

NORTHERN TERRITORY OF AUSTRALIA

HEALTH PRACTITIONERS ACT

As in force at 1 March 2011

Table of provisions

Part 1 Preliminary

1	Short title	1
2	Commencement	1
3	Objectives	1
4	Definitions	1
5	Act binds Crown	4
6	Category of health care practice	4

Part 2 Health Practitioners Registration Boards

7	Establishment of Boards	4
8	Legal status of Boards	5
9	Membership of Boards	5
10	Functions of Boards	5
11	Powers of Boards	6
12	Codes	7
13	Delegation	7
14	Registrars	7
15	Committees	7
16	Protection from liability	8
17	Annual reports	8
18	Fees	8

Part 2A Pharmacy Premises Committee

18A	Establishment	9
18B	Membership	9
18C	Functions	9
18D	Powers	10
18E	Policies and guidelines	10
18F	Delegation	10
18G	Registrar	10
18H	Advisory committee	10
18J	Protection from liability	11
18K	Annual report	11

Part 3	Registration	
Division 1	Categories of registration	
19	Categories of registration.....	11
Division 2	Application for registration	
20	Application for registration	12
21	Requirements of application for registration	12
Division 3	Determination of entitlement	
22	Entitlement to registration.....	13
23	Interim registration.....	13
24	Cancellation of interim registration	14
25	Evaluation of entitlement	14
26	Recommendation of committee of evaluators.....	15
Division 4	Grant or refusal of registration	
27	Determination of application	15
28	Special grounds for refusing to register	16
30	Review of registration conditions	16
Division 5	Restricted practice areas	
31	Restricted practice areas.....	17
32	Authorisation to practise in restricted practice area	17
33	Requirements of application for authorisation.....	17
34	Entitlement to authorisation	18
35	Evaluation and determination of application	18
36	Interim authorisation	18
37	Cancellation of authorisation	19
Division 6	Certificates	
38	Registered persons to be issued with certificates.....	20
39	Certificates of registration	20
40	Practising certificates.....	20
41	Replacement and amendment of certificates.....	21
42	Offences in relation to certificates.....	22
Division 7	Registers	
43	Registers	22
45	Correction of registers	23
46	Notice of change of name or address.....	23
47	Inspection of registers	23

48	Protection of private information	24
49	Annual practising certificate fees	24
50	Removal from registers	24
51	Persons taken off register must surrender certificate	26
52	Restoring name to register	26
53	Endorsement of qualifications on register	27
54	Evidentiary provisions	27

Part 4 Professional conduct

Division 1 Complaints

55	Making complaints	28
56	Specific matters in respect of which complaints may be made	29
57	Complaints procedure	30
58	Certain complaints to be dismissed	31
59	Mediation	31
60	Preliminary investigation of complaints	31
61	Complaints dealt with by Board	32
62	Referral of complaints	34

Division 2 Health Professional Review Tribunal

63	Establishment and constitution of Tribunal	35
64	Functions and powers of Tribunal	36

Division 3 Actions following inquiry

65	Actions by Tribunal	36
66	Costs and expenses of inquiries	37
67	Notice of decision	38

Division 4 Suspension

68	Suspension of practising certificate or authorisation	39
69	Revocation of suspension	41
70	Effect of cancellation of right of practice in State or another Territory	41

Division 5 Inspectors and investigations

71	Appointment of inspectors	41
72	Powers of inspectors	42
73	Specific investigative powers	43

Part 5 Impaired health practitioners

74	Notifying Board of possible impairment	44
75	Investigation of possible impairment without notice	45

76	Preliminary investigation of possible impairment.....	45
77	Medical examination.....	46
78	Certain notices to be dismissed.....	46
79	Procedure for investigating possible impairment	46
80	Actions of Board	47
81	Notice of decision of Board.....	48
82	Application of Part to students.....	48

Part 6 Performance assessment

Division 1 Preliminary

83	Meaning of professional performance	48
84	Meaning of unsatisfactory in relation to professional performance	48

Division 2 Board may obtain performance assessment

85	Notifying Board of possible unsatisfactory professional performance	49
86	Investigation of possible unsatisfactory professional performance without notice.....	49
87	Serious matters not to be referred for assessment.....	50

Division 3 Assessment of professional performance by assessor

88	Performance assessment.....	50
89	Assessors.....	50
90	Information to be given to health practitioner.....	51
91	Assessors must refer certain matters to Board.....	51
92	Report and recommendations by assessor	51
93	Confidentiality of assessor's report.....	52

Division 4 Performance assessment hearing by Board

94	Board may conduct performance assessment hearing.....	52
95	Action that may be taken by Board.....	53
96	Re-assessment.....	54
97	Monitoring by Board	54
98	Board to consider impact on third parties	54

Part 7 Appeals

99	Right of appeal	55
100	Hearing of appeals	56

Part 8 Offences

Division 1 Protection of profession

101	Offence to practise health care if unregistered	56
102	Offence to practise in restricted practice area unless authorised.....	57
102A	Offence to carry out radiographic procedure	57
103	False claims.....	58
104	Unauthorised use of certain titles	58
105	Notifying Board of civil claims	58

Division 2 General offences

106	Offences of dishonesty	59
107	Obstruction	59
108	Offences relating to assessments, evaluations, inquiries etc.....	60
109	Intimidation	60
110	Failure to comply with orders.....	61
111	Unconscionable conduct	62

Part 9 Miscellaneous

Division 1 Obligations to provide information

112	Health practitioner notice relating to fitness to practise	62
113	Educational institution notice relating to fitness to practise.....	62
114	Employer notice relating to fitness to practise	63
115	Referral of matters by court	63
116	Provision of information	63
117	Employer notice of misconduct or incompetence	64
118	Protection from liability	64

Division 2 Administrative and legal matters

119	Convicted offenders may be prohibited from carrying on business	65
120	Service of documents	66
121	Presumptions.....	66
122	Commencement of proceedings for offences	67
123	Meaning of <i>Default penalty</i>	67
124	Evidence of facts found in other proceedings	67
125	Fees, penalties and fines to be paid to Board.....	67
126	Punishment of conduct constituting offence	68
127	Offences by bodies corporate.....	68
128	Act does not prohibit certain practices.....	68
129	Determination of area of need	69
131	Regulations.....	69

