



Australian Capital Territory

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made under the

Health Professionals Act 2004

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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 24 July 2007. It also includes any amendment, repeal or expiry affecting the republished law to 24 July 2007.

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

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- (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*.

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)).

3A Offences against regulation—application of Criminal Code etc

Other legislation applies in relation to offences against this regulation.

Note 1 *Criminal Code*

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

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

Note 2 *Penalty units*

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

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

- (1) 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.

- (2) The executive officer of a health profession board may delegate a function given to the officer under a territory law to a public servant, including the registrar of the board.

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

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).

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 **Application for registration—Act, s 37 (5) (a)**

- (1) 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 the profession—any other name used by the person when practising the profession;
 - (d) the person's business address, or intended business address;
 - (e) the person's postal address;

- (f) if the person is an individual—each of the following:
 - (i) the person’s date of birth;
 - (ii) a recent passport-size photograph of the applicant’s head and shoulders, signed by a person before whom a statutory declaration may be made;
 - (iii) a statutory declaration stating that the applicant’s right to practise as a health professional in the territory or anywhere else is not suspended and has not been cancelled;
 - (iv) evidence of the person’s qualifications, including relevant training undertaken;
- (g) if the person has been refused registration, or the person’s registration has been cancelled—details of the refusal or cancellation;
- (h) if the person has been refused registration (however described) as a health professional, or the person’s registration as a health professional has been cancelled, under a corresponding law of a local jurisdiction—details of the refusal or cancellation;
- (i) if the person is a corporation—the information required in paragraphs (d) to (h) for each director of the corporation;

- (j) anything else prescribed in the schedule for the health profession.

Note 1 A fee may be determined under the Act, s 132 for this section.

Note 2 If a form is approved under s 157C for this provision, the form must be used.

Note 3 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.

Note 4 Section 115 requires the board to take into account a person's convictions when considering whether the person is competent to practise a health profession.

Note 5 A corporation may be allowed to apply to be registered as a health profession if a regulation allows a corporation to be registered in the health profession—see Act, s 37 (2).

- (2) If an applicant is currently registered (however described) in a local jurisdiction or outside Australia, the application must also include—
- (a) the original, or a certified copy, of the applicant's current registration certificate (however described); and
 - (b) if required by the board—a statutory declaration to the effect that the applicant has asked the regulatory authority responsible for the registration of the health profession in the place where the applicant is registered for a certificate of standing about the applicant to be given to the board.

- (3) Also, an individual applicant 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).

- (4) In this section:

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

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

Note **Register**, a person, includes enrol the person (see Act, dict).

- (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; and
- (d) whether any disciplinary action has been taken in relation to the applicant.

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

Note 1 General competence is dealt with in s 115.

Note 2 An individual is also suitable to practise in a health profession if the individual 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).

- (2) For subsection (1) (b), the schedule for the health profession may require the training to have been completed within a stated time before the application for registration.

- (3) Unless the schedule for a health profession otherwise provides, a corporation is suitable to practise the health profession, or a specialist area of the health profession, if each director of the corporation is suitable to practise the health profession or specialist area of the health profession.

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 communication skills that allow the person to practise the profession effectively without endangering patients;

Note Under the Act, s 37 (1) (b), the person must have knowledge of written and spoken English that is adequate to allow the person to practise in a health profession.
 - (c) 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;
 - (d) 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;
 - (e) 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) Unless the schedule for a health profession otherwise provides, a health profession board, in deciding whether a corporation is generally competent in relation to a profession, must consider the matters in subsection (1) (a) to (e) in relation to each director of the corporation.
- (3) 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).

115A Short-term registration—Act, s 37 (5) (b)

- (1) On application by an individual under section 112, the executive officer of a health profession board may, on behalf of the board, register the individual if satisfied that—
- (a) if the board were to consider the individual's application, it would—
 - (i) register the individual unconditionally; or
 - (ii) register the individual conditionally because the person would be entitled to apply for unconditional registration if a degree or award to which the person is entitled had been conferred or granted by the institution concerned; and
 - (b) it is appropriate to conditionally register the person because the board will not meet to consider the application soon.

- (2) Registration under this section is subject to—
 - (a) the condition that it ends on the earlier of—
 - (i) the day the health profession board decides the application for registration; or
 - (ii) the day 3 months after the day the executive officer registers the individual under this section; and
 - (b) any other condition the executive officer considers appropriate.
- (3) However, if the health profession board decides to register the individual, the registration is taken to have started on the day the executive officer of the board conditionally registered the individual.

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

- (1) 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.

- (2) Unless the schedule for a health profession otherwise provides, a corporation must ensure that each director of the corporation remains suitable to practise the profession in which the corporation is registered.

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.

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 |
| 4 | ACT Pharmacy Board | pharmacists | 5 |
| 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 |
| 12 | ACT Chiropractors and Osteopaths Board | chiropractors | 13 |

Schedule 1 Regulated professions

| column 1 item | column 2 health profession board | column 3 health profession | column 4 relevant schedule |
|--------------------------|---|---------------------------------------|---|
| 13 | ACT Chiropractors and Osteopaths Board | osteopaths | 14 |
| 14 | ACT Medical Radiation Scientists Board | medical radiation scientists | 15 |

Schedule 2 Medical practitioners

(see s 4 and sch 1)

Note to sch 2

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

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.

2.1A Definitions—sch 2

In this schedule:

board means the ACT Medical Board.

medical practitioner means an individual registered as a medical practitioner under this schedule.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate medical practitioners in the jurisdiction or place.

Note A *local jurisdiction* is a State or New Zealand (see Act, dict).

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 by the 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.

- (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 board; or

- (b) has been certified by the Australian Medical Council as having the skills, knowledge and training of a standard suitable to practise medicine; or
- (c) has graduated from a medical school accredited by the Australian Medical Council.

**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.

Schedule 2 Medical practitioners

Section 2.4

- (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 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) |

| column 1 item | column 2 specialist areas | column 3 sub-specialist areas | column 4 qualification |
|------------------|------------------------------|--|--|
| 3 | anaesthesia | anaesthetics | Fellowship of Australian and New Zealand College of Anaesthetists (FANZCA) |
| | | 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) |

Schedule 2 Medical practitioners

Section 2.4

| column 1 item | column 2 specialist areas | column 3 sub-specialist areas | column 4 qualification |
|--------------------------|--------------------------------------|--|---|
| 6 | emergency medicine | | Fellowship of Australasian College for Emergency Medicine (FACEM) |
| 7 | general practice | | Fellowship of Royal Australian College of General Practice (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) |

| 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 |

Schedule 2 Medical practitioners

Section 2.4

| 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 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) |

| column 1 item | column 2 specialist areas | column 3 sub-specialist areas | column 4 qualification |
|--------------------------|--------------------------------------|---|---|
| 13 | palliative medicine | | Fellowship of Royal Australasian College of Physicians (FRACP) Fellowship of Australasian Chapter of Palliative Medicine (FACHPM) |
| 14 | pathology | general pathology, anatomical pathology, chemical pathology, clinical genetics, cytopathology, forensic pathology, haematology, immunology, microbiology | Fellowship of Royal College of Pathologists of Australasia (FRCPA) |
| 15 | psychiatry | | Fellowship of Royal Australian and New Zealand College of Psychiatrists (FRANZCP) |
| 16 | public health medicine | | Fellowship of Australasian Faculty of Public Health Medicine (FAFPHM) |
| 17 | rehabilitation medicine | | Fellowship of Australasian Faculty of Rehabilitation Medicine (FAFRM) |

Schedule 2 Medical practitioners

Section 2.5

| column 1 item | column 2 specialist areas | column 3 sub-specialist areas | column 4 qualification |
|--------------------------|--------------------------------------|---|--|
| 18 | 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 professional development, continued competence and recency of practice for medical practitioners—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration as a medical practitioner, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant is undertaking, and making satisfactory progress towards completing, a program of continuing medical education approved by the board and provided by an Australian medical college; or
 - (c) that the applicant has undertaken professional development activities; or
 - (d) that otherwise demonstrates professional development that the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as a medical practitioner, 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 as a medical practitioner, the applicant must, if required by the board, give the board—
- (a) written evidence that the applicant has practised as a medical practitioner for an average of at least 8 hours each week in the 5 years before the day the application is made; or
 - (b) written evidence that the applicant has attended and satisfactorily completed a refresher course approved in writing by the board; or
 - (c) for medical practitioners who are not members of an Australian medical college—written evidence of satisfactory progress in an education program approved in writing by the board; or
 - (d) other written evidence that demonstrates the applicant's recency of practice.

Example

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).

- (4) In this section:

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

Note ***Register***, a person, includes renew the person's registration (see Act, dict).

2.6 Medical 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.

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 board.
- (2) However, subsection (1) does not apply to a medical practitioner if the medical practitioner—
 - (a) is covered by medical indemnity insurance (the *other insurance*) other than insurance maintained by the medical practitioner; and
 - (b) only practises as a medical practitioner while covered by the other insurance.

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

An application for registration as a medical practitioner must be accompanied by each of the following:

- (a) unless the 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);
- (b) 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 the applicant proposes to undertake is appropriate for the applicant;

- (c) 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, an examination required under the Act;
- (d) 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;
- (e) 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 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.

2.9 Conditional registration of student medical practitioners—Act, s 37 (5) (b)

- (1) The board may register an individual as a medical practitioner if satisfied that the individual is undertaking, or about to undertake—
 - (a) medical study at a medical school in the ACT accredited by the Australian Medical Council; or
 - (b) a clinical placement in the ACT arranged by an educational institution, whether or not the placement is for a course accredited by the Australian Medical Council.

- (2) Registration in accordance with this section is subject to the condition that the individual only practises as a medical practitioner—
 - (a) as part of the study or placement; and
 - (b) under the supervision of a medical practitioner whose registration entitles the practitioner to practise medicine without supervision.
- (3) The board may impose any other condition on the registration of the individual that it considers appropriate.
- (4) The board must not determine a fee for registration under this section.

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 board is satisfied that the person does not intend to practise medicine, whether or not because the person is retired.
- (2) The 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 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 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 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)

Note to sch 3

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

3.1 Definitions for sch 3

In this schedule:

board means the ACT Nursing and Midwifery Board.

enrolled nurse means a nurse who is enrolled in accordance with this schedule.

nurse means a registered nurse or an enrolled nurse.

nurse practitioner means a nurse registered in the specialist 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.

3.7 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 specialist 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 specialist 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 professional development, continued competence and recency of practice for nurses—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration or enrolment as a nurse, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant has undertaken at least 30 hours of professional development activities during the period of 3 years ending on the day the applicant applied for registration or enrolment; or
 - (c) that the applicant has otherwise demonstrated professional development the board considers appropriate.
- (2) To demonstrate continuing competence at the time of application for registration or enrolment as a nurse, 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 as a nurse, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised as a nurse within the period of 5 years ending on the day the application is made; or

- (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
- (c) that otherwise demonstrates recency of practice that the board considers adequate.

(4) In this section:

enrolment includes renewal of enrolment.

