicant must include in the application—
 - (a) evidence that the applicant attended a training program approved in writing by the medical board; or
 - (b) evidence of undertaking, and making satisfactory progress towards completing, a program of continuing medical education that is approved in writing by the board and provided by an Australian medical college; or
 - (c) for registered medical practitioners who are not members of an Australian medical college—evidence of satisfactory progress of an education program approved in writing by the board; or

- (d) other evidence that the applicant has undertaken adequate professional development.

Example for par (b)

At renewal, Mary includes in her application evidence that, during the year, she has earned 4 points towards a continuing medical education package accredited by the board.

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

2.6 Medical board membership—Act, s 24

- (1) The medical board is made up of the president and the following people:
- (a) 3 elected members;
 - (b) 5 appointed members, 2 of whom are community representatives.
- (2) One of the community representatives must be a lawyer who has been a lawyer for a continuous period of at least 5 years before the day of appointment.

2.7 Required insurance policy—Act, s 37 (1) (d)

- (1) A registered medical practitioner must maintain a policy of medical indemnity insurance at a level approved in writing by the medical board.
- (2) However, subsection (1) does not apply to a medical practitioner if the medical practitioner—
- (a) is covered by medical indemnity insurance other than insurance maintained by the practitioner; and
 - (b) only practises medicine that is covered by the medical indemnity insurance.

2.8 Application requirements—Act, s 37 (5) (a)

- (1) An application for registration as a medical practitioner must be accompanied by each of the following:
 - (a) an original or certified copy of the applicant's degree or qualification as a medical practitioner or, if the applicant has successfully completed examinations held by the Australian Medical Council (AMC), a certified copy of the AMC assessment;
 - (b) unless the medical board exempts the applicant in writing, the original certificate issued, not more than 6 months before the day the application is made, by the Australian Federal Police describing the applicant's criminal history (if any);
 - (c) the original, or a certified copy, of any postgraduate qualifications required for any specialist area the applicant is applying to be registered in;
 - (d) if the applicant is registered as a medical practitioner in a local jurisdiction—
 - (i) the original, or a certified copy, of the current certificate of registration as a medical practitioner in the jurisdiction; and
 - (ii) a copy of an application to the registering authority of a local jurisdiction asking for a certificate of good standing about the applicant to be given to the board, and evidence that the application has been given to the registering authority;
 - (e) a recent passport-size photograph of the applicant's head and shoulders, signed by the applicant on the back and dated the date the application is made;
 - (f) if the application is for conditional registration in the public interest because the applicant believes the applicant is someone mentioned in section 117 (1) (c) or (g)—evidence from a

medical college that the training is appropriate for the applicant;

- (g) if the application is for conditional registration in the public interest because the applicant believes the applicant is someone mentioned in section 117 (1) (d)—evidence that the applicant is an applicant for, or has enrolled in, the examination;
 - (h) if the application is for conditional registration under section 117 (1) (e)—a letter of offer from the applicant’s prospective employer stating the conditions of employment and giving the name of the applicant’s proposed supervisor;
 - (i) if the application is for conditional registration in the public interest because the applicant believes the applicant is someone mentioned in section 117 (1) (f)—
 - (i) a certificate from the chief executive stating that the position to be filled by the applicant is in an area declared to be an area of unmet need; and
 - (ii) a letter of offer from the applicant’s prospective employer stating the conditions of employment and giving the name of the applicant’s proposed supervisor.
- (2) In subsection (1) (d) (ii):
- certificate of good standing*** about an applicant, given by a registering authority of a local jurisdiction, means a certificate stating—
- (a) that the applicant is registered in the jurisdiction; and
 - (b) whether any condition or restriction applies to the applicant’s registration; and
 - (c) if a condition or restriction applies to the registration—the condition or restriction.
- (3) Applicants are to personally provide to the medical board 100 points of evidence of identity as prescribed under the *Financial*

Transaction Reports Regulations 1990 (Cwlth) for general verification.

Example

presentation of a combination of a passport or citizenship certificate or photographic licence (such as a drivers licence), with a social security card, employment ID, a letter from an employer, credit or debit card or Medicare card

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

2.9 Conditional registration of students—Act, s 37 (5) (b)

- (1) The medical board may register a person as a medical practitioner if the medical board is satisfied that the person is undertaking, or is about to undertake—
 - (a) medical study at a medical school in the ACT that is accredited by the Australian Medical Council; or
 - (b) a clinical placement in the ACT arranged by an educational institution for a course accredited by the Australian Medical Council.
- (2) Registration under this section is subject to the condition that the medical practitioner only practises medicine—
 - (a) as part of the study or placement; and
 - (b) under the supervision of a registered medical practitioner whose registration entitles the practitioner to practise medicine without supervision.
- (3) The medical board may impose any other condition on the registration of the person that it considers appropriate.
- (4) The medical board must not determine a fee for registration under this section.

2.10 Short-term conditional registration—Act, s 37 (5) (b)

- (1) This section applies to a person if the person has applied for registration as a medical practitioner.
- (2) The executive officer may, on behalf of the medical board, register the person if satisfied that—
 - (a) if the board were to consider the person's application, it would—
 - (i) register the person unconditionally; or
 - (ii) register the person conditionally because the person would be entitled to apply for unconditional registration if the person had completed a period of supervised training (which may include internship) that the person has started; and
 - (b) it is appropriate to conditionally register the person because the board will not meet to consider the application soon.
- (3) Registration under this section is subject to—
 - (a) the condition that it ends on the earlier of—
 - (i) the day the medical board decides the application for registration; or
 - (ii) the day 4 weeks after the day the executive officer registers the person under this section; and
 - (b) any other condition the executive officer considers appropriate.
- (4) However, if the medical board decides to register the person, the registration is taken to have begun on the day the executive officer conditionally registered the person.

2.11 Conditional registration for non-practising medical practitioners—Act, s 37 (5) (b)

- (1) This section applies if—

- (a) a person has applied for registration as a medical practitioner; and
 - (b) the medical board is satisfied that the person does not intend to practise medicine, whether or not because the person is retired.
- (2) The medical board may register the person on condition that the person must not practise medicine.

2.12 Conditional registration in limited circumstances—Act, s 37 (5) (b)

- (1) This section applies if—
- (a) a person has applied for registration as a medical practitioner; and
 - (b) the medical board is satisfied that the person does not intend to practise medicine other than as mentioned under subsection (2), whether or not because the person is retired; and
 - (c) the person has undertaken approved professional education in relation to prescribing therapeutic substances in the year before the day the application is made.
- (2) The medical board may register the person on condition that the person must only practise medicine as follows:
- (a) the person may refer a person to another medical practitioner;
 - (b) the person may prescribe a therapeutic substance if—
 - (i) the prescription renews a prescription (other than a prescription for a drug of dependence) given by an unrestricted medical practitioner within 6 months before the day the prescription is written; and

Note **Unrestricted medical practitioner**—see s (4).