Division 3	Repeal, savings and transitional provisions	
132	Repeals	69
133	Savings and transitional provisions	69
Part 10	Transitional matters for radiographers	
134	Definitions for Part 10	70
135	Radiographers Board membership	70
136	Registrar	70
137	Register	70
138	Registered radiographers	71
139	Suspension of registration	71
140	Pending application for registration	71
141	Pending application for restoration of registration.....	71
142	Pending appeal.....	72
143	<i>Interpretation Act</i> not affected.....	72
Part 11	Transitional matter for pharmacies	
144	Pharmacy standards.....	72
Part 12	Transitional matters for implementation of Health Practitioner Regulation National Law (NT)	
145	Definitions.....	73
146	Pending complaints	73
147	Pending matters under Information and Ombudsman Acts	74
148	Principal place of practice.....	75
Part 13	Transitional matters for Health Practitioner Regulation (National Uniform Legislation) Act 2010 and Health Practitioner (National Uniform Legislation) Implementation Act 2010	
149	Definition.....	75
150	Transitional regulations	75
151	Expiry	76
Schedule 1	Membership of regulatory bodies	
Schedule 2	Administrative provisions about members of regulatory bodies	

Schedule 3	Provisions about meetings of regulatory bodies
Schedule 4	Powers and procedures of Committee and Tribunal
Schedule 5	Provisions with respect to membership of Tribunal
Schedule 6	Provisions with respect to proceedings of Tribunal
Schedule 7	Protected titles
Schedule 8	Provisions relating to pharmacies
Schedule 9	Repealed Acts
Schedule 10	Savings and transitional provisions

ENDNOTES

NORTHERN TERRITORY OF AUSTRALIA

This reprint shows the Act as in force at 1 March 2011. Any amendments that commence after that date are not included.

HEALTH PRACTITIONERS ACT

An Act to provide for the registration of persons practising health care and the regulation of those persons, and for related purposes

Part 1 Preliminary

1 Short title

This Act may be cited as the *Health Practitioners Act*.

2 Commencement

This Act comes into operation on the date, or respective dates, fixed by the Administrator by notice in the *Gazette*.

3 Objectives

The objectives of this Act are as follows:

- (a) to protect and promote the health and safety of the people of the Territory;
- (b) to promote the highest standard of professional health care practice in the Territory;
- (c) to determine the standards for registration of health practitioners and for professional health care practice in the Territory;
- (d) to facilitate the continuing competence of health practitioners in the Territory.

4 Definitions

In this Act, unless the contrary intention appears:

accredited means accredited by a Board.

applicant means a person who submits an application to a Board.

application means an application to be registered.

approved means approved by a regulatory body.

assessment means an assessment of a health practitioner's professional performance.

assessor means an assessor appointed under section 89.

authorisation means an authorisation to practise in a restricted practice area and includes an interim authorisation granted under section 36.

Board means a Board established by section 7.

business address means the address of the premises at or from which a person practises.

category of health care practice has the meaning in section 6.

category of registration has the meaning in section 19.

certificate of registration means a certificate of registration issued under section 38(1)(a).

code means the policy and guidelines adopted by a Board under section 12.

committee means a committee established under section 15.

committee of evaluators means a committee established for the purposes of section 25.

complaint means a complaint made under section 55.

contravene includes fail to comply.

defendant means a health practitioner who is the subject of an inquiry.

due date means 30 September.

education includes training.

evaluation means an evaluation of an applicant's entitlement to be registered.

foreign health care practice law means a law of a jurisdiction outside the Territory relating to the registration, authorisation or licensing of persons practising health care.

health practitioner means a person who is registered.

inquiry means an inquiry conducted by the Tribunal under Part 4, Division 2.

inspector means a person appointed as an inspector under section 71.

interim certificate of registration means an interim certificate of registration issued under section 23.

member means a member of a regulatory body, and includes the Chairperson of the body.

notice means notice in writing.

pharmacist means a person registered under the Health Practitioner Regulation National Law to practise in the pharmacy profession (other than as a student).

Pharmacy Committee means the Pharmacy Premises Committee established by section 18A.

practise means to practise health care in a category of registration.

practising certificate means a practising certificate issued under section 38.

radiographer means a person who practises radiography.

radiographic procedure means a procedure using ionizing or ultrasonic radiations for:

- (a) investigating the state of a part of an individual's body; or
- (b) treating a condition of a part of an individual's body.

radiography means the carrying out of radiography procedures.

register means a Register of Health Practitioners kept under section 43.

registered means registered under this Act.

regulatory body means a Board or the Pharmacy Committee.

relevant Board means:

- (a) for a category of health care practice – the Board established in respect of the category; or

- (b) for a health practitioner – the Board that registered the health practitioner.

report includes publish.

restricted practice area means an area of health care practice referred to in section 31.

specified means specified by a Board in writing.

supervision includes oversight, direction, guidance and support.

Tribunal means the Professional Review Tribunal established by section 63.

5 Act binds Crown

This Act binds the Crown in right of the Territory and, to the extent the legislative power of the Legislative Assembly permits, the Crown in all its other capacities.

6 Category of health care practice

- (1) Each of the following is a *category of health care practice*:
 - (a) Aboriginal health work;
 - (b) occupational therapy;
 - (c) radiography.
- (2) Subsection (1) applies whether or not the practice is exclusively concerned with an individual's health.

Part 2 Health Practitioners Registration Boards

7 Establishment of Boards

- (1) A Board for each category of health care practice is established.
- (2) The following are the names of the Boards:
 - (a) for the category of health care practice of Aboriginal health work – the Aboriginal Health Workers Board of the Northern Territory;
 - (b) for the category of health care practice of occupational therapy – the Occupational Therapists Board of the Northern Territory;

- (c) for the category of health care practice of radiography – the Radiographers Board of the Northern Territory.