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.

registration includes renewal of registration.

Note For application requirements, see s 112.

3.9 Board membership—Act, s 24

- (1) The board is made up of the following people (including the president):
 - (a) 4 elected members;
 - (b) 5 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 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.

(4) The president must be—

(a) a registered nurse; or

(b) a midwife; or

(c) an enrolled nurse.

Note The Minister may appoint a person as president only if the person has been registered for a continuous period of at least 3 years immediately before the day of appointment (see s 5 (2)). **Register** includes enrol (see Act, dict, def *register*).

(5) In this section:

midwife means an individual who is registered as a midwife under schedule 4.

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 whose registration entitles the registered nurse to practise nursing without supervision; 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 whose registration entitles the registered nurse to practise nursing without supervision.

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)

Note to sch 4

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

4.1 Definitions for sch 4

In this schedule:

board means the ACT Nursing and Midwifery Board.

midwife means an individual who is registered as a midwife under this schedule.

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

- (1) To demonstrate adequate professional development at the time of application for registration as a midwife, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant has undertaken at least 30 hours of professional development activities during the period of 3 years ending on the day the applicant applied for registration or enrolment; or
 - (c) that the applicant has otherwise demonstrated professional development the board considers appropriate.

- (2) To demonstrate continuing competence at the time of application for registration as a midwife, 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 as a midwife, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised as a midwife within the period of 5 years ending on the day the application is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice that the board considers adequate.

- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

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.

4.10 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 whose registration entitles the midwife to practise midwifery without supervision; 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 whose registration entitles the midwife to practise midwifery without supervision.

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.

Schedule 5 Pharmacists

(see s 4 and sch 1)

Note to sch 5

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant who is an individual must have a knowledge of written and spoken English that is adequate to allow the person to practise
- under the Act, s 37 (1) (c), if an applicant is a corporation, each individual who will be providing health services on behalf of the corporation must have knowledge of written and spoken English that is adequate to allow the individual to practise in the profession on behalf of the corporation
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

5.1 Definitions—sch 5

In this schedule:

board means the ACT Pharmacy Board.

close relative, of a pharmacist, means a domestic partner, parent, child or grandchild of the pharmacist.

Note For the meaning of **domestic partner**, see the Legislation Act, s 169.

community pharmacy means a pharmacy at a place other than an institution.

institution means a correctional centre, hospital or residential care facility.

pharmacist means a person registered as a pharmacist under this schedule.

pharmacy means premises where a pharmacist practises as a pharmacist.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate pharmacy in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

residential care—see the *Aged Care Act 1997* (Cwlth), section 41-3 (Meaning of *residential care*).

residential care facility means a residential facility that provides residential care to residents at the facility.

5.2 Restriction on pharmacy premises—supermarkets

- (1) To protect the public, a pharmacist must not operate or practise in a community pharmacy inside, or partly inside, premises being used as a supermarket.
- (2) In this section:

supermarket means a large shop selling food and other household items where the selection of goods is organised on a self-serve basis.

Note This definition is the same as the definition of **supermarket** in the territory plan.

5.3 Standard of premises

- (1) To protect the public, premises where a pharmacist operates a community pharmacy must—
 - (a) be under the direct, personal control of a pharmacist; and
 - (b) have direct access, or through access, to the premises; and
 - (c) comply with standards approved under subsection (2).
- (2) The board may approve standards about premises for community pharmacies for subsection (1) (c).
- (3) A pharmacist must comply with any standard approved under this section.

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.

- (4) In this section:

through access, to premises, means access to the premises through the public area of a shopping centre, mall, plaza or health centre.

5.4 General area of operation of pharmacy profession—Act, s 22 (1) (a)

- (1) The practice of pharmacy involves—
 - (a) dispensing medicine; and
 - (b) formulating and preparing medicine; and
 - (c) supplying medicine and health-related products; and
 - (d) giving advice and information about medicines.

Example—par (c)

first aid items; medical devices; inhalers for people with asthma

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 particular, the practice of pharmacy includes the following:
- (a) dispensing prescription and non-prescription medicines;
 - (b) providing health-related products;
 - (c) formulating and compounding medicines;
 - (d) conducting medication reviews;
 - (e) diagnosing minor health conditions, giving advice on health care matters that do not require a doctor's advice and referring people to other health professionals if they require other advice;
 - (f) prescribing medicines that do not require a prescription from a medical practitioner;
 - (g) ensuring the correct use of medicines and health-related products;
 - (h) providing clinical testing services in pharmacies for health monitoring;
 - (i) conducting research in relation to medicines, including interpreting medicinal data;
 - (j) regulating pharmacy practices, policies and procedures;
 - (k) educating and training other people in pharmacy practice.
- (3) To remove any doubt, a person also practises as a pharmacist if the person—
- (a) owns a pharmacy; or
 - (b) practises pharmacy (see subsections (1) and (2)) as part of a business other than the business of operating a pharmacy.
- (4) However, a person is not practising as a pharmacist if the person has applied under section 5.14 (Operation of pharmacy on death of pharmacist) for permission to operate a pharmacy and the application has not been refused.

(5) In this section:

sell includes each of the following:

- (a) offer or expose for sale;
- (b) barter (or offer or expose for barter);
- (c) exchange (or offer or expose for exchange);
- (d) have in possession for sale.

supply—

(a) includes each of the following:

- (i) offer to supply;
- (ii) supply for value (or offer or expose to supply for value);
- (iii) supply for free (or offer or expose to supply for free);
- (iv) sell;
- (v) dispense; but

(b) does not include administer.

5.5 Qualifications as suitability to practise for individual pharmacists—Act, s 23 (a)

(1) To practise as a pharmacist, an individual—

(a) must—

- (i) be a graduate of a course of education in pharmacy offered in the ACT or a local jurisdiction that is accredited by COPRA or approved by the board or the regulatory authority of a local jurisdiction; and

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.

-
- (ii) have completed training in the ACT or a local jurisdiction that is accredited by COPRA or approved by the board or the regulatory authority of a local jurisdiction; or
- (b) must—
- (i) have completed a program in pharmacy offered by APEC; and
- (ii) have a certificate issued by APEC that certifies that the person has satisfied the requirements of APEC to practise as a pharmacist.

(2) In this section:

APEC means the Australian Pharmacy Examining Council Incorporated.

COPRA means the Council of Pharmacy Registering Authorities.

5.6 Qualifications as suitability to practise as corporate pharmacist—Act, s 23 (a)

To practise as a pharmacist, a corporation must—

- (a) have the board's written approval to practise as a pharmacist; and
- (b) have a constitution that provides that—
- (i) the object of the corporation is to practise as a pharmacist; and
- (ii) only an individual who is a pharmacist may be a director; and
- (iii) a director can not be a director of another incorporated pharmacist without the written consent of the board; and
- (iv) all voting rights exercisable at a general meeting of the corporation are exercisable only by or on behalf of

- pharmacists who are directors or employees of the corporation; and
- (v) a shareholder in the corporation must be either a pharmacist or a close relative of a shareholder; and
 - (c) have a constitution that ensures that each share in the corporation is beneficially owned by—
 - (i) a pharmacist who is a director or employee of the corporation; or
 - (ii) a close relative of a person mentioned in subparagraph (i); and
 - (d) for a corporation that is to practise pharmacy as a trustee—only be a party to a trust deed that relates to the corporation's practice as a pharmacist if—
 - (i) the deed provides that all beneficiaries are to be pharmacists who are directors or employees of the corporation or close relatives of the pharmacists; and
 - (ii) the proposed trust deed has been approved in writing by the board; and
 - (e) have a constitution that is appropriate to a corporation formed to practise as a pharmacist.

5.7 Maintenance and demonstration of professional development, continued competence and recency of practice for individual pharmacists—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration as an individual pharmacist, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or

- (b) that the applicant has undertaken professional development activities; or
 - (c) that the applicant otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as an individual pharmacist, the applicant must, if required by the board, give the board written evidence—
- (a) of the applicant's competence assessed against the board's standards statement; or
 - (b) that the applicant otherwise demonstrates continuing competence the board considers satisfactory.
- (3) To demonstrate recency of practice at the time of application for registration as an individual pharmacist, the applicant must, if required by the board, give the board written evidence—
- (a) that the applicant has practised as a pharmacist in the 5 years before the day the application is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice that the board considers adequate.
- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

5.8 Board membership—Act, s 24

- (1) The board is made up of the president and the following individuals:
 - (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.

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

- (1) A pharmacist must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a pharmacist if the pharmacist —
 - (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the pharmacist; and
 - (b) only practises as a pharmacist while covered by the other insurance.

5.10 Conditional registration of pharmacists with unapproved qualifications—Act, s 37 (5) (b)

- (1) The board may register an individual as a pharmacist if satisfied that the individual—
 - (a) is a graduate of a course of education or training in pharmacy that is not approved under section 5.5 (Qualifications as suitability to practise for individual pharmacists—Act, s 23 (a)); and
 - (b) needs to be registered to do 1 or both of the following:

- (i) undertake further education or training approved by the board to achieve the standard required of pharmacists in the ACT;
 - (ii) undergo a period of practice as a pharmacist under the supervision of a pharmacist to allow the individual to become registered in the ACT.
- (2) Registration in accordance with this section is subject to the condition that the individual only practises pharmacy—
 - (a) under the supervision of a pharmacist whose registration entitles the pharmacist to practise pharmacy without supervision; and
 - (b) if the individual needs to undertake further education—as part of the education.
- (3) The board may impose any other condition on the registration of the individual that it considers appropriate.

5.11 Conditional registration for pharmacists who want to teach etc—Act, s 37 (5) (b)

- (1) This section applies if—
 - (a) an individual has applied for registration as a pharmacist; and
 - (b) the individual needs to be registered to take up a teaching or research position.
- (2) The board may register the individual if—
 - (a) satisfied that the individual has qualifications the board considers appropriate for the position the individual intends to take up; and
 - (b) the individual provides a letter of offer from the individual's prospective employer stating the conditions of employment and giving the name of the individual's proposed supervisor.

- (3) The board may impose any condition on the registration of the individual that it considers appropriate.

**5.12 Conditional registration for non-practising pharmacists—
Act, s 37 (5) (b)**

- (1) This section applies if—
 - (a) a person has applied for registration as a pharmacist; and
 - (b) the board is satisfied that the person does not intend to practise pharmacy, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise as a pharmacist.

5.13 Conditional registration not limited

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

5.14 Operation of pharmacy on death of pharmacist

- (1) This section applies if—
 - (a) a pharmacist dies; and
 - (b) at the time of the pharmacist's death, the pharmacist was operating a pharmacy.
- (2) A person who is an executor of the estate, or a close relative, of the pharmacist, but who is not qualified to be a pharmacist, may apply for permission to operate the pharmacy.
- (3) The board may allow the person to operate the pharmacy for not longer than 12 months to allow for the sale or disposal of the pharmacy on the condition that the pharmacy is under the direct, personal control of a pharmacist at all times when the pharmacy is being operated.