- (ii) the person undertook approved professional education in relation to prescribing therapeutic substances in the year before the day the prescription is written;
- (c) the person may also prescribe a therapeutic substance if—
 - (i) the prescription is for a patient who requires emergency or temporary medical relief until the patient can be seen by another medical practitioner; and
 - (ii) the person undertook approved professional education in relation to prescribing therapeutic substances in the year before the day the prescription is written;
- (d) the person must not receive a fee or other benefit for providing the service.
- (3) The medical board may in writing approve professional education in relation to prescribing therapeutic substances for this section.
- (4) In this section:

unrestricted medical practitioner means a medical practitioner whose registration allows the medical practitioner to prescribe medicines unconditionally.

2.13 Conditional registration not limited

This schedule does not limit when a medical practitioner may be conditionally registered or the conditions that may be imposed on registration.

2.14 Registration end date—s 121 (c)

The registration end date for a certificate of registration is 30 September following registration.

Schedule 3 Nurses

(see s 4 and sch 1)

3.1 Definitions for sch 3

In this schedule:

board means the ACT Nursing and Midwifery Board.

enrolled nurse—

- (a) means a nurse who is enrolled in accordance with this schedule; and
- (b) includes a person enrolled in the specialist area of enrolled nurse (medications).

nurse practitioner means a registered nurse registered in the specialty area of nurse practitioner.

nursing and midwifery regulatory authority means a regulatory authority established under a corresponding law of a local jurisdiction to regulate nursing, midwifery or both.

re-entry course means a course designed to allow a person who has not practised nursing for longer than 10 years, to return to practice.

Note Re-entry courses are generally tertiary courses where the student gets credit for having done a previous nursing degree and for any previous experience.

refresher course means a course designed to allow a person who has not practised nursing for 10 years or less, to return to practice.

register—

- (a) means register other than by enrolment; and
- (b) includes register in the specialist area of nurse practitioner.

Note In the Act, **register** includes enrol (see the Act, dict).

registered nurse means a registered nurse other than an enrolled nurse.

Note Under s 4 (3), if a schedule requires or allows something to be approved by a health profession board, the approval must be in writing and is a notifiable instrument, which must be notified under the Legislation Act.

3.2 General area of operation of nursing profession—Act, s 22 (1) (a)

- (1) The practice of nursing involves the autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings (including specialist areas).
- (2) The practice of nursing includes the following:
 - (a) the promotion of, and education about, health;
 - (b) the prevention of illness;
 - (c) the care of people who are ill or dying and people with disabilities;
 - (d) advocacy in the interest of—
 - (i) people who use, or may use, health services; and
 - (ii) health professionals; and
 - (iii) nursing;
 - (e) research to facilitate the implementation of evidence-based health care, innovation and change in practice;
 - (f) participation in shaping health policy and health systems management;
 - (g) education and training of nurses and other health care providers by nurses.

3.3 What does enrolment allow?

Enrolment allows the person enrolled to practise nursing under the direct or indirect supervision of a registered nurse.

3.4 Board responsible for assessing courses for nurses etc

- (1) The board is responsible for assessing courses for their suitability as educational and training courses for the registration and enrolment of nurses.
- (2) The courses included in this schedule have been assessed and approved by the board.

3.5 Qualifications as suitability to practise requirements for registered and enrolled nurses—Act, s 23 (a)

- (1) To practise nursing as a registered nurse, a person must—
 - (a) be a graduate of—
 - (i) a bachelor of nursing program approved by the board or another nursing and midwifery regulatory authority; or
 - (ii) a nursing program that is no longer offered if, at the time the person graduated from the program, graduation from the program was a sufficient educational qualification in the ACT to allow the person to be registered as a nurse; or
 - (iii) a program in a place other than the ACT or a local jurisdiction that the board is satisfied is equivalent to a program mentioned in subparagraph (i); and
 - (b) have graduated from the course, or practised nursing as a registered nurse, within the 5-year period before the day the person applied for registration.
- (2) However, the board may register a person who does not satisfy subsection (1) as a registered nurse if satisfied that the person—

- (a) is a graduate of a nursing program in a place other than the ACT or a local jurisdiction; and
 - (b) has done any other training or further education required to achieve the standard required of registered nurses in the ACT; and
 - (c) graduated from the course, or finished the training or further education, within the 5-year period before the day the person applied for registration.
- (3) To practise nursing as an enrolled nurse, a person must—
- (a) be a graduate of—
 - (i) an enrolled nurse program approved by the board or another nursing and midwifery regulatory authority; or
 - (ii) an enrolled nursing program that is no longer offered if, at the time the person graduated from the program, graduation from the program was a sufficient educational qualification in the ACT to allow the person to be enrolled as a nurse; and
 - (b) have graduated from the course, or practised nursing as an enrolled nurse, within the 5-year period before the day the person applied for registration.
- (4) However, the board may enrol a person who does not satisfy subsection (3) as an enrolled nurse if satisfied that the person—
- (a) is a graduate of an enrolled nursing program in a place other than the ACT or a local jurisdiction; and
 - (b) has done any other training or further education required to achieve the standard required of enrolled nurses in the ACT; and
 - (c) graduated from the course, or finished the training or further education, within the 5-year period before the day the person applied for registration.

3.6 Mental and physical health and communication skills as suitability to practise requirements—Act, s 23 (b)

To practise nursing, a person must have—

- (a) adequate physical capacity, mental capacity and skill to practise nursing; and
- (b) communication skills that allow the person to practise nursing effectively without endangering patients.

Note Under the Act, s 37 (1) (b), the person must have a knowledge of written and spoken English that is adequate to allow the person to practise nursing.

3.7 Specialist areas and suitability to practise requirements—Act, s 23 (c)

- (1) A person meets the requirements for registration in the specialist area of nurse practitioner if the person—
 - (a) is a registered nurse; and
 - (b) has graduated from a master of nurse practitioner program approved by the board or another nursing and midwifery regulatory authority; and
 - (c) graduated from the program, or practised nursing in the area of nurse practitioner, within the 5-year period before the day the person applied for registration.
- (2) However, the board may register a person who does not satisfy subsection (1) in the specialty area of nurse practitioner if satisfied that the person—
 - (a) is a registered nurse; and
 - (b) is a graduate of a program in a place other than the ACT or a local jurisdiction that is substantially equivalent to a master of nurse practitioner program mentioned in subsection (1) (b); and

- (c) is entitled to practise nursing as a nurse practitioner (or in a substantially equivalent position) in that place.
- (3) A person meets the requirements for enrolment in the specialist area of enrolled nurse (medications) if the person—
 - (a) is an enrolled nurse; and
 - (b) has successfully completed a medication practice program approved by the board or another nursing and midwifery regulatory authority; and
 - (c) successfully completed the program, or has administered medication, within the 5-year period before the day the person applied for enrolment.
- (4) However, the board may enrol a person who does not satisfy subsection (3) in the specialty area of enrolled nurse (medications) if satisfied that the person—
 - (a) is an enrolled nurse; and
 - (b) is a graduate of a program in a place other than the ACT or a local jurisdiction that is substantially equivalent to a medication practice program mentioned in subsection (3) (b); and
 - (c) is entitled to practise nursing as an enrolled nurse (or in a substantially equivalent position) in that place; and
 - (d) can administer medications as required in the ACT.