8 Legal status of Boards

- (1) A Board:
 - (a) is a body corporate with perpetual succession;
 - (b) has a common seal; and
 - (c) is capable, in its corporate name, of acquiring, holding and disposing of real (including leasehold) and personal property and of suing and being sued.
- (2) All courts, judges and persons acting judicially must take judicial notice of the common seal of a Board affixed to a document and must assume that it was duly affixed.

9 Membership of Boards

- (1) A Board consists of members appointed by the Minister.
- (2) Schedules 1 and 2 have effect with respect to the membership of a Board.
- (3) Schedule 3 has effect with respect to meetings of a Board.
- (4) A person may be appointed a member of more than one Board if he or she has the qualifications required for the appointment.

10 Functions of Boards

- (1) A Board has the following functions:
 - (a) to administer the scheme of registration under Part 3 in relation to the category of health care practice for which it is established;
 - (b) to monitor the standard and provision of health care services in the category of health care practice for which it is established;
 - (c) to monitor the competence of health practitioners in the category of health care practice for which it is established;
 - (d) to provide guidance on clinical conduct and ethical matters to health practitioners in the category of health care practice for which it is established;

- (e) to initiate investigations of complaints made against health practitioners in the category of health care practice for which it is established and to initiate investigations into other matters that are prescribed;
 - (f) to prosecute offences against this Act that relate to the category of health care practice for which it is established;
 - (g) to accredit courses for entry into the category of health care practice for which it is established;
 - (h) to accredit educational institutions to conduct courses referred to in paragraph (g);
 - (i) to advise the Minister on other matters relating to this Act.
- (2) In addition, a Board has those functions that are imposed on it by this or any other Act or that are prescribed.

11 Powers of Boards

- (1) A Board has power to do all things necessary or convenient to be done in connection with the performance of its functions.
- (2) In particular, a Board has power:
- (a) to share information with other health practitioner registration authorities and with other persons and bodies (whether within Australia or elsewhere);
 - (b) to publish and distribute information concerning this Act to the public, health practitioners and other interested persons;
 - (c) to support education and research in health care practice;
 - (d) to conduct evaluations of persons applying to be registered;
 - (e) to co-operate with any university, hospital or other institution or body (whether in the Territory or elsewhere) to provide education and evaluation of health practitioners;
 - (f) to participate in any programs (including Territory and national programs) relating to the education or practice of health practitioners; and
 - (g) to participate in the formation of, and be a member of, any body or program concerned with health practitioners.

12 Codes

- (1) A Board may adopt policies and guidelines for the purpose of providing practical guidance to health practitioners in the category of health care practice for which it is established.
- (2) A Board must:
 - (a) make a copy of a code adopted by it available at its office to be inspected by any person on request free of charge; and
 - (b) ensure that any person who wishes to do so may obtain a copy of the code from the Board.
- (3) A Board may charge a fee to recover the cost of providing a person with a copy of a code adopted by it.

13 Delegation

- (1) A Board may delegate to a person, member, committee or the Registrar of the Board any of its powers and functions under this Act, other than this power of delegation.
- (2) A power or function delegated under this section, when exercised or performed by the delegate, is taken to have been exercised or performed by the Board.
- (3) A delegation under this section:
 - (a) must be in writing; and
 - (b) does not prevent the exercise of a power or the performance of a function by the Board.

14 Registrars

- (1) The Minister must appoint a person to be the Registrar of a Board.
- (2) A Registrar has the powers and functions conferred by or under this Act.
- (3) The Minister may appoint a person to act as the Registrar of a Board during any period, or during all periods, when the Registrar is absent from duty or from the Territory or during a vacancy in the office.

15 Committees

- (1) A Board may establish committees to assist it in exercising any of its powers or performing any of its functions or advising it on any matter relating to this Act.

- (2) A committee consists of persons appointed by the Board.
- (3) A member of a Board may be a member of a committee established by it and may be appointed Chairperson of the committee.
- (4) A Board may give written directions to a committee established by it and the committee must comply with those directions.
- (5) A committee must keep accurate minutes of its proceedings.
- (6) Except as provided by this Act, a committee may regulate its own proceedings.

16 Protection from liability

- (1) This section applies to a person who is or has been:
 - (a) a member of a Board;
 - (b) a member of a committee; or
 - (c) a delegate of a Board.
- (2) The person is not civilly or criminally liable for an act done or omitted to be done by the person in good faith in the exercise or purported exercise of a power, or the performance or purported performance of a function, under this Act.
- (3) In addition, the person is not civilly or criminally liable for an act done or omitted to be done by a Board or a committee in the exercise or purported exercise of a power, or the performance or purported performance of a function, under this Act.
- (4) Subsections (2) and (3) do not affect any liability the Territory or a Board would, apart from those subsections, have for the act or omission.

17 Annual reports

A Board must, not later than 31 December of each year, give to the Minister a report on its operations for the preceding financial year.

18 Fees

- (1) The Minister may, by notice in the *Gazette*, determine the fees to be paid under this Act.
- (2) A Board may, in respect of the category of health care practice for which it is established, waive payment of the whole or a part of a fee determined under subsection (1).

Part 2A Pharmacy Premises Committee

18A Establishment

- (1) The Pharmacy Premises Committee is established.
- (2) The Committee:
 - (a) is a body corporate with perpetual succession; and
 - (b) has a common seal; and
 - (c) is capable, in its corporate name, of acquiring, holding and disposing of real and personal property and of suing and being sued.
- (3) All courts, judges and persons acting judicially must:
 - (a) take judicial notice of the common seal affixed to a document; and
 - (b) presume the seal was properly affixed.

18B Membership

- (1) The Pharmacy Committee consists of members appointed by the Minister.
- (2) Schedules 1 and 2 have effect with respect to the membership of the Committee.
- (3) Schedule 3 has effect with respect to meetings of the Committee.