5.15 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

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

Schedule 6 Dentists, dental hygienists and dental therapists

(see s 4 and sch 1)

Note to sch 6

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

6.1 Definitions—sch 6

In this schedule:

board means the ACT Dental Board.

dental care provider means—

- (a) a dentist; or
- (b) a dental hygienist; or

(c) a dental therapist.

dental hygienist means an individual who is registered as a dental hygienist under this schedule.

dental procedure means—

- (a) a general dental procedure; or
- (b) a dentist procedure;

dental therapist means an individual who is registered as a dental therapist under this schedule.

dentist means an individual who is registered as a dentist under this schedule.

dentist procedure—each of the following is a **dentist procedure** when carried out by a dentist:

- (a) providing a technical or professional service for the dental care or treatment of a patient, whether or not in support of another dental service;
- (b) prescribing and administering drugs or medicine for a dental examination or treatment;
- (c) supplying a dental prosthesis to a patient or renewing or maintaining a dental prosthesis;
- (d) a procedure that a dental hygienist can carry out under the supervision of a dentist, whether carried out under supervision or otherwise;
- (e) a procedure that a dental therapist can carry out under the supervision of a dentist, whether carried out under supervision or otherwise.

general dental procedure—each of the following is a **general dental procedure** when carried out by a dental care provider:

- (a) applying a topical preparation to a patient;

- (b) applying a local anaesthetic to a patient;
- (c) giving information about a service or treatment relating to dental care;
- (d) providing diagnostic and recording services (including radiography) if the service relates to a dental procedure;
- (e) removing plaque (including calculus) from a patient's teeth;
- (f) enamel shaping of a patient's tooth;
- (g) polishing a patient's teeth;
- (h) placing fissure sealants on a patient's teeth.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate the dental profession in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

under the supervision of a dentist, for a procedure carried out by a dental hygienist or dental therapist, means under the direct or indirect supervision of a dentist as required by a standard of practice for the procedure.

6.2 General area of operation of dentist profession—Act, s 22 (1) (a)

The practice of a dentist involves the prevention, diagnosis and treatment of conditions and disorders of teeth and related structures.

6.3 General area of operation of dental hygienist profession—Act, s 22 (1) (a)

The practice of a dental hygienist involves carrying out procedures under the supervision of a dentist, including—

- (a) carrying out a procedure assisting a dental procedure undertaken by a dentist; and

- (b) measuring and recording a patient's periodontal condition; and
- (c) carrying out an orthodontic procedure assisting a dental procedure undertaken by a dentist specialising in orthodontics; and
- (d) in-office bleaching of a patient's teeth.

**6.4 General area of operation of dental therapist profession—
Act, s 22 (1) (a)**

The practice of a dental therapist involves carrying out procedures on people who are younger than 19 years old under the supervision of a dentist, including—

- (a) diagnosing or recording a child's dental condition or planning and arranging appropriate treatment; and
- (b) extracting non-permanent teeth without surgery; and
- (c) performing pulpotomy and placing pulp dressing in non-permanent teeth; and
- (d) restoring non-permanent and permanent teeth affected by tooth decay; and
- (e) treating an injured permanent tooth.

**6.5 Qualifications as suitability to practise requirements for
dental care providers—Act, s 23 (a)**

To practise as a dentist, dental hygienist or dental therapist, an individual—

- (a) must be a graduate of a course of education offered in the ACT or a local jurisdiction that is accredited by the Australian Dental Council or approved by the board or the regulatory authority of the local jurisdiction; or

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.

- (b) must have completed training in the ACT or a local jurisdiction that is accredited by the Australian Dental Council or approved by the board or the regulatory authority of the local jurisdiction; or
- (c) must have—
 - (i) completed a course of education outside Australia approved by the Australian Dental Council as a course of education in the relevant dental practice; and
 - (ii) passed an examination in dental practice held by an organisation approved by the Australian Dental Council; or
- (d) must have—
 - (i) completed training outside Australia approved by the Australian Dental Council as training in the relevant dental practice; and
 - (ii) a practising certificate issued by the Australian Dental Council that certifies that the person is a dentist, dental hygienist or dental therapist; or
- (e) must—
 - (i) have a qualification from the United Kingdom or Republic of Ireland accredited by the Australian Dental Council; and
 - (ii) be registered (however described) as a dentist, dental hygienist or dental therapist in the United Kingdom or Republic of Ireland.

6.6 Qualifications as suitability to practise requirements for dental therapists—Act, s 23 (a)—transitional

- (1) This section applies to a person—
 - (a) who was entitled to carry out an approved dental procedure under the *Dentists Act 1931*, section 74 (Practising dentistry—dental therapists) immediately before the commencement of this schedule; and
 - (b) who does not satisfy the requirements of section 6.5 as a dental therapist.
- (2) Despite section 6.5, the board may register the person as a dental therapist if—
 - (a) satisfied that the person is someone to whom this section applies; and
 - (b) the person applies to be registered before 9 January 2009; and
 - (c) the person has not previously been registered under this section.
- (3) The board may renew the person's registration as a dental therapist if—
 - (a) the person's registration has not ended under section 124 (1) (a) or (b) (When does registration end?); or
 - (b) if the person's registration has ended under section 124 (1) (a) or (b)—the person's registration was renewed under section 127 (Late payment of registration) or section 128 (Retrospective re-registration).
- (4) This section expires on 9 January 2009.
- (5) This section is a law to which the Legislation Act, section 88 (Repeal does not end effect of transitional laws etc) applies.

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

- (1) Each of the areas mentioned in table 6.7, column 2 is a specialist area of dentistry.
- (2) A person meets the requirements for registration in a specialist area of dentistry if—
 - (a) the person—
 - (i) is registered under the Act; and
 - (ii) has a qualification mentioned in table 6.7, column 3 in a specialist area mentioned in column 2; or
 - (b) the person—
 - (i) graduated in dentistry, whether from an Australian institution or otherwise; and
 - (ii) holds a qualification in a specialist area of dentistry awarded by an educational institution outside Australia; and
 - (iii) the qualification is approved by the board, Australian Dental Council or a regulatory authority.
- (3) A reference in subsection (2) (a) (ii) to a qualification (the *current qualification*) mentioned in table 6.7, column 3 in a specialist area of dentistry includes a reference to a qualification—
 - (a) awarded before the current qualification was first awarded; and
 - (b) that the board is satisfied was, at the time it was awarded, an adequate qualification for admission to the specialist area.

Table 6.7 Specialist areas of dental practice

| column 1 item | column 2 specialist areas | column 3 qualification |
|--------------------------|--------------------------------------|---|
| 1 | endodontics | 3 year postgraduate endodontics qualification accredited by the Australian Dental Council |
| 2 | orthodontics | 3 year postgraduate orthodontics qualification accredited by the Australian Dental Council |
| 3 | prosthodontics | 3 year postgraduate prosthodontics qualification accredited by the Australian Dental Council |
| 4 | paediatric dentistry | 3 year postgraduate paediatric dentistry qualification accredited by the Australian Dental Council |
| 5 | periodontics | 3 year postgraduate periodontics qualification accredited by the Australian Dental Council |
| 6 | oral and maxillofacial surgery | Fellowship of the Faculty of Oral and Maxillofacial Surgery from the Royal Australian College of Dental Surgeons (FRACDS OMS) |
| 7 | dento-maxillofacial radiology | 3 year postgraduate dento-maxillofacial radiology qualification accredited by the Australian Dental Council |
| 8 | public health dentistry | 3 year postgraduate public health dentistry qualification accredited by the Australian Dental Council |
| 9 | oral pathology | Fellowship of the Faculty of Oral Pathology from the Royal Australia College of Pathologists (FRACP OP) |
| 10 | oral medicine | 3 year postgraduate oral medicine qualification accredited by the Australian Dental Council |

| column 1 item | column 2 specialist areas | column 3 qualification |
|------------------|------------------------------|---|
| 11 | special needs dentistry | 3 year postgraduate special needs dentistry qualification accredited by the Australian Dental Council |

6.8 Maintenance and demonstration of professional development, continued competence and recency of practice for dental care providers—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration as a dental care provider, the applicant must, for the type of dental care provider the applicant is applying to be registered as, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant has undertaken professional development activities; or
 - (c) that otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as a dental care provider, 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 as a dental care provider, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised as a dental care provider of the kind the applicant is seeking to be registered as in the 5 years before the day the application is made; or

- (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice that the board considers adequate.
- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

6.9 Board membership—Act, s 24

- (1) The board is made up of the president and the following individuals:
- (a) 3 elected members who must be dentists;
 - (b) 5 appointed members.
- (2) The president must be a dentist.
- (3) The appointed members must be—
- (a) a dentist (whether admitted to a specialist area of dentistry or otherwise); and
 - (b) a dental hygienist; and
 - (c) a dental therapist; and
 - (d) 2 community representatives.
- (4) 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.

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

- (1) A dental care provider must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a dental care provider if the dental care provider—
 - (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the dental care provider; and
 - (b) only practises as a dental care provider while covered by the other insurance.

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

- (1) The board may register an individual as a dentist if satisfied that the individual—
 - (a) is a student in a course of education or training in dentistry that is approved under section 6.5 (Qualifications as suitability to practise requirements for dental care providers—Act, s 23 (a)); and
 - (b) needs to be registered to do 1 or both of the following:
 - (i) undertake further education or training approved by the board to achieve the standard required of dentists in the ACT;
 - (ii) undergo a period of practice under supervision as a dentist to allow the person to become registered in the ACT.
- (2) Registration in accordance with this section is subject to the condition that the individual only practises as a dentist—
 - (a) under the supervision of a dentist whose registration entitles the dentist to practise dentistry without supervision; and

- (b) if the individual needs to undertake further education—as part of the education.
- (3) The board may impose any other condition on the registration of the individual that it considers appropriate.

6.12 Conditional registration of dentist with unapproved qualifications—Act, s 37 (5) (b)

- (1) The board may register an individual as a dentist if satisfied that the individual—
 - (a) is a graduate of a course of education or training in dentistry that is not approved under section 6.5 (Qualifications as suitability to practise requirements for dental care providers—Act, s 23 (a)); and
 - (b) needs to be registered to do 1 or both of the following:
 - (i) undertake further education or training approved by the board to achieve the standard required of dentists in the ACT;
 - (ii) undergo a period of practice under supervision as a dentist to allow the person to become registered in the ACT.
- (2) Registration in accordance with this section is subject to the condition that the individual only practises as a dentist—
 - (a) under the supervision of a dentist whose registration entitles the dentist to practise dentistry without supervision; and
 - (b) if the individual needs to undertake further education—as part of the education.
- (3) The board may impose any other condition on the registration of the individual that it considers appropriate.

6.13 Conditional registration for dentists who want to teach etc—Act, s 37 (5) (b)

- (1) This section applies if—
 - (a) an individual has applied for registration as a dentist; and
 - (b) the individual needs to be registered to take up a teaching or research position.
- (2) The board may register the individual if—
 - (a) satisfied that the individual has qualifications the board considers appropriate for the position the individual intends to take up; and
 - (b) the individual provides a letter of offer from the individual's prospective employer stating the conditions of employment and giving the name of the individual's proposed supervisor.
- (3) The board may impose any condition on the registration of the individual that it considers appropriate.