Example for par (d)

The board may require the person to undergo further training, or an examination, to be satisfied that the person can administer medications as required in the ACT.

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

3.8 Maintenance and demonstration of continued competence, recency of practice and professional development—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration or enrolment, the applicant must, if required by the board, give the board written evidence that the applicant has undertaken at least 30 hours of professional development activities during the 3-year period before the day the applicant applied for registration or enrolment.
- (2) To demonstrate continuing competence at the time of application for registration or enrolment, the applicant must, if required by the board, give the board written evidence of the applicant's competence assessed against the board's standards statement.
- (3) To demonstrate recency of practice at the time of application for registration or enrolment, the applicant must, if required by the board, give the board—
 - (a) written evidence that the applicant has practiced as a nurse during the 5-year period before the day the application is made; or
 - (b) written evidence of the applicant's attendance and satisfactory completion of a refresher or re-entry course approved by the board or another nursing and midwifery regulatory authority; or
 - (c) other written evidence that demonstrates the applicant's recency of practice.
- (4) In this section:

professional development activity—an activity is a ***professional development activity*** if it complies with a standard about professional development for nurses developed or endorsed under section 131.

3.9 Board membership—Act, s 24

- (1) The board is made up of the president and the following people:
 - (a) 4 elected members;
 - (b) 4 appointed members.
- (2) The elected members must be—
 - (a) 3 nurses elected by nurses; and
 - (b) a midwife elected under schedule 4.
- (3) The Minister must ensure that the board members appointed (including the president) include the following people:
 - (a) a registered nurse;
 - (b) a midwife;
 - (c) an enrolled nurse;
 - (d) 2 community representatives who are not entitled to be registered or enrolled.

3.10 Application requirements—Act, s 37 (5) (a)

Note See the note to pt 3.1 about the non-application of this section to people entitled to registration under the *Mutual Recognition Act 1992* (Cwlth) and the *Trans-Tasman Mutual Recognition Act 1997* (Cwlth).

- (1) An application for registration or enrolment as a nurse must be accompanied by each of the following:
 - (a) an original or certified copy of the applicant's qualification as a nurse;
 - (b) the original or certified copy of any post-graduate qualifications required for any specialist area the applicant is applying to be registered in;

- (c) a recent passport-size photograph of the applicant's head and shoulders, signed by a person before whom a statutory declaration may be made;

Note The *Statutory Declarations Act 1959* (Cwlth), s 8 requires a statutory declaration to be made before a prescribed person. The *Statutory Declaration Regulations 1993* (Cwlth) prescribes people for that section.

- (d) if the applicant is currently registered or enrolled (however described) outside Australia—
- (i) the original, or a certified copy, of the applicant's current practising certificate; and
 - (ii) a statutory declaration to the effect that the applicant has asked the authority (the **regulatory authority**) responsible for the registration and enrolment of nurses in the place where the applicant is registered for a certificate of standing about the applicant to be given to the board.

- (2) Applicants must personally provide to the board 100 points of evidence of identity as prescribed under the *Financial Transaction Reports Regulations 1990* (Cwlth) for general verification.

Example

presentation of a combination of a passport or citizenship certificate or photographic licence (such as a drivers licence), with a social security card, employment ID, a letter from an employer, credit or debit card or Medicare card

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (3) In this section:

certificate of standing about an applicant, given by a nursing and midwifery regulatory authority of a place, means a certificate stating—

- (a) that the applicant is registered or enrolled in the place; and

- (b) whether any condition or restriction applies to the applicant's registration or enrolment; and
- (c) if a condition or restriction applies to the registration or enrolment—the condition or restriction.

3.11 Short-term registration—Act, s 37 (5) (b)

- (1) This section applies to a person if the person has applied for registration or enrolment as a nurse.
- (2) A person (the *authorised person*) authorised in writing by the board may, on behalf of the board, register or enrol the person if satisfied that—
 - (a) if the board were to consider the person's application, it would register or enrol the person unconditionally; and
 - (b) it is appropriate to register or enrol the person because the board will not meet to consider the application soon.
- (3) Registration or enrolment under this section ends on the earlier of—
 - (a) the day the board decides the application for registration or enrolment; or
 - (b) 6 months after the day the authorised person registers or enrolls the person under this section.
- (4) However, if the board decides to register or enrol the person, the registration is taken to have begun on the day the authorised person registered or enrolled the person in accordance with this section.

3.12 Conditional registration of overseas nurses—Act, s 37 (5) (b)

- (1) The board may register or enrol a person as a nurse if satisfied that the person—
 - (a) is a graduate of a nursing course that is not approved under section 3.5 (Qualifications as suitability to practise

requirements for registered and enrolled nurses—Act, s 23 (a));
and

- (b) needs to be registered or enrolled to do 1 or both of the following:
 - (i) undertake further education to achieve the standard required of registered or enrolled nurses in the ACT;
 - (ii) undergo a period of practice under supervision to allow the person to become registered or enrolled in the ACT.
- (2) Registration or enrolment in accordance with this section is subject to the condition that the person only practises nursing—
 - (a) under the supervision of a registered nurse; and
 - (b) if the person needs to undertake further education—as part of the education.
- (3) The board may impose any other condition on the registration or enrolment of the person that it considers appropriate.

3.13 Conditional registration and enrolment for refresher course—Act, s 37 (5) (b)

- (1) The board may register a person as a refresher registered nurse if—
 - (a) the person is or has been a registered nurse; and
 - (b) the person has not practised nursing as a registered nurse, and has not graduated from a course required for registration as a registered nurse, within the 5-year period before the day the person applied for registration; and
 - (c) the board is satisfied that the person intends to do 1 or both of the following:
 - (i) attend a refresher course approved by the board or another nursing and midwifery regulatory authority to become a registered nurse;

- (ii) undergo a period of practice under supervision that the board is satisfied is appropriate to allow the person to become registered.
- (2) The board may register a person as a refresher nurse practitioner if—
 - (a) the person is or has been a nurse practitioner; and
 - (b) the person has not practised nursing as a nurse practitioner, and has not graduated from a course required for registration as a nurse practitioner, within the 5-year period before the day the person applied for registration; and
 - (c) the board is satisfied that the person intends to do 1 or both of the following:
 - (i) attend a refresher course approved by the board or another nursing and midwifery regulatory authority to become a nurse practitioner;
 - (ii) undergo a period of practice under supervision that the board is satisfied is appropriate to allow the person to become registered as a nurse practitioner.
- (3) The board may enrol a person as a refresher enrolled nurse if—
 - (a) the person is or has been an enrolled nurse; and
 - (b) the person has not practised nursing as an enrolled nurse, and has not graduated from a course required for enrolment as an enrolled nurse, within the 5-year period before the day the person applied for enrolment; and
 - (c) the board is satisfied that the person intends to do 1 or both of the following:
 - (i) attend a refresher course approved by the board or another nursing and midwifery regulatory authority to become an enrolled nurse;

- (ii) undergo a period of practice under supervision that the board is satisfied is appropriate to allow the person to become enrolled.
- (4) Registration or enrolment under this section is subject to the condition that the person only practises as a nurse—
 - (a) if the person is to attend a refresher course—as part of the refresher course; and
 - (b) under the supervision of a registered nurse.