18C Functions

- (1) The Pharmacy Committee has the following functions:
 - (a) to administer Schedule 8, including, for example:
 - (i) to monitor and investigate compliance with Schedule 8; and
 - (ii) to prosecute offences against Schedule 8;
 - (b) to advise the Minister on matters relating to the administration and enforcement of Schedule 8.
- (2) In addition, the Committee has the functions imposed on it by this or another Act.

18D Powers

The Pharmacy Committee has power to do all things necessary or convenient to be done in connection with the performance of its functions.

18E Policies and guidelines

- (1) The Pharmacy Committee may approve a policy or guideline to give practical guidance to pharmacists for complying with Schedule 8.
- (2) The Committee must publicise the approved policy or guideline in the way it decides (for example, on a website).

18F Delegation

The Pharmacy Committee may, in writing, delegate to a person or advisory committee any of its powers and functions under this Act.

18G Registrar

- (1) The Minister must appoint a person to be the Registrar of the Pharmacy Committee.
- (2) The Registrar has the powers and functions conferred by or under this Act.
- (3) The Minister may appoint a person to act as Registrar during:
 - (a) a period, or all periods, when the Registrar is absent from duty or from the Territory; or
 - (b) a vacancy in the office.

18H Advisory committee

- (1) The Pharmacy Committee may establish an advisory committee to advise it in exercising its powers or performing its functions.
- (2) The advisory committee consists of persons appointed by the Committee.
- (3) A member of the Committee may be a member of the advisory committee and may be appointed chairperson of the advisory committee.
- (4) The advisory committee must keep accurate minutes of its proceedings.
- (5) The advisory committee may regulate its own proceedings.

18J Protection from liability

- (1) A person is not civilly or criminally liable for an act done or omitted to be done by the person in good faith in the exercise of a power or performance of a function as any of the following:
- (a) a member of the Pharmacy Committee;
 - (b) a member of an advisory committee;
 - (c) a delegate of the Pharmacy Committee.
- (2) Subsection (1) does not affect any liability the Territory would, apart from that subsection, have for the act or omission.
- (3) In this section:

exercise, of a power, includes the purported exercise of the power.

performance, of a function, includes the purported performance of the function.

18K Annual report

The Pharmacy Committee must, before 31 December in each year, give the Minister a report on its operations for the preceding financial year.

Part 3 Registration

Division 1 Categories of registration

19 Categories of registration

The following are the categories of registration:

- (a) in the category of health care practice of Aboriginal health work – Aboriginal health worker;
- (b) in the category of health care practice of occupational therapy – occupational therapist;
- (c) in the category of health care practice of radiography – radiographers.

Division 2 Application for registration

20 Application for registration

- (1) A person may apply to be registered in a category of registration.
- (2) The application must be made to the relevant Board.
- (3) A person may only apply to be registered in a category of registration if the person:
 - (a) has successfully completed an accredited course in the category of registration in the Territory;
 - (b) has successfully completed a course in the category of registration outside the Territory that the Board considers is at least substantially equivalent to an accredited course in the category of registration; or
 - (c) has experience and training in the category of registration that the Board considers is at least substantially equivalent to the successful completion of an accredited course in the category of registration .
- (4) A person who is not otherwise eligible to apply for a category of registration may do so if the relevant Board is satisfied that accepting the application and registering the person is in the public interest or meets a community need.

21 Requirements of application for registration

- (1) An application must:
 - (a) be in the approved form;
 - (b) be lodged with the Registrar of the relevant Board;
 - (c) be accompanied by the application fee and practising certificate fee; and
 - (d) be accompanied by any other information or evidence that the Board may require.
- (2) A Board to whom an application is made may require an applicant to provide further information or evidence as it considers necessary in order to consider the application.

Division 3 Determination of entitlement

22 Entitlement to registration

- (1) An applicant is entitled to be registered in the category of registration to which the application relates if the relevant Board is satisfied that the applicant:
 - (a) is eligible to apply for the category of registration;
 - (b) is competent to practise in the category;
 - (c) has sufficient physical and mental capacity to practise in the category;
 - (d) has an adequate command of the English language;
 - (e) has adequate professional indemnity arrangements in place; and
 - (f) is of good character.
- (2) For the purposes of subsection (1)(b), the relevant Board may take into account evidence of an applicant's recent practice or continued competence in the category of health care practice in addition to anything else the Board thinks fit.

23 Interim registration

- (1) The Registrar of the relevant Board may grant the applicant interim registration if the Registrar reasonably considers that the applicant is entitled to be registered in the category of registration but that it is not practicable to wait until the Board can consider the application.
- (2) The Registrar must issue an interim certificate of registration to a person who is granted interim registration .
- (3) An interim certificate of registration must:
 - (a) be in the approved form; and
 - (b) contain the information that the Board determines.
- (4) A person to whom interim registration is granted is registered as a health practitioner for the period during which the interim registration is in force.

- (5) A person's interim registration is in force from the date on which it is granted until the date on which the person receives notice that the Board has:
- (a) registered the person;
 - (b) refused to register the person; or
 - (c) cancelled the interim registration.

24 Cancellation of interim registration

- (1) The relevant Board may cancel a person's interim registration for any reason it considers sufficient.
- (2) If the Board cancels a person's interim registration, it must immediately:
- (a) give the person notice of its decision and the reasons for its decision; and
 - (b) advise the person of his or her right of appeal.
- (3) Notice under subsection (2) must be served personally on, or sent by post to, the person.
- (4) On the notice being served or delivered:
- (a) the person's interim registration is cancelled; and
 - (b) the interim certificate of registration issued to the person ceases to be valid.
- (5) A person who is given a notice under subsection (2) must surrender to the Board the person's interim certificate of registration:
- (a) within 7 days after receiving the notice; or
 - (b) within any longer period that the Board allows and specifies in the notice.

Penalty: 50 penalty units.

Default penalty: 1.5 penalty units.

- (6) An offence against subsection (5) is a regulatory offence.

25 Evaluation of entitlement

- (1) A committee may be established to evaluate whether an applicant is entitled to be registered in a category of health care practice.