6.14 Conditional registration for non-practising dentists—Act, s 37 (5) (b)

- (1) This section applies if—
 - (a) a person has applied for registration as a dentist; and
 - (b) the board is satisfied that the person does not intend to practise as a dentist, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise as a dentist.

6.15 Conditional registration not limited

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

6.16 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

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

Schedule 7 Psychologists

(see s 4 and sch 1)

Note to sch 7

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

7.1 Definitions—sch 7

In this schedule:

board means the ACT Psychologists Board.

psychologist means an individual who is registered as a psychologist under this schedule.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate the psychology profession in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

7.2 General area of operation of psychology profession—Act, s 22 (1) (a)

The practice of psychology involves the application of psychological knowledge, principles, methods and procedures of understanding, predicting, ameliorating or influencing behaviour, affect or cognition in relation to a person or situation.

7.3 Qualifications as suitability to practise requirements for psychologists—Act, s 23 (a)

To practise as a psychologist, an individual—

(a) must have—

- (i) completed a course of at least 4 years of education or training in psychology in the ACT or a local jurisdiction that is approved by the board or a regulatory authority; and

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.

- (ii) successfully completed 2 years of supervised training approved by the board; or

(b) must have graduated from a post-graduate degree in the ACT or a local jurisdiction that is approved by the board or the regulatory authority of the local jurisdiction within 5 years before the day the person applied for registration; or

- (c) must have qualifications and experience that the board considers equivalent to the qualifications and experience mentioned in paragraph (a) or the qualifications mentioned in paragraph (b).

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

- (1) To demonstrate adequate professional development at the time of application for registration as a psychologist, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant has undertaken professional development activities; or
 - (c) that otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as a psychologist, 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 as a psychologist, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised as a psychologist in the 5 years before the day the application is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice the board considers adequate.

- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

7.5 Board membership—Act, s 24

- (1) The board is made up of the president and the following individuals:
- (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.

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

- (1) A psychologist must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a psychologist if the psychologist—
- (a) is covered by professional indemnity insurance (the ***other insurance***) other than insurance maintained by the psychologist; and
 - (b) only practises as a psychologist while covered by the other insurance.

7.7 Conditional registration of student psychologists—Act, s 37 (5) (b)

- (1) The board may register an individual as a psychologist if satisfied that the individual—
 - (a) is a graduate of a course of education or training in psychology that is—
 - (i) for a course undertaken in the ACT or a local jurisdiction—at least 4 years and approved by the board or a regulatory authority; or
 - (ii) for a course undertaken outside Australia—approved by the board; and
 - (b) needs to be registered to do 1 or both of the following:
 - (i) undertake further education or training approved by the board to achieve the standard required of psychologists in the ACT;
 - (ii) undergo a period of practice under supervision as a psychologist to allow the person to become registered in the ACT.
- (2) Registration in accordance with this section is subject to the condition that the individual only practises as a psychologist—
 - (a) under the supervision of a psychologist whose registration entitles the psychologist to practise psychology without supervision; and
 - (b) if the individual needs to undertake further education—as part of the education.
- (3) The board may impose any other condition on the registration of the individual that it considers appropriate.

7.8 Conditional registration for non-practising psychologists—Act, s 37 (5) (b)

- (1) This section applies if—
 - (a) a person has applied for registration as a psychologist; and
 - (b) the board is satisfied that the person does not intend to practise as a psychologist, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise as a psychologist.

7.9 Conditional registration not limited

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

7.10 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

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

Schedule 8 Dental technicians and dental prosthetists

(see s 4 and sch 1)

Note to sch 8

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant who is an individual must have a knowledge of written and spoken English that is adequate to allow the person to practise
- under the Act, s 37 (1) (c), if an applicant is a corporation, each individual who will be providing health services on behalf of the corporation must have knowledge of written and spoken English that is adequate to allow the individual to practise in the profession on behalf of the corporation
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

8.1 Definitions—sch 8

In this schedule:

board means the ACT Dental Technicians and Dental Prosthetists Board.

dental prosthetic appliance includes the following:

- (a) flexible, removable mouthguards for use by people engaged in sporting activities;
- (b) removable full and partial dentures;
- (c) immediate dentures;
- (d) removable implant-retained overdentures;
- (e) removable treatment dentures over healing caps;
- (f) restorative or corrective dental appliances.

dental prosthetic service—a *dental prosthetic service* involves the following:

- (a) making, fitting, supplying or taking impressions for immediate dentures, under a prescription from a dentist;
- (b) making, fitting, supplying or taking impressions for other dental prosthetic appliances, whether or not under a prescription from a dentist;
- (c) repairing or replacing dental prosthetic appliances.

dental prosthetist means a person who is registered as a dental prosthetist under this schedule.

dental technical work involves making, altering, repairing or maintaining dental prosthetic appliances under a prescription from a dentist or dental prosthetist.

Example of dental technical work

shade-taking for dental prosthetic appliances

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).

dental technician means a person who is registered as a dental technician under this schedule.

dentist means an individual who is registered as a dentist under schedule 6.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate the dental prosthetist and dental technician professions in the jurisdiction or place.

Note A *local jurisdiction* is a State or New Zealand (see Act, dict).

8.2 General area of operation of dental technician profession—Act, s 22 (1) (a)

- (1) The practice of a dental technician involves the performance of dental technical work.
- (2) The practice of a dental technician also includes the following:
 - (a) giving advice about dental technical issues to other dental professionals;
 - (b) conducting dental technical research;
 - (c) educating and training people in the dental technical profession.
- (3) To remove any doubt, a person also practises as a dental technician if the person does dental technical work as part of a business.

8.3 General area of operation of dental prosthetist profession—Act, s 22 (1) (a)

- (1) The practice of a dental prosthetist involves the provision of dental prosthetic services.
- (2) The practice of a dental prosthetist also includes the following:
 - (a) giving advice about dental prosthetics issues;
 - (b) conducting dental prosthetics research;
 - (c) educating and training people in the dental prosthetist profession.
- (3) To remove any doubt, a person also practises as a dental prosthetist if the person provides dental prosthetic services as part of a business.
- (4) However, the practice of a dental prosthetist does not include the following:
 - (a) removing or replacing implants or abutment components;
 - (b) taking impressions for, making, fitting or supplying implant-retained prostheses other than under a prescription from a dentist or surgeon;
 - (c) adjusting, modifying or treating a patient's natural dentition, bone or soft tissue of the mouth, or dental restorations, other than using tissue conditioners and soft lining materials.

8.4 Qualifications as suitability to practise as individual dental prosthetist or individual dental technician—Act, s 23 (a)

- (1) To practise as a dental technician, an individual—
 - (a) must be a graduate of a course of education in dental technical work offered in the ACT or a local jurisdiction that is

accredited by CORA or approved by the board or the regulatory authority of a local jurisdiction; or

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.

(b) must have—

- (i) completed a course of education or training in dental prosthetic work outside Australia that is accredited by CORA or approved by the board or the regulatory authority of a local jurisdiction; and
- (ii) passed an examination in dental prosthetist work that is accredited by CORA or approved by the board or the regulatory authority of a local jurisdiction.

(2) To practise as a dental prosthetist, an individual—

(a) must—

- (i) be a graduate of a course of education in dental prosthetic work offered in the ACT or a local jurisdiction that is accredited by CORA or approved by the board or the regulatory authority of a local jurisdiction; or

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.

- (ii) have completed a course of education or training in dental prosthetic work outside Australia that is accredited by CORA or approved by the board or the regulatory authority of a local jurisdiction; or
- (iii) have passed an examination in dental prosthetist work that is accredited by CORA or approved by the board or the regulatory authority of a local jurisdiction; and

(b) must be a dental technician.

(3) In this section:

CORA means the Council of Regulating Authorities for Dental Technicians and Dental Prosthetists.

8.5 Qualifications as suitability to practise as corporate dental prosthetist or corporate dental technician—Act, s 23 (a)

(1) To practise as a dental technician, a corporation must—

(a) have the board's written approval to carry on business as a dental technician; and

(b) have a constitution that provides that—

(i) the corporation may carry on business as a dental technician; and

(ii) the chair of the corporation must be a dental technician; and

(iii) if there are more than 2 directors—a majority of the directors must be dental technicians; and

(iv) at least 50% of shares in the corporation must be held by 1 or more dental technicians; and

(v) the chair of the corporation has the casting vote in relation to resolutions to be voted on at a general meeting of the corporation.

(2) To practise as a dental prosthetist, a corporation must—

(a) have the board's written approval to carry on business as a dental prosthetist; and

(b) have a constitution that provides that—

- (i) the corporation may carry on business as a dental prosthetist; and
 - (ii) the chair of the corporation must be a dental prosthetist; and
 - (iii) if there are more than 2 directors—a majority of the directors must be dental prosthetists; and
 - (iv) at least 50% of shares in the corporation are held by 1 or more dental prosthetists; and
 - (v) the chair of the corporation has the casting vote in relation to resolutions to be voted on at a general meeting of the corporation; and
- (c) be a dental technician.

8.6 Maintenance and demonstration of professional development, continued competence and recency of practice for dental prosthetists and dental technicians—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration as an individual dental prosthetist or individual dental technician, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant has undertaken professional development activities; or
 - (c) that otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as a dental prosthetist or dental technician, 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 as a dental prosthetist or dental technician, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised in the relevant profession within the 5 years before the day the application is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice the board considers adequate.

- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

8.7 Board membership—Act, s 24

- (1) The board is made up of the president and 6 appointed members.
- (2) The appointed members must include—
 - (a) a community representative; and
 - (b) 2 dental prosthetists; and
 - (c) 2 dental technicians.
- (3) The remaining appointed member must be—
 - (a) a dental prosthetist; or

- (b) if the president is a dental prosthetist—a dental technician.

8.8 Dental technicians—required insurance policy—Act, s 37 (1) (d)

- (1) A dental technician must maintain a policy of product liability insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a dental technician if the dental technician—
 - (a) is covered by product liability insurance (the *other insurance*) other than insurance maintained by the dental technician; and
 - (b) only practises as a dental technician while covered by the other insurance.

8.9 Dental prosthetists—required insurance policy—Act, s 37 (1) (d)

- (1) A dental prosthetist must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a dental prosthetist if the dental prosthetist—
 - (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the dental prosthetist; and
 - (b) only practises as a dental prosthetist while covered by the other insurance.