3.14 Conditional registration and enrolment not limited

This schedule does not limit when a nurse may be conditionally registered or enrolled or the conditions that may be imposed on registration or enrolment.

3.15 Registration end date—s 120 (b) (i) and s 121 (c)

The registration end date for a certificate of registration or enrolment is 31 March following registration or enrolment.

Schedule 4 Midwives

(see s 4 and sch 1)

4.1 Definitions for sch 4

In this schedule:

board means the ACT Nursing and Midwifery Board.

nursing and midwifery regulatory authority means a regulatory authority established under a corresponding law of a local jurisdiction to regulate nursing, midwifery or both.

re-entry course means a course designed to allow a person who has not practised midwifery for longer than 10 years, to return to practice.

Note Re-entry courses are generally tertiary courses where the student gets credit for having done a previous midwifery degree and for any previous experience.

refresher course means a course designed to allow a person who has not practised midwifery for 10 years or less, to return to practice.

4.2 General area of operation of midwifery profession—Act, s 22 (1) (a)

- (1) The practice of midwifery involves the autonomous and collaborative care of women during pregnancy, labour, birth and the period after birth and the care of newborns and infants in all settings (including specialist areas).
- (2) The practice of midwifery includes the following:
 - (a) the supervision and care of women during pregnancy, labour and the period after birth;
 - (b) attending deliveries;

- (c) caring for the newborn baby, and the infant, (the *baby*);
- (d) educating women and the community generally in relation to birth and early childhood, for example, by taking antenatal classes or classes that prepare people for parenthood or educating about reproductive or women's health matters;
- (e) research to facilitate the implementation of evidence-based health care;
- (f) participation in shaping health policy and health systems management;
- (g) education of midwives by midwives.

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (2) In subsection (1):

care, of a woman or baby, includes—

- (a) taking the preventative measures necessary or desirable for the health and wellbeing of the woman or baby; and
- (b) detecting any abnormal condition in the woman or baby; and
- (c) obtaining any other necessary or desirable medical assistance for the woman or baby; and
- (d) taking emergency measures if other medical assistance is necessary for the woman or baby but not available.

4.3 Board responsible for assessing courses for midwives etc

- (1) The board is responsible for assessing courses for their suitability as educational and training courses for the registration of midwives.
- (2) The courses included in this schedule have been assessed and approved by the board.

4.4 Qualifications as suitability to practise requirements for midwives—Act, s 23 (a)

- (1) To practise as a midwife, a person must—
 - (a) be a graduate of—
 - (i) a midwifery program approved by the board or another nursing and midwifery regulatory authority; or
 - (ii) a program in a place other than the ACT or a local jurisdiction that the board is satisfied is equivalent to a program mentioned in subparagraph (i); and
 - (b) have graduated from the course, or practised as a midwife, within the 5-year period before the day the person applied for registration.
- (2) However, the board may register a person who does not satisfy subsection (1) as a midwife if satisfied that the person—
 - (a) is a graduate of a midwifery program in a place other than the ACT or a local jurisdiction; and
 - (b) has done any other training or further education required to achieve the standard required of registered midwives in the ACT; and
 - (c) graduated from the course, or finished the training or further education, within the 5-year period before the day the person applied for registration.

4.5 Mental and physical health and communication skills as suitability to practise requirements—Act, s 23 (b)

To practise midwifery, a person must have—

- (a) adequate physical capacity, mental capacity and skill to practise midwifery; and

- (b) communication skills that allow the person to practise midwifery effectively without endangering patients.

Note Under the Act, s 37 (1) (b), the person must have a knowledge of written and spoken English that is adequate to allow the person to practise midwifery.

4.6 Maintenance and demonstration of continued competence, recency of practice and professional development—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration, the applicant must, if required by the board, give the board written evidence that the applicant has undertaken at least 30 hours of professional development activities during the 3-year period before the day the applicant applied for registration.
- (2) To demonstrate continuing competence at the time of application for registration, the applicant must, if required by the board, give the board written evidence of the applicant's competence assessed against the board's standards statement.
- (3) To demonstrate recency of practice at the time of application for registration, the applicant must, if required by the board, give the board—
 - (a) written evidence that the applicant has practised as a midwife during the 5-year period before the day the application is made; or
 - (b) written evidence of the applicant's attendance and satisfactory completion of a refresher or re-entry course approved by the board or another nursing and midwifery regulatory authority; or
 - (c) other written evidence that demonstrates the applicant's recency of practice.

- (4) In this section:

professional development activity—an activity is a *professional development activity* if it complies with a standard about professional development developed or endorsed under section 131.

4.7 Board membership—Act, s 24

- (1) The board is made up as prescribed under schedule 3.
- (2) The elected members must include a midwife elected by midwives under this schedule.

4.8 Application requirements—Act, s 37 (5) (a)

Note See the note to pt 3.1 about the non-application of this section to people entitled to registration under the *Mutual Recognition Act 1992* (Cwlth) and the *Trans-Tasman Mutual Recognition Act 1997* (Cwlth).

- (1) An application for registration as a midwife must be accompanied by each of the following:

- (a) an original or certified copy of the applicant's qualification as a midwife;
- (b) a recent passport-size photograph of the applicant's head and shoulders, signed by a person before whom a statutory declaration may be made;

Note The *Statutory Declarations Act 1959* (Cwlth), s 8 requires a statutory declaration to be made before a prescribed person. The *Statutory Declaration Regulations 1993* (Cwlth) prescribes people for that section.

- (c) if the applicant is currently registered (however described) outside Australia—
- (i) the original, or a certified copy, of the applicant's current practising certificate; and
- (ii) a statutory declaration to the effect that the applicant has asked the authority (the *regulatory authority*) responsible

for the registration of midwives in the place where the applicant is registered for a certificate of standing about the applicant to be given to the board.

- (2) Applicants must personally provide to the board 100 points of evidence of identity as prescribed under the *Financial Transaction Reports Regulations 1990* (Cwlth) for general verification.

Example

presentation of a combination of a passport or citizenship certificate or photographic licence (such as a drivers licence), with a social security card, employment ID, a letter from an employer, credit or debit card or Medicare card

Note An example is part of the regulation, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

- (3) In this section:

certificate of standing about an applicant, given by a nursing and midwifery regulatory authority of a place, means a certificate stating—

- (a) that the applicant is registered in the place; and
- (b) whether any condition or restriction applies to the applicant's registration; and
- (c) if a condition or restriction applies to the registration—the condition or restriction.

4.9 Short-term registration—Act, s 37 (5) (b)

- (1) This section applies to a person if the person has applied for registration as a midwife.
- (2) A person (the *authorised person*) authorised in writing by the board may, on behalf of the board, register the person if satisfied that—
- (a) if the board were to consider the person's application, it would register the person unconditionally; and

- (b) it is appropriate to register the person because the board will not meet to consider the application soon.
- (3) Registration under this section ends on the earlier of—
 - (a) the day the board decides the application for registration; or
 - (b) 6 months after the day the authorised person registers the person under this section.
- (4) However, if the board decides to register the person, the registration is taken to have begun on the day the authorised person registered the person in accordance with this section.