- (2) A committee of evaluators consists of not less than 3 persons of whom at least 2 must be persons registered in the category of health care practice in respect of which the application relates.
- (3) Schedule 4 has effect with respect to the powers and procedures of a committee of evaluators.
- (4) When a committee of evaluators is established, the relevant Board must give notice to the applicant of:
 - (a) the reasons for evaluating the applicant; and
 - (b) the date, time and place set for the evaluation.
- (5) Notice under subsection (4) must be given to the applicant at least 14 days before the date, or first date, set for the evaluation.

26 Recommendation of committee of evaluators

- (1) After conducting an evaluation, a committee of evaluators must provide the relevant Board with a written report containing:
 - (a) a recommendation as to whether the applicant is entitled to be registered and, if so, whether the registration should be unconditional or subject to conditions; and
 - (b) if the committee recommends that the applicant is entitled to be registered subject to conditions – a recommendation as to what those conditions should be.
- (2) A report under subsection (1) must:
 - (a) contain any findings on questions of fact and the evidence or other material on which those findings are based; and
 - (b) set out the reasons for any recommendation.

Division 4 Grant or refusal of registration

27 Determination of application

- (1) If the relevant Board is satisfied that the applicant is entitled to be registered, it must register the applicant and it may do so unconditionally or subject to conditions.
- (2) The Board must give notice to the applicant of:
 - (a) the applicant's registration; and

- (b) if the registration is conditional – the conditions that the registration is subject to and the applicant's rights of appeal and review in respect of those conditions.
- (3) If the Board is not satisfied that an applicant is entitled to be registered in the category of registration, it must refuse to register the applicant.
- (4) If the Board does not register an applicant within 3 months after his or her application is lodged or within any other period agreed on by the Board and the applicant, the Board is taken to have refused to register the applicant.
- (5) The Board must:
 - (a) give notice to the applicant of the refusal to register the applicant under subsection (3) or (4), the reasons for the refusal and the applicant's right of appeal; and
 - (b) refund the practising certificate fee that accompanied the application.

28 Special grounds for refusing to register

Without limiting section 22, the relevant Board may determine that the applicant is not entitled to be registered if:

- (a) the applicant's right of practice under a foreign health care practice law has been cancelled or suspended for a reason relating to the person's professional conduct or competence or capacity to practise;
- (b) the applicant has been convicted in the Territory or elsewhere of a crime or an offence of a kind that, in the Board's opinion, makes it not in the public interest to allow the applicant to practise; or
- (c) the Board considers the applicant's use of alcohol or a drug may impact on his or her ability to practise.

30 Review of registration conditions

- (1) A health practitioner may, at intervals of not less than 12 months, apply to the relevant Board for a review of a condition to which the health practitioner's registration is subject.
- (2) A health practitioner's right under subsection (1) is in addition to the health practitioner's right of appeal under section 99(1)(b).

- (3) The relevant Board, on its own motion, may at any time review the registration of a health practitioner and may:
 - (a) vary the conditions to which the registration is subject; or
 - (b) impose conditions to which the registration is subject.
- (4) The Board must give notice to the health practitioner of any conditions varied or imposed under subsection (3) and of the health practitioner's right of appeal and review in respect of those conditions.

Division 5 Restricted practice areas

31 Restricted practice areas

- (1) A Board may, in respect of the category of health care practice for which it is established, declare an area of health care practice to be a restricted practice area.
- (2) A declaration under subsection (1) may be included in a code adopted by the Board under section 12.

32 Authorisation to practise in restricted practice area

- (1) A registered health practitioner may apply for an authorisation to practise in a restricted practice area if the health practitioner:
 - (a) has the qualifications, training and experience determined by the relevant Board in respect of the area of practice; or
 - (b) has qualifications, training and experience that the relevant Board considers to be at least substantially equivalent to those determined by it under paragraph (a).
- (2) A determination under subsection (1)(a) may be included in a code adopted by the relevant Board under section 12.

33 Requirements of application for authorisation

- (1) An application for an authorisation must be:
 - (a) in the approved form;
 - (b) lodged with the Registrar of the relevant Board;
 - (c) accompanied by the application fee; and
 - (d) accompanied by any information or evidence that the Board requires.

- (2) The Board may require the applicant to provide further information or evidence as it considers necessary in order to consider the application.

34 Entitlement to authorisation

An applicant for an authorisation is entitled to be granted the authorisation if the relevant Board is satisfied that the applicant:

- (a) is eligible to apply for the authorisation; and
- (b) is competent and has the capacity to practise in the restricted practice area.

35 Evaluation and determination of application

Sections 25, 26, 27, 28 and 30 apply to an application for an authorisation and the determination of the application as if references in those sections:

- (a) to an applicant were references to an applicant for an authorisation;
- (b) to registration were references to an authorisation; and
- (c) to an entitlement to registration were references to an entitlement to an authorisation.

36 Interim authorisation

- (1) The Registrar of the relevant Board may grant the applicant an interim authorisation if the Registrar reasonably considers that the applicant is entitled to the authorisation but that it is not practicable to wait until the Board can consider the application.
- (2) A health practitioner to whom an interim authorisation is granted is authorised to practise in the restricted practice area specified in the authorisation.
- (3) A person's interim authorisation is in force from the date on which it is granted until the date on which the person receives notice that the Board has:
 - (a) approved the person's application;
 - (b) refused to approve the person's application; or
 - (c) cancelled the interim authorisation.

- (4) A Registrar cannot impose conditions on the grant of an interim authorisation.