8.10 Conditional registration of dental prosthetists with unapproved qualifications—Act, s 37 (5) (b)

- (1) The board may register an individual as a dental prosthetist if satisfied that the individual—
 - (a) is a graduate of a course of education or training in dental technology that is not approved under section 8.4 (1)

- (Qualifications as suitability to practise as individual dental prosthetist or individual dental technician—Act, s 23 (a)); and
- (b) needs to be registered to do 1 or both of the following:
- (i) undertake further education or training approved by the board to achieve the standard required of dental prosthetists in the ACT;
 - (ii) undergo a period of practice as a dental prosthetist under the supervision of a dental prosthetist to allow the individual to become registered in the ACT.
- (2) Registration in accordance with this section is subject to the condition that the individual only practises dental technology—
- (a) under the supervision of a dental prosthetist whose registration entitles the dental prosthetist to practise dental technology without supervision; and
 - (b) if the individual needs to undertake further education—as part of the education.
- (3) The board may impose any other condition on the registration of the individual that it considers appropriate.

8.11 Conditional registration of dental technicians with unapproved qualifications—Act, s 37 (5) (b)

- (1) The board may register an individual as a dental technician if satisfied that the individual—
- (a) is a graduate of a course of education or training in dental technical work that is not approved under section 8.4 (2) (Qualifications as suitability to practise as individual dental prosthetist or individual dental technician—Act, s 23 (a)); and
 - (b) needs to be registered to do 1 or both of the following:

- (i) undertake further education or training approved by the board to achieve the standard required of dental technicians in the ACT;
 - (ii) undergo a period of practice as a dental technician under the supervision of a dental technician to allow the individual to become registered in the ACT.
- (2) Registration in accordance with this section is subject to the condition that the individual only practises dental technical work—
 - (a) under the supervision of a dental technician whose registration entitles the dental technician to practise dental technical work without supervision; and
 - (b) if the individual needs to undertake further education—as part of the education.
- (3) The board may impose any other condition on the registration of the individual that it considers appropriate.

8.12 Conditional registration for dental prosthetists and dental technicians who want to teach etc—Act, s 37 (5) (b)

- (1) This section applies if—
 - (a) an individual has applied for registration as a dental prosthetist or dental technician; and
 - (b) the individual needs to be registered to take up a teaching or research position.
- (2) The board may register the individual if—
 - (a) the board is satisfied that the individual has qualifications the board considers appropriate for the position the individual intends to take up; and
 - (b) the individual provides a letter of offer from the individual's prospective employer stating the conditions of employment and giving the name of the individual's proposed supervisor.

- (3) The board may impose any condition on the registration of the individual that it considers appropriate.

8.13 Conditional registration for non-practising dental prosthetists and dental technicians—Act, s 37 (5) (b)

- (1) This section applies if—
- (a) a person has applied for registration as a dental prosthetist or dental technician; and
 - (b) the board is satisfied that the person does not intend to practise as a dental prosthetist or dental technician, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise as a dental prosthetist or dental technician.

8.14 Conditional registration not limited

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

8.15 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

The registration end date for a certificate of registration is 1 September following registration.

Schedule 9 Podiatrists

(see s 4 and sch 1)

Note to sch 9

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

9.1 Definitions—sch 9

In this schedule:

board means the ACT Podiatrists Board.

podiatric surgeon means an individual who is registered as a podiatric surgeon under this schedule.

podiatrist means an individual who is registered as a podiatrist under this schedule.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate podiatry in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

9.2 General area of operation of podiatry profession—Act, s 22 (1) (a)

The practice of podiatry involves the diagnosis, treatment, prevention and rehabilitation of disorders of the ankle and foot, and related structures of the human body.

9.3 Qualifications as suitability to practise requirements for podiatrists—Act, s 23 (a)

- (1) To practise as a podiatrist, an individual—
- (a) must be a graduate of a course of education in podiatry offered in the ACT or a local jurisdiction that is accredited by the Australian Podiatry Council or approved by the board; or
- 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.
- (b) must have completed training in podiatry offered in the ACT or a local jurisdiction that is accredited by the Australian Podiatry Council or approved by the board; or
 - (c) must have—
 - (i) completed a course of education in podiatry outside Australia accredited by the Australian Podiatry Council or approved the board as a course of education in podiatry; and
 - (ii) passed an examination in podiatry held by an organisation accredited by the Australian Podiatry Council or approved by the board; or

- (d) must have—
 - (i) completed training in podiatry outside Australia accredited by the Australian Podiatry Council or approved by the board; and
 - (ii) passed an examination in podiatry held by an organisation accredited by the Australian Podiatry Council or approved by the board.
- (2) To practise as podiatric surgeon, an individual must—
 - (a) be unconditionally registered as a podiatrist; and
 - (b) either—
 - (i) be a fellow of the Australasian College of Podiatric Surgeons (*ACPS*); or
 - (ii) be eligible for fellowship of the ACPS.

9.4 Maintenance and demonstration of professional development, continued competence and recency of practice for podiatrists and podiatric specialists—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration as a podiatrist, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant has undertaken professional development activities; or
 - (c) that otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as a podiatrist, 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 as a podiatrist, the applicant must, if required by the board, give the board written evidence—
- (a) that the applicant has practised as a podiatrist or podiatric surgeon in the 5 years before the day the application is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice the board considers adequate.
- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

9.5 Board membership—Act, s 24

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

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

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

- (1) A podiatrist must maintain a policy of professional indemnity insurance at a level approved by the board.

- (2) However, subsection (1) does not apply to a podiatrist if the podiatrist—
- (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the podiatrist; and
 - (b) only practises as a podiatrist while covered by the other insurance.

**9.7 Conditional registration for non-practising podiatrists—
Act, s 37 (5) (b)**

- (1) This section applies if—
- (a) a person has applied for registration as a podiatrist; and
 - (b) the board is satisfied that the person does not intend to practise as a podiatrist, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise as a podiatrist.

9.8 Conditional registration not limited

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

**9.9 Registration end date—regulation, s 120 (b) (i) and
s 121 (c)**

The registration end date for a certificate of registration is 28 February following registration.

Schedule 10 Physiotherapists

(see s 4 and sch 1)

Note to sch 10

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

10.1 Definitions—sch 10

In this schedule:

board means the ACT Physiotherapists Board.

physiotherapist means an individual who is registered as a physiotherapist under this schedule.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate physiotherapy in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

**10.2 General area of operation of physiotherapy profession—
Act, s 22 (1) (a)**

The practice of physiotherapy involves the prevention, diagnosis and therapeutic management of pain and disorders of movement to facilitate normal function and development.

Note Schedules 13 and 14 deal with health professionals practising as chiropractors and osteopaths.

**10.3 Qualifications as suitability to practise requirements for
physiotherapists—Act, s 23 (a)**

To practise as a physiotherapist, an individual—

- (a) must be a graduate of a course of education in physiotherapy offered in the ACT or a local jurisdiction that is accredited by the Australian Physiotherapy Council or approved by the board or the regulatory authority of the local jurisdiction; or

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.

- (b) must have completed training in the ACT or a local jurisdiction accredited by the Australian Physiotherapy Council or approved by the board or the regulatory authority of the local jurisdiction where the training was held; or

- (c) must have—

- (i) completed a course of education or training in physiotherapy outside Australia and New Zealand; and

- (ii) passed an examination held by the Australian Examining Committee of Overseas Physiotherapists.

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

- (1) To demonstrate adequate professional development at the time of application for registration as a physiotherapist, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant has undertaken professional development activities; or
 - (c) that otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as a physiotherapist, 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 as a physiotherapist, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has provided physiotherapy within the 5 years before the day the application is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice the board considers adequate.

(4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

10.5 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.

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

- (1) A physiotherapist must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a physiotherapist if the physiotherapist—
 - (a) is covered by professional indemnity insurance (the ***other insurance***) other than insurance maintained by the physiotherapist; and
 - (b) only practises as a physiotherapist while covered by the other insurance.

10.7 Conditional registration for physiotherapists on work programs—length of registration limited—Act, s 37 (5) (b)

- (1) This section applies in relation to an applicant if the applicant has applied for registration as part of a work program approved by the board.

Example of work program

The Working Holiday Makers Program administered by the Commonwealth Department of Immigration and Multicultural and Indigenous Affairs allowing people holding a class 417 visa to enter Australia on certain conditions.

Note 1 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).

Note 2 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.

- (2) The executive officer of the board may, on behalf of the board, register the person if satisfied that the applicant completed a course in physiotherapy that the board is satisfied includes theoretical and clinical components in cardio-respiratory, musculo-skeletal and neurological physiotherapy similar in length and content to a course offered in Australia.
- (3) Registration under this section is subject to—
- (a) the condition that it ends on the earlier of—
 - (i) the day the board decides the registration should end; or
 - (ii) the day 1 year after the day the board registers the person under this section; and
 - (b) the applicant complies with the requirements of the work program the applicant is part of; and
 - (c) any other condition the board considers appropriate.

- (4) However, if the board decides to register the person, the registration is taken to have begun on the day the board conditionally registered the person.

10.8 Conditional registration for non-practising physiotherapists—Act, s 37 (5) (b)

- (1) This section applies if—
- (a) a person has applied for registration as a physiotherapist; and
 - (b) the board is satisfied that the person does not intend to practise physiotherapy, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise physiotherapy.

10.9 Conditional registration not limited

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

10.10 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

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

Schedule 11 Optometrists

(see s 4 and sch 1)

Note to sch 11

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

11.1 Definitions—sch 11

In this schedule:

board means the ACT Optometrists Board.

optometrist means an individual who is registered as an optometrist under this schedule.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate optometry in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

11.2 General area of operation of optometry profession—Act, s 22 (1) (a)

- (1) The practice of optometry involves a service, attendance or procedure, or giving of advice, that involves 1 or more of the following:
 - (a) measuring vision;
 - (b) diagnosing conditions affecting the eye, adjoining anatomical parts and vision;
 - (c) treating conditions affecting the eye, adjoining anatomical parts and vision;
 - (d) prescribing or administering medication for the eye;
 - (e) aiding the correction of vision using optical devices, optical appliances and corrective lenses;
 - (f) vision therapy;
 - (g) prescribing and fitting lenses;
 - (h) the craft of lens grinding or spectacle making.
- (2) To remove any doubt, a person also practises as an optometrist if the person practises optometry as part of a business.

11.3 Qualifications as suitability to practise requirements for optometrists—Act, s 23 (a)

- (1) To practise as an optometrist, an individual—
- (a) must be a graduate of a course of education in optometry in the ACT or a local jurisdiction that is accredited by OCANZ or approved by the board or a regulatory authority; or

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.

- (b) must have—
- (i) completed a course of education or training in optometry outside Australia; and
- (ii) passed an examination in optometry held by OCANZ.

- (2) In this section:

OCANZ means the Optometry Council of Australia and New Zealand.

11.4 Maintenance and demonstration of professional development, continued competence and recency of practice for individual optometrists—Act, s 23 (d)

- (1) To demonstrate adequate professional development at the time of application for registration as an individual optometrist, the individual must, if required by the board, give the board written evidence—
- (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
- (b) that the applicant has undertaken professional development activities; or

- (c) that the applicant otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as an individual optometrist, an individual 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 as an individual optometrist, the individual applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised as an optometrist in the 5 years before the day the applicant is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that the applicant otherwise demonstrates recency of practice the board considers adequate.

- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

11.5 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.