4.10 Conditional registration of overseas midwives—Act, s 37 (5) (b)

- (1) The board may register a person as a midwife if satisfied that the person—
 - (a) is a graduate of a midwifery course that is not approved under section 4.4 (Qualifications as suitability to practise requirements for midwives—Act, s 23 (a)); and
 - (b) needs to be registered to do 1 or both of the following:
 - (i) undertake further education to achieve the standard required of registered midwives in the ACT;
 - (ii) undergo a period of practice under supervision to allow the person to become registered in the ACT.
- (2) Registration in accordance with this section is subject to the condition that the person only practises midwifery—
 - (a) under the supervision of a midwife; and
 - (b) if the person needs to undertake further education—as part of the education.
- (3) The board may impose any other condition on the registration of the person that it considers appropriate.

4.11 Conditional registration for refresher course—Act, s 37 (5) (b)

- (1) The board may register a person as a refresher midwife if—
 - (a) the person is or has been a midwife; and
 - (b) the person has not practised as a midwife, and has not graduated from a course required for registration as a midwife, within the 5-year period before the day the person applied for registration; and
 - (c) the board is satisfied that the person intends to do 1 or both of the following:
 - (i) attend a refresher course approved by the board or another nursing and midwifery regulatory authority to become a midwife;
 - (ii) undergo a period of practice under supervision that the board is satisfied is appropriate to allow the person to become a midwife.
- (2) Registration under this section is subject to the condition that the person only practises as a midwife—
 - (a) if the person is to attend a refresher course—as part of the refresher course; and
 - (b) under the supervision of a midwife.

4.12 Conditional registration not limited

This schedule does not limit when a midwife may be conditionally registered or the conditions that may be imposed on registration.

4.13 Registration end date—s 120 (b) (i) and s 121 (c)

The registration end date for a certificate of registration is 31 March following registration.

- U** Schedule 5 **Pharmacists**
- U** Schedule 6 **Dentists, dental hygienists and dental therapists**
- U** Schedule 7 **Psychologists**
- U** Schedule 8 **Dental Technicians and Dental Prosthetists**
- U** Schedule 9 **Podiatrists**
- U** Schedule 10 **Physiotherapists**
- U** Schedule 11 **Optometrists**
- U** Schedule 12 **Veterinary surgeons**

Schedule 13 Chiropractors

(see s 4 and sch 1)

13.1 Meaning of *board*—sch 13

In this schedule:

board means the ACT Chiropractors and Osteopaths Board.

13.2 Board membership—Act, s 24

- (1) The board is made up of the president and the following people:
 - (a) 2 elected members;
 - (b) 4 appointed members.
- (2) The elected members must be—
 - (a) a chiropractor elected by chiropractors; and
 - (b) an osteopath elected under schedule 14.
- (3) The appointed members must be a community representative and—
 - (a) if the president is a chiropractor—1 chiropractor and 2 osteopaths; or
 - (b) if the president is an osteopath—1 osteopath and 2 chiropractors.
- (4) For subsection (3), if the president is a chiropractor and osteopath, the president must choose a profession before the members are appointed and give the Minister written notice of the choice.

Schedule 14 Osteopaths

(see s 4 and sch 1)

14.1 Meaning of *board*—sch 14

In this schedule:

board means the ACT Chiropractors and Osteopaths Board.

14.2 Board membership—Act, s 24

- (1) The board is made up as prescribed under schedule 13.
- (2) The elected members must include an osteopath elected by osteopaths under this schedule.

U Schedule 15 Medical radiation scientists

U Dictionary

(see s 3)

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

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

- commissioner for health complaints
- disallowable instrument (see s 9)
- electoral commissioner
- Executive
- function
- penalty unit (see s 133)
- person
- under.

Note 3 Terms used in this regulation have the same meaning that they have in the *Health Professionals Act 2004* (see Legislation Act, s 148.) For example, the following terms are defined in the *Health Professionals Act 2004*, dict:

- community representative list
- corresponding law
- health profession board
- local jurisdiction
- relevant health profession board (see s 19)
- report.

act includes fail to act.

Australian Medical Council means the Australian Medical Council Inc ABN 19 814 243 263.

ballot paper envelope, for part 2.3 (Elections)—see section 23.

board, for a schedule, means the health profession board, as defined in the first section of the schedule.

board deputy president—see section 6.

board president—see section 5.

board member, of a health profession board, means each of the following of the health profession board:

- (a) the board president;
- (b) the board deputy president;
- (c) a board member appointed under section 10;
- (d) a board member elected under part 2.3 (Elections).

bribery, for division 2.3.4 (Disputed elections)—see section 62.

casual vacancy, for division 2.3.3 (Casual and temporary vacancies in elected positions)—see section 53.

close of poll day, for an election for a health profession, for part 2.3 (Elections)—see section 24 (1) (d).

closing time for applications, for division 2.3.3 (Casual and temporary vacancies in elected positions)—see section 56 (2) (Candidates for casual vacancy).

contravention, of a section of the Act or the *Crimes Act 1914* (Cwlth), for division 2.3.4 (Disputed elections)—see section 62.

Court of Disputed Health Elections, for division 2.3.4 (Disputed elections)—see section 63 (2).

disputed election application, for division 2.3.4 (Disputed elections)—see section 62.

drug of dependence—see the *Drugs of Dependence Act 1989*, section 3 (1).

election, for a health profession—

- (a) for part 2.3 (Elections)—see section 23; and
- (b) for division 2.3.4 (Disputed elections)—see section 62.

election start day, for an election for a health profession, for part 2.3 (Elections)—see section 24 (1) (a).

elector, for an election for a health profession—see section 37.

Electoral Act, for part 2.3 (Elections)—see section 23.

eligible, for part 2.3 (Elections)—see section 23.

enrolled nurse, for schedule 3 (Nurses)—see schedule 3, section 3.1.

file, for division 2.3.4 (Disputed elections)—see section 62.

former board member, for division 2.3.3 (Casual vacancies in elected positions)—see section 53.

hour of nomination, for an election for a health profession, for part 2.3 (Elections)—see section 30.

incorporated document, in relation to a health profession board, means a standard statement developed by another entity and approved by the health profession board under section 134.

issue of papers day, for an election for a health profession, for part 2.3 (Elections)—see section 24 (1) (c).

leave application, for division 2.3.4 (Disputed elections)—see section 62.

list of health professionals, for an election for a health profession, for part 2.3 (Elections)—see section 26.

medical board means the ACT Medical Board (see sch 1).

nomination close day, for an election for a health profession, for part 2.3 (Elections)—see section 24 (1) (b).

nurse practitioner, for schedule 3 (Nurses)—see schedule 3, section 3.1.

nursing and midwifery regulatory authority—

(a) for schedule 3 (Nurses)—see schedule 3, section 3.1; and

(b) for schedule 4 (Midwives)—see schedule 4, section 4.1.