37 Cancellation of authorisation

- (1) The relevant Board may, by notice to a health practitioner, cancel the authorisation granted to the health practitioner for any reason it considers sufficient.
- (2) Without limiting subsection (1), the Board may cancel the authorisation if the health practitioner:
- (a) was granted the authorisation by means of a false or misleading statement or declaration;
 - (b) no longer holds, or is no longer entitled to hold, a qualification by reason of which he or she was granted the authorisation;
 - (c) does not have the capacity to practise competently in the restricted practice area;
 - (d) contravenes a condition of the authorisation;
 - (e) contravenes a code that applies to the restricted practice area;
 - (f) is negligent or incompetent in practising in the restricted practice area; or
 - (g) has had his or her registration or interim registration cancelled.
- (3) The relevant Board must not cancel an authorisation without first giving the health practitioner a reasonable opportunity to be heard.
- (4) Notice under subsection (1) must:
- (a) specify the reasons for cancelling the authorisation; and
 - (b) inform the health practitioner of his or her right of appeal.
- (5) Notice under subsection (1) must be served personally on, or sent by post to, the health practitioner.
- (6) On the notice being served or delivered, the health practitioner ceases to be authorised to practise in the restricted practice area.
- (7) A health practitioner who is given a notice under subsection (1) must surrender to the relevant Board the person's authorisation:
- (a) within 7 days after receiving the notice; or

- (b) within any longer period that the Board allows and specifies in the notice.

Penalty: 50 penalty units.

Default penalty: 1.5 penalty units.

- (8) An offence against subsection (7) is a regulatory offence.

Division 6 Certificates

38 Registered persons to be issued with certificates

A Board must issue a certificate of registration and practising certificate to each person it registers.

39 Certificates of registration

- (1) A certificate of registration must:
 - (a) be in the approved form and contain information that the relevant Board determines; and
 - (b) specify the conditions, if any, to which the registration is subject.
- (2) A certificate of registration is evidence that the person named in the certificate is:
 - (a) registered as a health practitioner in the category of registration specified in the certificate; and
 - (b) subject to the conditions, if any, specified in the certificate.

40 Practising certificates

- (1) A practising certificate must:
 - (a) be in the approved form and contain information that the relevant Board determines; and
 - (b) if applicable – indicate whether the certificate holder's practice must be supervised and the degree of supervision required; and
 - (c) specify the conditions, if any, to which the certificate holder's registration is subject.

- (2) A practising certificate issued to a registered health practitioner is evidence until the due date, or the date determined by the relevant Board, that:
- (a) the health practitioner is authorised to practise in the Territory in the category of registration specified in the certificate subject to the conditions, if any, specified in the certificate; and
 - (b) the health practitioner is authorised to practise in the restricted practice areas, if any, subject to the conditions, if any, specified in the certificate.

41 Replacement and amendment of certificates

- (1) If the relevant Board is satisfied that a certificate issued by it has been lost or destroyed, it may issue a replacement certificate (that is marked accordingly) on the replacement certificate fee being paid.
- (2) The relevant Board, by notice, may require a health practitioner to surrender a certificate issued to the health practitioner to enable it to issue a new certificate with amended particulars.
- (3) The Registrar of a Board has the same powers in relation to an interim certificate of registration as the Board has under this section in relation to certificates issued by it.
- (4) A health practitioner who is given a notice under subsection (2) must surrender the certificate to the relevant Board:
- (a) within 7 days after receiving the notice; or
 - (b) within any longer period that the Board allows and specifies in the notice.

Penalty: 50 penalty units.

- (5) A person who is given a notice by a Registrar under subsection (3) must surrender his or her interim certificate to the Registrar:
- (a) within 7 days after receiving the notice; or
 - (b) within any longer period that the Registrar allows and specifies in the notice.

Penalty: 50 penalty units.

- (6) An offence against this section is a regulatory offence.

42 Offences in relation to certificates

A person who is issued with:

- (a) a certificate of registration;
- (b) an interim certificate of registration; or
- (c) a practising certificate,

must not:

- (d) lend or agree to lend that certificate to another person; or
- (e) allow that certificate to be used by another person.

Penalty: 500 penalty units.

Division 7 Registers

43 Registers

- (1) A Board must keep a register.
- (2) A Board must record the following information in the register in relation to each person who is granted registration by it:
 - (a) the person's full name, personal address and business address, if any;
 - (b) the person's qualifications;
 - (c) the date of the person's registration;
 - (d) any conditions the person's registration is subject to under section 27;
 - (e) any authorisations that the person holds.
- (3) A Board must also record the following matters in the register:
 - (a) the renewal of a person's right of practice;
 - (b) the suspension of a person's right of practice;
 - (c) any conditions a person's registration is subject to under the Act;
 - (d) the removal from the register of a person's name;
 - (e) the restoration to the register of a person's name;

- (f) any change in the name, personal address or business address of a registered person;
- (g) any change in the authorisations held by a registered person.
- (4) The register may contain any other information that the Board considers necessary or appropriate.
- (5) The register may be kept in electronic form.

45 Correction of registers

- (1) A person may apply to a Board to have an inaccurate or erroneous entry in the register kept by it corrected and, if the Board is satisfied that the entry is inaccurate or erroneous, it must correct the register accordingly.
- (2) No fee is payable for an application under subsection (1).
- (3) A Board may require an applicant under subsection (1) to provide information or evidence as it considers necessary in order to consider the application.

46 Notice of change of name or address

- (1) A health practitioner must, within 30 days of changing his or her name, personal address or business address, give the relevant Board notice of the change and the new name or address, as the case may be.

Penalty: 20 penalty units.

- (2) An offence against subsection (1) is a regulatory offence.
- (3) In this section:

health practitioner includes a health practitioner whose right of practice is suspended.

47 Inspection of registers

- (1) A person may inspect the register kept by a Board at the office of the Board.
- (2) A person may obtain a copy of or extract from the register kept by a Board.

48 Protection of private information

Despite section 47, a health practitioner's private address and details of any health related condition must not appear in the register that is made available for public inspection.

49 Annual practising certificate fees

- (1) A health practitioner who wishes to practise must, on or before the due date in each year or the date determined by the relevant Board:
 - (a) pay the practising certificate fee to the Board; and
 - (b) give to the Board any information it requires.
- (2) The Board may refuse to issue a practising certificate if:
 - (a) the health practitioner fails to pay the practising certificate fee and, if applicable, the restoration fee;
 - (b) the health practitioner fails to provide information required by the Board by a date specified by the Board;
 - (c) the Board is not satisfied that the health practitioner complies with the requirements of section 22; or
 - (d) the health practitioner has not practised for a period of time as specified by the Board unless the Board is satisfied that the health practitioner complies with the requirements of section 22.
- (3) If the Board refuses to issue a new practising certificate under subsection (2), the Board must refund the practising certificate fee and give the health practitioner notice of his or her right of appeal.
- (4) In this section:

health practitioner includes a health practitioner whose right of practice is suspended.