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

- (1) An optometrist must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to an optometrist if the optometrist—
 - (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the optometrist; and
 - (b) only practises as an optometrist while covered by the other insurance.

11.7 Conditional registration for non-practising optometrists—Act, s 37 (5) (b)

- (1) This section applies if—
 - (a) a person has applied for registration as an optometrist; and
 - (b) the board is satisfied that the person does not intend to practise optometry, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise optometry.

11.8 Conditional registration not limited

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

11.9 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

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

Schedule 12 Veterinary Surgeons

(see s 4 and sch 1)

Note to sch 12

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

12.1 Definitions—sch 12

In this schedule:

AVBC means the Australasian Veterinary Boards Council.

board means the ACT Veterinary Surgeons Board.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate the veterinary profession in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

veterinary surgeon means an individual who is registered as a veterinary surgeon under this schedule.

12.2 **General area of operation of veterinary surgery profession—Act, s 22 (1) (a)**

The practice of veterinary surgery involves the following:

- (a) attending to the health of animals;
- (b) giving advice on the health and welfare of animals, public health and the safety of food derived from animals;
- (c) the study of the health and welfare of animals;
- (d) the prevention of animal diseases;
- (e) diagnosis, and medical or surgical treatment, of disease or injury in animals;
- (f) prescribing medicines for veterinary purposes;
- (g) providing veterinary certificates.

12.3 **Qualifications as suitability to practise requirements for veterinary surgeon—Act, s 23 (a)**

To practise as a veterinary surgeon, an individual—

- (a) must be a graduate of a course of education offered by an Australian or New Zealand institution that is accredited by AVBC or approved by the board; or

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.

- (b) must have completed a course of education in veterinary surgery or veterinary science outside Australia and New Zealand that is accredited by AVBC or approved by the board; or
- (c) must have—
 - (i) completed a course of education in veterinary medicine, veterinary surgery or veterinary science outside Australia and New Zealand; and
 - (ii) passed an examination held by AVBC.

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

An individual meets the requirements for registration in a specialist area of veterinary surgery if the individual—

- (a) is a veterinary surgeon; and
- (b) holds a qualification in a specialist area of veterinary surgery that is approved in writing by the AVBC.

**12.5 Maintenance and demonstration of professional
development, continued competence and recency of
practice for veterinary surgeons—Act, s 23 (d)**

- (1) To demonstrate adequate professional development at the time of application for registration as a veterinary surgeon, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised as a veterinary surgeon under the supervision of a veterinary surgeon and is competent to practise; or
 - (b) that the applicant attended and satisfactorily completed a training program approved by the board; or

-
- (c) that the applicant has undertaken professional development activities; or
 - (d) that the applicant otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as a veterinary surgeon, 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 as a veterinary surgeon, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised as a veterinary surgeon in the 5 years before the day the application is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that the applicant otherwise demonstrates recency of practice the board considers adequate.
 - (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

12.6 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.

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

- (1) A veterinary surgeon must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a veterinary surgeon if the veterinary surgeon—
 - (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the veterinary surgeon; and
 - (b) only practises as a veterinary surgeon while covered by the other insurance.

12.8 Conditional registration not limited

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

12.9 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

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

Schedule 13 Chiropractors

(see s 4 and sch 1)

Note to sch 13

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

13.1 Definitions—sch 13

In this schedule:

board means the ACT Chiropractors and Osteopaths Board.

chiropractor means an individual who is registered as a chiropractor under this schedule.

osteopath means an individual who is registered as an osteopath under schedule 14.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate the chiropractic profession in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

**13.2 General area of operation of chiropractic profession—
Act, s 22 (1) (a)**

The practice of chiropractic involves a service, attendance or procedure, or giving of advice, that involves 1 or more of the following:

- (a) assessing conditions related to the spine, non-spinal articulations and the neuro-musculo-skeletal system;
- (b) diagnosing, preventing, rehabilitating, managing and educating about the conditions mentioned in paragraph (a);
- (c) using chiropractic adjustments and manipulations in accordance with the standards statements for chiropractors.

**13.3 Qualifications as suitability to practise requirements for
chiropractors—Act, s 23 (a)**

- (1) To practise as a chiropractor, an individual—
 - (a) must be a graduate of a course of education or training in the ACT or a local jurisdiction that is accredited by CCEA or approved by the board or a regulatory authority; or
 - 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.
 - (b) must have completed a course of education or training approved by the board; or

- (c) must have—
 - (i) passed an examination in chiropractic that the board requires; and
 - (ii) gained experience practising as a chiropractor under the supervision of a chiropractor whose registration entitles the chiropractor to practise as a chiropractor without supervision for a period approved by the board; or
- (d) must have—
 - (i) completed a course of education or training at a place outside Australia accredited by CCEA or approved by the board or a regulatory authority; and
 - (ii) completed the requirements of, and passed the examination conducted by, CCEA.
- (2) To avoid doubt, an individual is not practising as a chiropractor if the individual—
 - (a) is registered as a medical practitioner, osteopath or physiotherapist; and
 - (b) is offering a service as part of the individual's health profession that is in the general area of operation of a chiropractor; and
 - (c) has appropriate training in that area.
- (3) In this section:

CCEA means the Council on Chiropractic Education Australasia.

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

- (1) To demonstrate adequate professional development at the time of application for registration as a chiropractor, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or
 - (b) that the applicant has undertaken professional development activities; or
 - (c) that otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as a chiropractor, 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 as a chiropractor, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant has practised as a chiropractor in the 5 years before the day the applicant is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice the board considers adequate.

- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

13.5 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 by osteopaths.
- (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.
- (5) If the Minister has taken all reasonable steps to appoint a member from a particular profession (the ***prescribed profession***) for subsection (3) and has been unable to do so, the Minister may appoint temporarily—

- (a) if the prescribed profession is the chiropractic profession—an osteopath; or
 - (b) if the prescribed profession is the osteopathic profession—a chiropractor.
- (6) An appointment under subsection (5) ends when the Minister appoints a member from the prescribed profession.

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

- (1) A chiropractor must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a chiropractor if the chiropractor—
- (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the chiropractor; and
 - (b) only practises as a chiropractor while covered by the other insurance.

13.7 Conditional registration for non-practising chiropractors—Act, s 37 (5) (b)

- (1) This section applies if—
- (a) a person has applied for registration as a chiropractor; and
 - (b) the board is satisfied that the person does not intend to practise as a chiropractor, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise as a chiropractor.

13.8 Conditional registration not limited

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

13.9 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

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

Schedule 14 Osteopaths

(see s 4 and sch 1)

Note to sch 14

The Act and Regulation contain other provisions that apply to applications and the regulation of the profession under this schedule, for example:

- under the Act, s 37 (1) (b), an applicant must have a knowledge of written and spoken English that is adequate to allow the person to practise
- 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
- under s 112, certain matters must be included in an application for registration
- under s 115, a health profession board, in deciding whether a person is generally competent in relation to a health profession, must consider—
 - (a) whether the person is mentally and physically well enough to practise; and
 - (b) whether the person has communication skills that allow the person to practise effectively without endangering patients; and
 - (c) whether the person has an addiction to alcohol, another drug or another substance that may affect the person's ability to practise; and
 - (d) whether the person has been convicted or found guilty of an offence that indicates that the person may not be competent to practise; and
 - (e) whether the person's experience is recent and sufficient to allow the person to practise.

14.1 Definitions—sch 14

board means the ACT Chiropractors and Osteopaths Board.

chiropractor means an individual who is registered as a chiropractor under schedule 13.

osteopath means an individual who is registered as an osteopath under this schedule.

regulatory authority means an authority established under a corresponding law of a local jurisdiction or a place outside Australia to regulate osteopathy in the jurisdiction or place.

Note A **local jurisdiction** is a State or New Zealand (see Act, dict).

14.2 General area of operation of osteopathy profession—Act, s 22 (1) (a)

The practice of osteopathy involves a service, attendance or procedure, or giving of advice, that involves 1 or more of the following:

- (a) diagnosing and removing biomechanical derangements or somatic dysfunction that affect the human body, including the fluid systems and neural tissues;
- (b) applying manual pressure to any part of the human body that affects an appendicular joint or segment of the vertebral column.

14.3 Qualifications as suitability to practise requirements for osteopaths—Act, s 23 (a)

- (1) To practise as an osteopath, an individual—
 - (a) must be a graduate of a course of education or training in the ACT or a local jurisdiction that is approved by the board or a regulatory authority; or

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.

- (b) must have completed a course of education or training approved by the board; or

- (c) must have—
 - (i) passed an examination in osteopathy that the board requires; and
 - (ii) gained experience in osteopathy under the supervision of an osteopath whose registration entitles the osteopath to practise osteopathy without supervision for a period approved by the board; or
- (d) must have—
 - (i) completed a course of education or training at a place outside Australia approved by the board or a regulatory authority; and
 - (ii) completed the Competency Based Screening Assessment conducted by the Osteopaths Board of New South Wales.
- (2) To avoid doubt, an individual is not practising as an osteopath if the individual—
 - (a) is registered as a medical practitioner, chiropractor or physiotherapist; and
 - (b) is offering a service as part of the individual's health profession that is in the general area of operation of an osteopath; and
 - (c) has appropriate training in that area.

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

- (1) To demonstrate adequate professional development at the time of application for registration as an osteopath, the applicant must, if required by the board, give the board written evidence—
 - (a) that the applicant attended and satisfactorily completed a training program approved by the board; or

- (b) that the applicant has undertaken professional development activities; or
 - (c) that otherwise demonstrates professional development the board considers adequate.
- (2) To demonstrate continuing competence at the time of application for registration as an osteopath, 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 as an osteopath, the applicant must, if required by the board, give the board written evidence—
- (a) that the applicant has practised as an osteopath in the 5 years before the day the applicant is made; or
 - (b) that the applicant attended and satisfactorily completed a training course approved by the board; or
 - (c) that otherwise demonstrates recency of practice the board considers adequate.
- (4) In this section:

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

Note 1 **Register**, a person, includes renew the person's registration (see Act, dict).

Note 2 For application requirements, see s 112.

14.5 Board membership—Act, s 24

The board is made up as prescribed under schedule 13.

Note The elected members of the board include an osteopath elected by osteopaths (see sch 13, s 13.5 (2) (b)).

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

- (1) An osteopath must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to an osteopath if the osteopath—
 - (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the osteopath; and
 - (b) only practises as an osteopath while covered by the other insurance.

14.7 Conditional registration for non-practising osteopaths—Act, s 37 (5) (b)

- (1) This section applies if—
 - (a) a person has applied for registration as an osteopath; and
 - (b) the board is satisfied that the person does not intend to practise osteopathy, whether or not because the person is retired.
- (2) The board may register the person on condition that the person must not practise osteopathy.

14.8 Conditional registration not limited

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

14.9 Registration end date—regulation, s 120 (b) (i) and s 121 (c)

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

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.

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:

- correctional centre
- 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, for schedule 3 (Nurses)—see schedule 3, section 3.1.