officer, for part 2.3 (Elections)—see section 23.

partial failure, for division 2.3.3 (Casual and temporary vacancies in elected positions)—see section 53.

practising certificate means a certificate given to a registered health professional under section 121 (Practising certificate), section 122 (Replacement practising certificates) or section 123 (4) (Return of practising certificate).

preliminary scrutiny, for part 2.3 (Elections)—see section 23.

proceeding, for division 2.3.4 (Disputed elections)—see section 62.

re-entry course—

(a) for schedule 3 (Nurses)—see schedule 3, section 3.1; and

(b) for schedule 4 (Midwives)—see schedule 4, section 4.1.

refresher course—

(a) for schedule 3 (Nurses)—see schedule 3, section 3.1; and

(b) for schedule 4 (Midwives)—see schedule 4, section 4.1.

register, for schedule 3 (Nurses)—see schedule 3, section 3.1.

registered nurse, for schedule 3 (Nurses)—see schedule 3, section 3.1.

registrar, for division 2.3.4 (Disputed elections)—see section 62.

registration end date—see section 121 (c).

relevant health profession, in relation to a health profession board, means the health profession, or a health profession, for which the board is established.

relevant health profession schedule, in relation to a health profession, means the schedule to this regulation that regulates the profession.

renewal notice—see section 126 (1).

scrutiny centre, for an election for a health profession, for part 2.3 (Elections)—see section 23.

specialist area, for a health profession—

- (a) means an area prescribed as a specialist area for the profession under the schedule for the profession; and
- (b) includes a sub-specialist area prescribed under the schedule.

standards statement—see section 134.

undue influence, for division 2.3.4 (Disputed elections)—see section 62.

Endnotes

1 About the endnotes

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 and expiries are listed in the legislation history and the amendment history. These details are underlined. Uncommenced provisions and amendments are not included in the republished law but are set out in the last endnote.

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

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

3 Legislation history

This regulation was originally the *Health Professionals Regulations 2004*. It was renamed by the *Health Professionals Amendment Regulation 2004 (No 1)* SL2004-52 s 4.

Health Professionals Regulation 2004 SL2004-41

notified LR 6 September 2004

s 1, s 2 commenced 6 September 2004 (LA s 75 (1))

ch 1, ch 2, dict commenced 18 November 2004 (s 2 (1) as am by SL2004-52 s 4)

ch 3, ch 4, ch 5 (other than s 158), sch 1 item 1, sch 2 commenced 7 July 2005 (s 2 (2) (as am by SL2004-52 s 4) and CN2005-12) s 158, sch 15 commenced 22 November 2004 (s 2 (2) and CN2004-26)

sch 1 items 2-11, schs 5-12 (as ins by SL2005-14 s 24 (as am by SL2006-1 s 7)) awaiting commencement (s 2 (2))

Note 1 default commencement under s 2 (3): 9 January 2007

Note 2 default commencement under LA s 79 does not apply to this regulation

as amended by

Health Professionals Amendment Regulation 2004 (No 1) SL2004-52

notified LR 17 November 2004

s 1, s 2 commenced 17 November 2004 (LA s 75 (1))

remainder commenced 18 November 2004 (s 2)

Health Professionals Amendment Regulation 2005 (No 1) SL2005-14 (as am by SL2006-1 s 7; SL2006-38 s 8)

notified LR 6 July 2005

s 1, s 2 commenced 6 July 2005 (LA s 75 (1))

s 24 (in so far as it inserts sch 1 items 2-11, schs 5-12 (as am by SL2006-1 s 7)) awaiting commencement (s 2 (3))

remainder commenced 7 July 2005 (s 2 (2))

Note 1 default commencement under s 2 (4): 9 January 2007

Note 2 default commencement under LA s 79 does not apply to this regulation

Endnotes

3 Legislation history

Health Legislation Amendment Act 2005 A2005-28 sch 1 pt 1.3

notified LR 6 July 2005
s 1, s 2 commenced 6 July 2005 (LA s 75 (1))
sch 1 pt 1.3 commenced 7 July 2005 (s 2)

Health Professionals Amendment Regulation 2006 (No 1) SL2006-1

notified LR 16 January 2006
s 1, s 2 commenced 16 January 2006 (LA s 75 (1))
s 7 awaiting commencement (LA s 79A and SL2005-14)
remainder commenced 17 January 2006 (s 2)

Health Professionals Amendment Regulation 2006 (No 2) SL2006-2

notified LR 16 January 2006
s 1, s 2 commenced 16 January 2006 (LA s 75 (1))
remainder commenced 17 January 2006 (s 2)

Health Professionals Amendment Regulation 2006 (No 3) SL2006-3

notified LR 16 January 2006
s 1, s 2 commenced 16 January 2006 (LA s 75 (1))
remainder commenced 17 January 2006 (s 2)

Sentencing Legislation Amendment Act 2006 A2006-23 sch 1 pt 1.22

notified LR 18 May 2006
s 1, s 2 commenced 18 May 2006 (LA s 75 (1))
sch 1 pt 1.22 commenced 2 June 2006 (s 2 (1) and see Crimes
(Sentence Administration) Act 2005 A2005-59 s 2, Crimes
(Sentencing) Act 2005 A2005-58, s 2 and LA s 79)

Health Professionals Amendment Regulation 2006 (No 4) SL2006-28

notified LR 8 June 2006
s 1, s 2 commenced 8 June 2006 (LA s 75 (1))
remainder commenced 8 December 2006 (s 2 and LA s 79)

Health Professionals Amendment Regulation 2006 (No 5) SL2006-38

notified LR 7 July 2006
s 1, s 2 commenced 7 July 2006 (LA s 75 (1))
s 6, s 7 awaiting commencement (s 2 (2))
remainder commenced 8 July 2006 (s 2 (1))
Note default commencement under LA s 79: 7 January 2007

4 Amendment history

Name of regulation

s 1 sub SL2004-52 s 4

Commencement

s 2 sub SL2004-52 s 4
am A2005-28 amdt 1.63; SL2006-38 s 4

Board deputy president

s 6 am SL2005-14 s 4

Board members—election or appointment

s 9 am SL2005-14 s 5

Appointment of board members

s 10 am SL2005-14 s 6, s 7

Consultation about appointment to board

s 11 am SL2004-52 s 5

General

div 2.3.1 hdg note ins SL2004-52 s 6

Definitions for pt 2.3

s 23 def *election* sub SL2005-14 s 8
def *prescribed election voter* ins SL2005-14 s 9
def *prescribed member* ins SL2005-14 s 9

Dates for elections

s 24 am SL2004-52 s 7

If no board president

s 25 om SL2004-52 s 8

List of health professionals

s 26 am SL2004-52 s 9
sub SL2005-14 s 10

Eligibility for nominations etc

s 28 am SL2005-14 s 11

Nominations

s 29 am SL2005-14 s 12

If no more candidates than positions

s 34 am SL2004-52 s 10

If no candidates

s 35 am SL2004-52 s 14; SL2005-14 s 13

Eligibility to vote

s 37 sub SL2005-14 s 14

Endnotes

4 Amendment history

Declaration etc of results

s 48 am SL2004-52 s 14

Application of ch 2 to first elections and suspended boards

div 2.3.1A hdg renum as div 2.3.2 hdg

Application of ch 2 to first elections and suspended boards

div 2.3.2 hdg orig div 2.3.2 hdg renum as div 2.3.3 hdg
(prev div 2.3.1A hdg) ins SL2004-52 s 11
renum R1 LA (see SL2004-52 s 12)