50 Removal from registers

- (1) A Board may remove from the register kept by it the name of a person who:
 - (a) contravenes a condition subject to which the person is registered;
 - (b) fails to pay, within the time specified for payment, a fine imposed on the person under section 65(1)(d);

- (c) fails to comply with a requirement made of the person under section 65(1)(f); or
 - (d) fails to honour an undertaking given to the Board or Tribunal.
- (2) A Board must remove from the register kept by it the name of a person:
 - (a) who dies;
 - (b) who requests the Board to remove his or her name from the register;
 - (c) in respect of whom the Tribunal has made a decision under section 65(1)(a) that has taken effect;
 - (d) who is no longer entitled to be registered;
 - (e) whose authority to practise under a foreign health care practice law has been cancelled for any reason relating to the person's competence to practise;
 - (f) who has been registered by reason of a false or misleading statement or declaration; or
 - (g) who fails to pay the practising certificate fee referred to in section 49 by the due date or the date specified by the Board.
- (3) A Board must not remove a person's name under subsection (1) or (2)(d), (e) or (f) without first giving the person a reasonable opportunity to be heard.
- (4) If a Board removes a person's name from a register under this section (other than under subsection (2)(a), (c) or (g)), it must immediately give the person notice of the removal.
- (5) A notice under subsection (4) must:
 - (a) except if subsection (2)(b) applies – specify the reasons for the removal; and
 - (b) except if subsection (2)(b) or (c) applies – inform the person of his or her right of appeal.
- (6) A notice under subsection (4) must be served personally on, or sent by post to, the person whose name has been removed from the register .
- (7) On the notice being served or delivered, the person ceases to be a health practitioner.

- (8) On the person ceasing to be a health practitioner, the Board may do either or both of the following:
 - (a) give notice of the fact to any health practitioner registration authority, body or person the Board considers appropriate to notify;
 - (b) publish notice of the fact in any professional publication related to health care practice that the Board considers appropriate.
- (9) If a Board removes a person's name from the register kept by it, it may require that a specified period must elapse or that a specified condition must be fulfilled before the person may apply to be registered.

51 Persons taken off register must surrender certificate

- (1) A person who is given notice that his or her name has been removed from a register must surrender the certificate of registration and any current practising certificate held by the person to the relevant Board:
 - (a) within 14 days after receiving the notice; or
 - (b) within any longer period that the Board allows and specifies in the notice.

Penalty: 50 penalty units.

Default penalty: 1.5 penalty units.

- (2) An offence against subsection (1) is a regulatory offence.

52 Restoring name to register

- (1) Subject to this section, if a person's name has been removed from a register by a Board under section 50(2)(g), the Board must restore the person's name to the register if the person:
 - (a) requests that his or her name be restored to the register;
 - (b) pays the restoration fee; and
 - (c) provides the Board with any information that it requires.
- (2) A request under subsection (1) must be in the approved form.

- (3) Subject to this section, if a person's name has been removed from the register by a Board under section 50(2)(g), the Board must restore the person's name to the register if the person pays the restoration fee within 30 days after the due date or the date specified by the Board.
- (4) A Board may refuse to restore a person's name to a register if it is not satisfied that the person complies with the relevant requirements specified in section 22.
- (5) If a Board refuses to restore a person's name to a register, it must, as soon as practicable, give the person notice of:
 - (a) the refusal and the reasons for the refusal; and
 - (b) the person's right of appeal.
- (6) A notice under subsection (5) must be served personally on, or sent by post to, the affected person.

53 Endorsement of qualifications on register

- (1) A health practitioner may apply to have a degree or qualification that the health practitioner holds endorsed on the register kept by the Board.
- (2) An application under subsection (1) must be:
 - (a) in writing to the relevant Board;
 - (b) accompanied by the application fee; and
 - (c) accompanied by evidence of the successful completion of the degree or qualification.
- (3) The degree or qualification must be a degree or qualification recognised by the relevant Board for the purposes of this section.

54 Evidentiary provisions

- (1) A copy of an entry in the register kept by a Board purporting to be signed by the Registrar of the Board is evidence that the entry was duly made.
- (2) A certificate purporting to be signed by the Registrar of a Board and stating one or more of the following matters is evidence of the matters stated:
 - (a) a person specified in the certificate was or was not registered on a date or during a period specified in the certificate;

- (b) the registration of a person specified in the certificate was subject to a condition specified in the certificate on a date or for a period specified in the certificate;
- (c) the registration, right of practice or authorisation of a person specified in the certificate was suspended on a date or for a period specified in the certificate;
- (d) the name of a person specified in the certificate was removed from the register kept by the Board on a date or for a period specified in the certificate;
- (e) a person specified in the certificate was or was not the holder of a practising certificate or an authorisation on a date or during a period specified in the certificate;
- (f) the authorisation of a person specified in the certificate was subject to a condition specified in the certificate on a date or for a period specified in the certificate.

Part 4 Professional conduct

Division 1 Complaints

55 Making complaints

- (1) A person who is aggrieved by the conduct of a health practitioner may complain to the relevant Board.
- (2) The relevant Board may, on its own motion, make a complaint in respect of the conduct of a health practitioner.
- (3) A complaint may be made and dealt with under this Part even though the person who is the subject of the complaint:
 - (a) has ceased to be a health practitioner;
 - (b) is not a health practitioner – if there are reasonable grounds to suspect that the person is practising as a health practitioner but has no entitlement to do so; or
 - (c) is suspended at the time of the matter complained of.
- (4) For this Part:
 - (a) a reference to a health practitioner includes a person referred to in subsection (3)(a) or (b); and

- (b) in respect of subsection (3)(b) – a complaint may be made and dealt with by the Board established in respect of the category of health care that the person is suspected of practising.