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

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 |

Endnotes

3 Legislation history

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) as am by A2004-52 s 4 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)) om before commenced by SL2007-1 s 41 (s 2 (2))

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)) om before commenced by SL2007-1 s 41

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

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 commenced 7 January 2007 (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 commenced 7 January 2007 (s 2 (2) and LA s 79)
remainder commenced 8 July 2006 (s 2 (1))

Health Professionals Amendment Regulation 2007 (No 1) SL2007-1

notified LR 4 January 2007
s 1, s 2 commenced 4 January 2007 (LA s 75 (1))
s 41 commenced 7 January 2007 (s 2 (1))
remainder commenced 9 January 2007 (s 2 (2))

Endnotes

4 Amendment history

Health Professionals Amendment Regulation 2007 (No 2) SL2007-19

notified LR 23 July 2007

s 1, s 2 commenced 23 July 2007 (LA s 75 (1))

remainder commenced 24 July 2007 (s 2)

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
om LA s 89 (4)

Offences against regulation—application of Criminal Code etc

s 3A ins SL2007-1 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

Functions of executive officer

s 21 am SL2007-1 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 |
| 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 (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 |

Endnotes

4 Amendment history

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)

Application for registration—Act, s 37 (5) (a)

s 112 sub SL2007-1 s 6

Suitability to practise requirements

s 114 sub SL2007-1 s 7

General competence to practise

s 115 am SL2005-14 s 17; SL2007-1 s 8, s 9; pars, ss renum
R12 LA

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

s 115A ins SL2007-1 s 10

Length of registration

s 120 sub SL2005-14 s 18

Obligation to maintain competence and continue professional development

s 129 am SL2007-1 s 11

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 152

s 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))

Regulated professions

sch 1 sub SL2005-14 s 24; SL2007-1 s 12

sch 1 item 1 sub SL2005-14 s 24; SL2007-1 s 12

sch 1 item 2 ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41)

ins SL2006-1 s 4

sub SL2007-1 s 12

sch 1 item 3 ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41)

ins SL2006-1 s 4

sub SL2007-1 s 12

sch 1 item 4 ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41)

sub SL2007-1 s 12

sch 1 item 5 ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41)

sub SL2007-1 s 12

sch 1 item 6 ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41)

sub SL2007-1 s 12

sch 1 item 7 ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41)

sub SL2007-1 s 12

Endnotes

4 Amendment history

| | |
|---------------|---|
| sch 1 item 8 | ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41) sub SL2007-1 s 12 |
| sch 1 item 9 | ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41) sub SL2007-1 s 12 |
| sch 1 item 10 | ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41) sub SL2007-1 s 12 |
| sch 1 item 11 | ins SL2005-14 s 24 (s 24 om before commenced by SL2007-1 s 41) sub SL2007-1 s 12 |
| sch 1 item 12 | ins SL2006-28 s 5 (item 12 also ins SL2006-38 s 6; renum as item 14) sub SL2007-1 s 12 |
| sch 1 item 13 | ins SL2006-28 s 5 sub SL2007-1 s 12 |
| sch 1 item 14 | ins as item 12 SL2006-38 s 6 renum as item 14 R7 LA sub SL2007-1 s 12 |

Medical practitioners

| | |
|---------------|--------------------------------------|
| sch 2 | ss renum R1 LA sub SL2005-14 s 24 |
| note to sch 2 | ins SL2007-1 s 13 |

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

| | |
|-------|--------------------|
| s 2.1 | ins SL2005-14 s 24 |
|-------|--------------------|

Definitions—sch 2

| | |
|--------|---|
| s 2.1A | ins SL2007-1 s 14 def board ins SL2007-1 s 14 def medical practitioner ins SL2007-1 s 14 def regulatory authority ins SL2007-1 s 14 |
|--------|---|

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

| | |
|-------|---|
| s 2.2 | ins SL2005-14 s 24 am SL2007-1 s 15, s 23; SL2007-19 s 4 |
|-------|---|

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

| | |
|-------|--|
| s 2.3 | ins SL2005-14 s 24 om SL2007-1 s 16 |
|-------|--|

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

| | |
|-------|--|
| s 2.4 | ins SL2005-14 s 24 am SL2006-28 s 6, s 7; items renum R10 LA; SL2007-1 ss 17-19, s 23; items renum R12 LA |
|-------|--|

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

s 2.5 ins SL2005-14 s 24
sub SL2007-1 s 20

Medical board membership—Act, s 24

s 2.6 sub SL2005-14 s 24
am SL2007-1 s 23

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

s 2.7 ins SL2005-14 s 24
am SL2007-1 s 21, s 23

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

s 2.8 ins SL2005-14 s 24
sub SL2007-1 s 22

Conditional registration of student medical practitioners—Act, s 37 (5) (b)

s 2.9 ins SL2005-14 s 24
sub SL2007-1 s 22

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

s 2.10 ins SL2005-14 s 24
om SL2007-1 s 22

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

s 2.11 ins SL2005-14 s 24
am SL2007-1 s 23

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

s 2.12 ins SL2005-14 s 24
am SL2007-1 s 23

Conditional registration not limited

s 2.13 ins SL2005-14 s 24

Registration end date—s 121 (c)

s 2.14 ins SL2005-14 s 24

Nurses

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

note to sch 3 ins SL2007-1 s 24

Definitions for sch 3

s 3.1 ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7)
ins SL2006-1 s 5
def **board** ins SL2005-14 s 24 (om before commenced by
SL2006-1 s 7)
ins SL2006-1 s 5

Endnotes

4 Amendment history

def **enrolled nurse** ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7)
ins SL2006-1 s 5
sub SL2007-1 s 25
def **nurse** ins SL2007-19 s 5
def **nurse practitioner** ins SL2006-1 s 5
sub SL2007-1 s 26
def **nursing and midwifery regulatory authority** ins SL2006-1 s 5
def **re-entry course** ins SL2006-1 s 5
def **register** ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7)
ins SL2006-1 s 5
def **registered nurse** ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7)
ins SL2006-1 s 5

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

s 3.2 ins SL2006-1 s 5

What does enrolment allow?

s 3.3 ins SL2006-1 s 5

Board responsible for assessing courses for nurses etc

s 3.4 ins SL2006-1 s 5

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

s 3.5 ins SL2006-1 s 5

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

s 3.6 ins SL2006-1 s 5
om SL2007-1 s 27

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

s 3.7 ins SL2006-1 s 5
am SL2007-1 s 28

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

s 3.8 ins SL2006-1 s 5
sub SL2007-1 s 29

Board membership—Act, s 24

s 3.9 ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7)
ins SL2006-1 s 5
sub SL2007-19 s 6

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

s 3.10 ins SL2006-1 s 5
om SL2007-1 s 30

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

s 3.11 ins SL2006-1 s 5
om SL2007-1 s 30

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

s 3.12 ins SL2006-1 s 5
am SL2007-1 s 31

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

s 3.13 ins SL2006-1 s 5
am SL2007-1 s 31

Midwives

sch 4 ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7)
ins SL2006-1 s 5
note to sch 4 ins SL2007-1 s 32

Definitions for sch 4

s 4.1 ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7)
ins SL2006-1 s 5
def **board** ins SL2006-1 s 5
def **midwife** ins SL2007-1 s 33
def **nursing and midwifery regulatory authority** ins
SL2006-1 s 5
def **re-entry course** ins SL2006-1 s 5
def **refresher course** ins SL2006-1 s 5

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

s 4.2 ins SL2006-1 s 5

Board responsible for assessing courses for midwives etc

s 4.3 ins SL2006-1 s 5

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

s 4.4 ins SL2006-1 s 5

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

s 4.5 ins SL2006-1 s 5
sub SL2007-1 s 34

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

s 4.6 ins SL2006-1 s 5
om SL2007-1 s 34

Endnotes

4 Amendment history

Board membership—Act, s 24

s 4.7 ins SL2005-14 s 24 (om before commenced by SL2006-1 s 7)
ins SL2006-1 s 5

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

s 4.8 ins SL2006-1 s 5
om SL2007-1 s 35

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

s 4.9 ins SL2006-1 s 5
om SL2007-1 s 35

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

s 4.10 ins SL2006-1 s 5
am SL2007-1 s 36

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

s 4.11 ins SL2006-1 s 5
am SL2007-1 s 36

Conditional registration not limited

s 4.12 ins SL2006-1 s 5

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

s 4.13 ins SL2006-1 s 5

Pharmacists

sch 5 ins SL2005-14 s 24 (om before commenced by SL2007-1
s 41)
ins SL2007-1 s 37

Definitions—sch 5

s 5.1 ins SL2005-14 s 24 (om before commenced by SL2007-1
s 41)
ins SL2007-1 s 37
def **board** ins SL2007-1 s 37
def **close relative** ins SL2007-1 s 37
def **community pharmacy** ins SL2007-1 s 37
def **institution** ins SL2007-1 s 37
def **pharmacist** ins SL2007-1 s 37
def **pharmacy** ins SL2007-1 s 37
def **regulatory authority** ins SL2007-1 s 37
def **residential care** ins SL2007-1 s 37
def **residential care facility** ins SL2007-1 s 37

Restriction on pharmacy premises—supermarkets

s 5.2 ins SL2005-14 s 24 (om before commenced by SL2007-1
s 41)
ins SL2007-1 s 37

Standard of premises

s 5.3 ins SL2007-1 s 37

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

s 5.4 ins SL2007-1 s 37

Qualifications as suitability to practise for individual pharmacists—Act, s 23 (a)

s 5.5 ins SL2007-1 s 37

Qualifications as suitability to practise as corporate pharmacist—Act, s 23 (a)

s 5.6 ins SL2007-1 s 37

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

s 5.7 ins SL2007-1 s 37

Board membership—Act, s 24

s 5.8 ins SL2007-1 s 37

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

s 5.9 ins SL2007-1 s 37

Conditional registration of pharmacists with unapproved qualifications—Act, s 37 (5) (b)

s 5.10 ins SL2007-1 s 37

Conditional registration for pharmacists who want to teach etc—Act, s 37 (5) (b)

s 5.11 ins SL2007-1 s 37

Conditional registration for non-practising pharmacists—Act, s 37 (5) (b)

s 5.12 ins SL2007-1 s 37

Conditional registration not limited

s 5.13 ins SL2007-1 s 37

Operation of pharmacy on death of pharmacist

s 5.14 ins SL2007-1 s 37

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

s 5.15 ins SL2007-1 s 37

Dentists, dental hygienists and dental therapistssch 6 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

Endnotes

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Definitions—sch 6

- s 6.1 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37
def **board** ins SL2007-1 s 37
def **dental care provider** ins SL2007-1 s 37
def **dental hygienist** ins SL2007-1 s 37
def **dental procedure** ins SL2007-1 s 37
def **dental therapist** ins SL2007-1 s 37
def **dentist** ins SL2007-1 s 37
def **dentist procedure** ins SL2007-1 s 37
def **general dental procedure** ins SL2007-1 s 37
def **regulatory authority** ins SL2007-1 s 37
def **under the supervision of a dentist** ins SL2007-1 s 37

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

- s 6.2 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

General area of operation of dental hygienist profession—Act, s 22 (1) (a)