Application of ch 2 to first election for professions previously unregulated under the Act

s 52A ins SL2004-52 s 11
am SL2005-14 s 15; SL2006-38 s 5
ss (7)-(11) exp 9 January 2007 (s 52A (11))

Application of ch 2 to first election of medical board under Act

s 52B ins SL2004-52 s 11
am SL2005-14 s 15
exp 8 July 2005 (s 52B (10))

Application of ch 2 to elections if board suspended

s 52C ins SL2004-52 s 11

Casual and temporary vacancies in elected positions

div 2.3.3 hdg orig div 2.3.3 hdg renum as div 2.3.4 hdg
(prev div 2.3.2 hdg) renum R1 LA (see SL2004-52 s 12)

Notice of long casual vacancy

s 54 am SL2004-52 s 14

Publication of notice about casual vacancy

s 55 am SL2004-52 s 14

Publication of candidates' details

s 57 am SL2004-52 s 14

Determination of candidate to fill vacancy

s 58 am SL2004-52 s 14

Board nominees

s 59 am SL2004-52 s 14; SL2005-14 s 16

Disputed elections

div 2.3.4 hdg orig div 2.3.4 hdg renum as div 2.3.5 hdg
(prev div 2.3.3 hdg) renum R1 LA (see SL2004-52 s 12)

Registrar to serve copies of disputed election application

s 70 am SL2004-52 s 14

Illegal election practices

s 78 am SL2004-52 s 14

Registrar to serve copies of court declarations on certain people

s 86 am SL2004-52 s 14

Electoral offences

div 2.3.5 hdg (prev div 2.3.4 hdg) renum R1 LA (see SL2004-52 s 12)

General competence to practise

s 115 am SL2005-14 s 17

Length of registration

s 120 sub SL2005-14 s 18

Use of information about continuing competence etc

s 132 am SL2006-28 s 4

Standards statements

s 134 am SL2005-14 s 19

Substances that affect health professional's abilities

s 142 sub SL2005-14 s 20

Practising under allowed name

s 149A ins SL2005-14 s 21

Contents of register

s 152 am SL2005-14 s 22

Miscellaneous

ch 6 hdg ins SL2005-14 s 23

Inspection of incorporated documents

s 157A ins SL2005-14 s 23

Notification of certain incorporated documents

s 157B ins SL2005-14 s 23

Approved forms—health profession boards

s 157C ins SL2005-14 s 23

Modifications of Act, pt 15—Act, s 152s 158 ins SL2004-52 s 13
om A2005-28 amdt 1.64**Modification of Act, pt 15—Act, s 152**s 159 ins SL2006-2 s 4
exp 9 July 2006 (s 159 (2))**Modification of Act, pt 15—Act, s 152**s 160 ins SL2006-3 s 4
exp 18 November 2006 (s 160 (2))

Endnotes

4 Amendment history

Regulated professions

sch 1 hdg	sub SL2005-14 s 24
sch 1 item 1	sub SL2005-14 s 24
sch 1 item 2	ins SL2006-1 s 4 (see also SL2005-14 s 24)
sch 1 item 3	ins SL2006-1 s 4 (see also SL2005-14 s 24)
sch 1 item 4	<u>ins SL2005-14 s 24</u>
sch 1 item 5	<u>ins SL2005-14 s 24</u>
sch 1 item 6	<u>ins SL2005-14 s 24</u>
sch 1 item 7	<u>ins SL2005-14 s 24</u>
sch 1 item 8	<u>ins SL2005-14 s 24</u>
sch 1 item 9	<u>ins SL2005-14 s 24</u>
sch 1 item 10	<u>ins SL2005-14 s 24</u>
sch 1 item 11	<u>ins SL2005-14 s 24</u>
sch 1 item 12	ins SL2006-28 s 5
sch 1 item 13	ins SL2006-28 s 5
sch 1 item 14	<u>ins as item 12 SL2006-38 s 6</u> <u>renum as item 14 R7 LA</u>

Medical practitioners

sch 2	ss renum R1 LA sub SL2005-14 s 24 am SL2006-28 s 6, s 7; items renum R10 LA
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Nurses

sch 3	ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7) ins SL2006-1 s 5
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Midwives

sch 4	ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7) ins SL2006-1 s 5
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Pharmacists

sch 5	<u>ins SL2005-14 s 24</u>
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Dentists, dental hygienists and dental therapists

sch 6	<u>ins SL2005-14 s 24</u>
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Psychologists

sch 7	<u>ins SL2005-14 s 24</u>
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Dental Technicians and Dental Prosthetists

sch 8	<u>ins SL2005-14 s 24</u>
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Podiatrists

sch 9	<u>ins SL2005-14 s 24</u>
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Physiotherapists

sch 10	<u>ins SL2005-14 s 24</u>
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Optometrists

sch 11	<u>ins SL2005-14 s 24</u>
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Veterinary surgeons

sch 12 [ins SL2005-14 s 24](#)

Chiropractors

sch 13 [ins SL2006-28 s 8](#)

Osteopaths

sch 14 [ins SL2006-28 s 8](#)

Medical radiation scientists

sch 15 [ins SL2004-52 s 15](#)
[mods renum R1 LA](#)
[om A2005-28 amdt 1.65](#)
[ins as sch 13 SL2006-38 s 7](#)
[renum as sch 15 R7 LA](#)

Modification of Act

sch 16 [ins SL2006-2 s 5](#)
[mod renum R5 LA](#)
[exp 9 July 2006 \(s 159 \(2\)\)](#)

Modification of Act

sch 17 [ins SL2006-3 s 5](#)
[am A2006-23 amdt 1.205](#)
[exp 18 November 2006 \(s 160 \(2\)\)](#)

Dictionary

dict [am SL2006-28 s 9](#)
def **Australian Medical Council** [ins SL2005-14 s 25](#)
def **board** [ins SL2005-14 s 25](#)
def **enrolled nurse** [ins SL2005-14 s 25](#)
def **incorporated document** [ins SL2005-14 s 25](#)
def **nurse practitioner** [ins SL2006-1 s 6](#)
def **nursing and midwifery regulatory authority** [ins SL2006-1 s 6](#)
def **re-entry course** [ins SL2006-1 s 6](#)
def **refresher course** [ins SL2006-1 s 6](#)
def **register** [ins SL2005-14 s 25](#)
def **registered nurse** [ins SL2005-14 s 25](#)
def **relevant health profession** [ins SL2005-14 s 25](#)
def **relevant health profession schedule** [ins SL2005-14 s 25](#)

Endnotes

5 Earlier republications

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 and date	Effective	Last amendment made by	Republication for
R1 18 Nov 2004	18 Nov 2004– 21 Nov 2004	SL2004-52	new regulation, amendments by SL2004-52 and includes editorial amendments under Legislation Act
R2 22 Nov 2004	22 Nov 2004– 6 July 2005	SL2004-52	commenced provisions
R3 7 July 2005	7 July 2005– 8 July 2005	A2005-28	commenced provisions and amendments by SL2005-14 and A2005-28
R4 9 July 2005	9 July 2005– 16 January 2006	A2005-28	commenced expiry
R5 17 Jan 2006	17 Jan 2006– 1 June 2006	SL2006-3	amendments by SL2006-1, SL2006-2 and SL2006-3
R6 2 June 2006	2 June 2006– 7 July 2006	A2006-23	amendments by A2006-23
R7 8 July 2006	8 July 2006– 9 July 2006	<u>SL2006-38</u>	amendments by A2006-38
R8 10 July 2006	10 July 2006– 18 Nov 2006	<u>SL2006-38</u>	commenced expiry

Republication No and date	Effective	Last amendment made by	Republication for
R9 19 Nov 2006	19 Nov 2006– 7 Dec 2006	<u>SL2006-38</u>	commenced expiry

6 Uncommenced amendments

The following amendments have not been included in this republication because they were uncommenced at the republication date:

Health Professionals Amendment Regulation 2005 (No 1) SL2005-14 s 24, in so far as it inserts sch 1 items 2-11, schs 5-12 (as am by SL2006-1 s 7)

24 Schedules 1 and 2

substitute

Schedule 1 Regulated professions

(see s 4)

column 1 item	column 2 health profession board	column 3 health profession	column 4 relevant schedule
<i>Note</i>	Item 1 commenced on 7 July 2005.		
2	ACT Nursing and Midwifery Board	nurses	3
3	ACT Nursing and Midwifery Board	midwives	4
4	ACT Pharmacy Board	pharmacists	5

Endnotes

6 Uncommenced amendments

column 1 item	column 2 health profession board	column 3 health profession	column 4 relevant schedule
5	ACT Dental Board	dentists, dental hygienists and dental therapists	6
6	ACT Psychologists Board	psychologists	7
7	ACT Dental Technicians and Dental Prosthetists Board	dental technicians and dental prosthetists	8
8	ACT Podiatrists Board	podiatrists	9
9	ACT Physiotherapists Board	physiotherapists	10
10	ACT Optometrists Board	optometrists	11
11	ACT Veterinary Surgeons Board	veterinary surgeons	12

Schedule 2 Medical practitioners

Note Schedule 2 commenced on 7 July 2005.

Schedule 5 Pharmacists

(see s 4 and sch 1)

5.1 Meaning of *board* for sch 5

In this schedule:

board means the ACT Pharmacy Board.

5.2 Board membership—Act, s 24

- (1) The board is made up of the president and the following people:
 - (a) 3 elected members;
 - (b) 5 appointed members, 2 of whom are community representatives.
- (2) One of the community representatives must be a lawyer who has been a lawyer for a continuous period of at least 5 years before the day of appointment.

Schedule 6 Dentists, dental hygienists and dental therapists

(see s 4 and sch 1)

6.1 Meaning of *board* for sch 6

In this schedule:

board means the ACT Dental Board.

6.2 Board membership—Act, s 24

- (1) The board is made up of the president and the following people:
 - (a) 3 elected members;
 - (b) 5 appointed members.

Endnotes

6 Uncommenced amendments

- (2) The appointed members must be—
 - (a) a dentist; and
 - (b) a dental hygienist; and
 - (c) a dental therapist; and
 - (d) 2 community representatives.
- (3) One of the community representatives must be a lawyer who has been a lawyer for a continuous period of at least 5 years before the day of appointment.

Schedule 7 Psychologists

(see s 4 and sch 1)

7.1 Meaning of *board* for sch 7

In this schedule:

board means the ACT Psychologists Board.

7.2 Board membership—Act, s 24

- (1) The board is made up of the president and the following people:
 - (a) 2 elected members;
 - (b) 6 appointed members, 2 of whom are community representatives.
- (2) One of the community representatives must be a lawyer who has been a lawyer for a continuous period of at least 5 years before the day of appointment.

Schedule 8 Dental Technicians and Dental Prosthetists

(see s 4 and sch 1)

8.1 Meaning of *board* for sch 8

In this schedule:

board means the ACT Dental Technicians and Dental Prosthetists Board.

8.2 Board membership—Act, s 24

- (1) The board is made up of 7 appointed members including the president.
- (2) The appointed members must be—
 - (a) 3 dental technicians; and
 - (b) 3 dental prosthetists; and
 - (c) 1 community representative.

Schedule 9 Podiatrists

(see s 4 and sch 1)

9.1 Meaning of *board* for sch 9

In this schedule:

board means the ACT Podiatrists Board.

9.2 Board membership—Act, s 24

The board is made up of the president and the following people:

- (a) 1 elected member;

Endnotes

6 Uncommenced amendments

- (b) 3 appointed members, 1 of whom is a community representative.

Schedule 10 Physiotherapists

(see s 4 and sch 1)

10.1 Meaning of *board* for sch 10

In this schedule:

board means the ACT Physiotherapists Board.

10.2 Board membership—Act, s 24

The board is made up of the president and the following people:

- (a) 3 elected members;
- (b) 5 appointed members, 1 of whom is a community representative.

Schedule 11 Optometrists

(see s 4 and sch 1)

11.1 Meaning of *board* for sch 11

In this schedule:

board means the ACT Optometrists Board.

11.2 Board membership—Act, s 24

The board is made up of the president and the following people:

- (a) 2 elected members;
- (b) 2 appointed members, 1 of whom is a community representative.

Schedule 12 Veterinary surgeons

(see s 4 and sch 1)

12.1 Meaning of *board* for sch 12

In this schedule:

board means the ACT Veterinary Surgeons Board.

12.2 Board membership—Act, s 24

The board is made up of the president and the following people:

- (a) 3 elected members;
- (b) 3 appointed members, 1 of whom is a community representative.

Health Professionals Amendment Regulation 2006 (No 5) SL2006-38
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6	Schedule 1, new item 14
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insert

14	ACT Medical Radiation Scientists Board	Medical radiation scientists	15
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7 New schedule 15

insert

Schedule 15 Medical radiation scientists

(see s 4 and sch 1)

15.1 Definitions—sch 15

In this schedule:

board means the ACT Medical Radiation Scientists Board.

Note Under s 4 (3), if a schedule requires or allows something to be approved by a health profession board, the approval must be in writing and is a notifiable instrument, which must be notified under the Legislation Act.

medical radiation scientist means a person who is—

- (a) a diagnostic radiographer; or
- (b) a radiation therapist; or
- (c) a nuclear medicine scientist.

15.2 Board membership—Act, s 24

- (1) The board is made up of 7 appointed members including the president.
- (2) The board must be—
 - (a) 2 diagnostic radiographers; and
 - (b) 2 radiation therapists; and
 - (c) 2 nuclear medicine scientists; and
 - (d) a community representative.
- (3) The president of the board must be a medical radiation scientist.

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