- s 6.3 ins SL2007-1 s 37

General area of operation of dental therapist profession—Act, s 22 (1) (a)

- s 6.4 ins SL2007-1 s 37

Qualifications as suitability to practise requirements for dental care providers—Act, s 23 (a)

- s 6.5 ins SL2007-1 s 37

Qualifications as suitability to practise requirements for dental therapists—Act, s 23 (a)—transitional

- s 6.6 ins SL2007-1 s 37
exp 9 January 2009 (s 6.6 (4) (LA s 88 declaration applies))

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

- s 6.7 ins SL2007-1 s 37

Maintenance and demonstration of professional development, continued competence and recency of practice for dental care providers—Act, s 23 (d)

- s 6.8 ins SL2007-1 s 37

Board membership—Act, s 24

- s 6.9 ins SL2007-1 s 37

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

- s 6.10 ins SL2007-1 s 37

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

- s 6.11 ins SL2007-1 s 37

Conditional registration of dentist with unapproved qualifications—Act, s 37 (5) (b)

s 6.12 ins SL2007-1 s 37

Conditional registration for dentists who want to teach etc—Act, s 37 (5) (b)

s 6.13 ins SL2007-1 s 37

Conditional registration for non-practising dentists—Act, s 37 (5) (b)

s 6.14 ins SL2007-1 s 37

Conditional registration not limited

s 6.15 ins SL2007-1 s 37

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

s 6.16 ins SL2007-1 s 37

Psychologistssch 7 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37**Definitions—sch 7**s 7.1 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37
def **board** ins SL2007-1 s 37
def **psychologist** ins SL2007-1 s 37
def **regulatory authority** ins SL2007-1 s 37**General area of operation of psychology profession—Act, s 22 (1) (a)**s 7.2 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37**Qualifications as suitability to practise requirements for psychologists—Act, s 23 (a)**

s 7.3 ins SL2007-1 s 37

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

s 7.4 ins SL2007-1 s 37

Board membership—Act, s 24

s 7.5 ins SL2007-1 s 37

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

s 7.6 ins SL2007-1 s 37

Conditional registration of student psychologists—Act, s 37 (5) (b)

s 7.7 ins SL2007-1 s 37

Conditional registration for non-practising psychologists—Act, s 37 (5) (b)

s 7.8 ins SL2007-1 s 37

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Conditional registration not limited

s 7.9 ins SL2007-1 s 37

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

s 7.10 ins SL2007-1 s 37

Dental technicians and dental prosthetists

sch 8 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

Definitions—sch 8

s 8.1 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37
def **board** ins SL2007-1 s 37
def **dental prosthetic appliance** ins SL2007-1 s 37
def **dental prosthetic service** ins SL2007-1 s 37
def **dental prosthetist** ins SL2007-1 s 37
def **dental technical work** ins SL2007-1 s 37
def **dental technician** ins SL2007-1 s 37
def **dentist** ins SL2007-1 s 37
def **regulatory authority** ins SL2007-1 s 37

General area of operation of dental technician profession—Act, s 22 (1) (a)

s 8.2 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

General area of operation of dental prosthetist profession—Act, s 22 (1) (a)

s 8.3 ins SL2007-1 s 37

Qualifications as suitability to practise as individual dental prosthetist or individual dental technician—Act, s 23 (a)

s 8.4 ins SL2007-1 s 37

Qualifications as suitability to practise as corporate dental prosthetist or corporate dental technician—Act, s 23 (a)

s 8.5 ins SL2007-1 s 37

Maintenance and demonstration of professional development, continued competence and recency of practice for dental prosthetists and dental technicians—Act, s 23 (d)

s 8.6 ins SL2007-1 s 37

Board membership—Act, s 24

s 8.7 ins SL2007-1 s 37

Dental technicians—required insurance policy—Act, s 37 (1) (d)

s 8.8 ins SL2007-1 s 37

Dental prosthetists—required insurance policy—Act, s 37 (1) (d)

s 8.9 ins SL2007-1 s 37

Conditional registration of dental prosthetists with unapproved qualifications—Act, s 37 (5) (b)

s 8.10 ins SL2007-1 s 37

Conditional registration of dental technicians with unapproved qualifications—Act, s 37 (5) (b)

s 8.11 ins SL2007-1 s 37

Conditional registration for dental prosthetists and dental technicians who want to teach etc—Act, s 37 (5) (b)

s 8.12 ins SL2007-1 s 37

Conditional registration for non-practising dental prosthetists and dental technicians—Act, s 37 (5) (b)

s 8.13 ins SL2007-1 s 37

Conditional registration not limited

s 8.14 ins SL2007-1 s 37

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

s 8.15 ins SL2007-1 s 37

Podiatristssch 9 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37**Definitions—sch 9**s 9.1 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37
def **board** ins SL2007-1 s 37
def **podiatric surgeon** ins SL2007-1 s 37
def **podiatrist** ins SL2007-1 s 37
def **regulatory authority** ins SL2007-1 s 37**General area of operation of podiatry profession—Act, s 22 (1) (a)**s 9.2 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37**Qualifications as suitability to practise requirements for podiatrists—Act, s 23 (a)**

s 9.3 ins SL2007-1 s 37

Maintenance and demonstration of professional development, continued competence and recency of practice for podiatrists and podiatric specialists—Act, s 23 (d)

s 9.4 ins SL2007-1 s 37

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Board membership—Act, s 24

s 9.5 ins SL2007-1 s 37

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

s 9.6 ins SL2007-1 s 37

Conditional registration for non-practising podiatrists—Act, s 37 (5) (b)

s 9.7 ins SL2007-1 s 37

Conditional registration not limited

s 9.8 ins SL2007-1 s 37

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

s 9.9 ins SL2007-1 s 37

Physiotherapists

sch 10 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

Definitions—sch 10

s 10.1 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37
def **board** ins SL2007-1 s 37
def **physiotherapist** ins SL2007-1 s 37
def **regulatory authority** ins SL2007-1 s 37

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

s 10.2 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

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

s 10.3 ins SL2007-1 s 37

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

s 10.4 ins SL2007-1 s 37

Board membership—Act, s 24

s 10.5 ins SL2007-1 s 37

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

s 10.6 ins SL2007-1 s 37

Conditional registration for physiotherapists on work programs—length of registration limited—Act, s 37 (5) (b)

s 10.7 ins SL2007-1 s 37

Conditional registration for non-practising physiotherapists—Act, s 37 (5) (b)

s 10.8 ins SL2007-1 s 37

Conditional registration not limited

s 10.9 ins SL2007-1 s 37

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

s 10.10 ins SL2007-1 s 37

Optometrists

sch 11 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

Definitions—sch 11

s 11.1 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37
def **board** ins SL2007-1 s 37
def **optometrist** ins SL2007-1 s 37
def **regulatory authority** ins SL2007-1 s 37

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

s 11.2 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

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

s 11.3 ins SL2007-1 s 37

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

s 11.4 ins SL2007-1 s 37

Board membership—Act, s 24

s 11.5 ins SL2007-1 s 37

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

s 11.6 ins SL2007-1 s 37

Conditional registration for non-practising optometrists—Act, s 37 (5) (b)

s 11.7 ins SL2007-1 s 37

Conditional registration not limited

s 11.8 ins SL2007-1 s 37

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

s 11.9 ins SL2007-1 s 37

Veterinary Surgeons

sch 12 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

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Definitions—sch 12

s 12.1 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37
def **AVBC** ins SL2007-1 s 37
def **board** ins SL2007-1 s 37
def **regulatory authority** ins SL2007-1 s 37
def **veterinary surgeon** ins SL2007-1 s 37

General area of operation of veterinary surgery profession—Act, s 22 (1) (a)

s 12.2 ins SL2005-14 s 24 (om before commenced by SL2007-1 s 41)
ins SL2007-1 s 37

Qualifications as suitability to practise requirements for veterinary surgeon—Act, s 23 (a)

s 12.3 ins SL2007-1 s 37

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

s 12.4 ins SL2007-1 s 37

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

s 12.5 ins SL2007-1 s 37

Board membership—Act, s 24

s 12.6 ins SL2007-1 s 37

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

s 12.7 ins SL2007-1 s 37

Conditional registration not limited

s 12.8 ins SL2007-1 s 37

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

s 12.9 ins SL2007-1 s 37

Chiropractors

sch 13 ins SL2006-28 s 8 (sch 13 also ins SL2006-38 s 7; renum as sch 15)
sub SL2007-1 s 38

Definitions—sch 13

s 13.1 ins SL2006-38 s 8
sub SL2007-1 s 38
def **board** ins SL2007-1 s 38
def **chiropractor** ins SL2007-1 s 38
def **osteopath** ins SL2007-1 s 38
def **regulatory authority** ins SL2007-1 s 38

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

s 13.2 ins SL2006-38 s 8
sub SL2007-1 s 38

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

s 13.3 ins SL2007-1 s 38

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

s 13.4 ins SL2007-1 s 38

Board membership—Act, s 24

s 13.5 ins SL2007-1 s 38

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

s 13.6 ins SL2007-1 s 38

Conditional registration for non-practising chiropractors—Act, s 37 (5) (b)

s 13.7 ins SL2007-1 s 38

Conditional registration not limited**Registration end date—regulation, s 120 (b) (i) and s 121 (c)**

s 13.9 ins SL2007-1 s 38

Osteopaths

sch 14 ins SL2006-28 s 8
sub SL2007-1 s 39

Definitions—sch 14

s 14.1 ins SL2006-38 s 8
sub SL2007-1 s 39
def **board** ins SL2007-1 s 39
def **chiropractor** ins SL2007-1 s 39
def **osteopath** ins SL2007-1 s 39
def **regulatory authority** ins SL2007-1 s 39

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

s 14.2 ins SL2006-38 s 8
sub SL2007-1 s 39

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

s 14.3 ins SL2007-1 s 39

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

s 14.4 ins SL2007-1 s 39

Board membership—Act, s 24

s 14.5 ins SL2007-1 s 39

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

s 14.6 ins SL2007-1 s 39

Conditional registration for non-practising osteopaths—Act, s 37 (5) (b)

s 14.7 ins SL2007-1 s 39

Conditional registration not limited

s 14.8 ins SL2007-1 s 39

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

s 14.9 ins SL2007-1 s 39

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; SL2007-1 s 40
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** ins SL2007-19 s 7
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

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 |

Endnotes

5 Earlier republications

| 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 |
| R10 8 Dec 2006 | 8 Dec 2006– 6 Jan 2007 | <u>SL2006-38</u> | amendments by SL2006-28 |
| R11 7 Jan 2007 | 7 Jan 2007– 8 Jan 2007 | <u>SL2007-1</u> | amendments by SL2005-14 as amended by SL2006-1, SL2006-38 and SL2007-1 |
| R12 9 Jan 2007 | 9 Jan 2007– 9 Jan 2007 | SL2007-1 | amendments by SL2007-1 |
| R13 10 Jan 2007 | 10 Jan 2007– 23 July 2007 | SL2007-1 | commenced expiry |

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