56 Specific matters in respect of which complaints may be made

- (1) Without limiting the matters in respect of which a complaint may be made, a complaint may be made that a health practitioner:
 - (a) has been registered, or granted an authorisation, by reason of a false or misleading statement or declaration;
 - (b) no longer holds, or is no longer entitled to hold, a qualification by reason of which the health practitioner was registered or granted an authorisation;
 - (c) does not have capacity to practise competently;
 - (d) is not entitled on other grounds to be registered or to hold an authorisation; or
 - (e) is guilty of professional misconduct.
- (2) Without limiting the matters that may constitute professional misconduct, a health practitioner is guilty of professional misconduct if the health practitioner:
 - (a) contravenes this Act;
 - (b) contravenes a foreign health care practice law;
 - (c) contravenes a code that applies to the health care practice authorised by the health practitioner's category of registration;
 - (d) contravenes a condition subject to which the health practitioner is registered;
 - (e) when required to have a practising certificate – practises without a practising certificate;
 - (f) practises in a restricted practice area without an authorisation to practise in the area;
 - (g) contravenes a condition of an authorisation;
 - (h) fails to pay, within the time specified, a fine imposed on the health practitioner under section 65(1)(d);
 - (i) fails to comply with a requirement made of the health practitioner under section 65(1)(f);

- (j) fails to honour an undertaking given to the Board or Tribunal;
- (k) is negligent or incompetent in health care practice; or
- (l) behaves in a fraudulent or dishonest manner in the health care practice authorised by the health practitioner's category of registration .

57 Complaints procedure

- (1) A complaint must:
 - (a) be made in writing;
 - (b) contain particulars of the matter complained of;
 - (c) identify the health practitioner against whom the complaint is being made;
 - (d) identify who is the complainant;
 - (e) contain a statement that the complainant consents to a copy of the complaint or particulars of the complaint being given to the health practitioner; and
 - (f) be lodged with the relevant Board.
- (2) The relevant Board must ensure that a person who wishes to make a complaint in respect of a health practitioner is given reasonable assistance to enable the person to make the complaint in accordance with this section.
- (3) On receiving a complaint, the Board must:
 - (a) record the date on which the complaint was received; and
 - (b) without undue delay – determine whether to accept or not to accept the complaint.
- (4) The Board must notify the Commissioner for Health and Community Services Complaints that the complaint has been received.
- (5) The Board may require the complainant to provide further particulars of the complaint.
- (6) The rules of procedural fairness must be observed in determining a complaint under this Part.

58 Certain complaints to be dismissed

The relevant Board must dismiss the complaint if it considers that:

- (a) the complaint is without foundation or frivolous or vexatious; or
- (b) the matter complained of is insubstantial.

59 Mediation

- (1) The relevant Board may refer the complaint to mediation if the health practitioner who is the subject of the complaint and the complainant agree.
- (2) If subsection (1) applies, the Board must appoint a person to be the mediator and refer the complaint to the mediator.
- (3) As soon as practicable after receiving the referral, the mediator must:
 - (a) attempt to resolve the complaint; and
 - (b) advise the Board of the outcome of the mediation.

60 Preliminary investigation of complaints

- (1) The relevant Board may direct a committee, inspector or person to conduct a preliminary investigation of the complaint.
- (2) If subsection (1) applies, the Board must:
 - (a) give a copy of the complaint or the particulars of the complaint to the health practitioner who is the subject of the complaint; and
 - (b) allow the health practitioner to make submissions to the committee, inspector or person conducting the preliminary investigation.
- (3) The committee, inspector or person conducting the preliminary investigation of a complaint must provide the Board and the health practitioner who is the subject of the complaint with a written report of the findings of the preliminary investigation and any opinions based on those findings.

61 Complaints dealt with by Board

- (1) If a Board to whom a complaint is made considers that a prescribed matter may not be sufficiently serious to warrant an inquiry, it may, by notice, require the health practitioner to do either or both of the following:
 - (a) give to it an explanation of the matter in writing;
 - (b) appear before it to give an explanation of the matter.
- (2) If the prescribed matter relates to the health practitioner's competence to practise, the Board may require the health practitioner to have a medical examination on the same terms as a medical examination required by the Tribunal.
- (3) A notice under subsection (1) must:
 - (a) be served personally or sent by post;
 - (b) set out particulars of the prescribed matter;
 - (c) in respect of a notice under subsection (1)(a) – specify the date by which the explanation must be given;
 - (d) in respect of a notice under subsection (1)(b):
 - (i) state that the health practitioner is entitled to make submissions when appearing before the Board;
 - (ii) state that the health practitioner may be assisted by another person when appearing before the Board but is not entitled to be represented;
 - (iii) state that the appearance before the Board is not open to the public; and
 - (iv) specify the date, time and place at which the health practitioner is required to appear;
 - (e) inform the health practitioner that he or she may request that the prescribed matter be referred directly to the Tribunal; and
 - (f) inform the health practitioner of the other circumstances in which the prescribed matter may be referred to the Tribunal.
- (4) The notice may contain any other information that the Board considers necessary or expedient.

- (5) The date specified under subsection (3)(c) or (d)(iv) must be not less than 14 days after the date on which the notice is served or delivered.
- (6) The Board must not take any further action in respect of a prescribed matter unless, after considering the explanation of the health practitioner, it is satisfied that the health practitioner has a case to answer.
- (7) If the Board is satisfied, after considering the explanation, that the prescribed matter has been substantiated but that it is not sufficiently serious to warrant an inquiry, the Board may take one or more of the following actions:
 - (a) caution or reprimand the health practitioner;
 - (b) accept an undertaking from the health practitioner to take or refrain from taking specified action;
 - (c) impose any condition that it thinks fit on the health practitioner's registration or practising certificate;
 - (d) impose on the health practitioner a fine not exceeding \$10 000;
 - (e) give notice of the decision and any action taken by the Board to any health practitioner registration authority, body or person that the Board considers appropriate to notify.
- (8) The Board may refer a prescribed matter to the Tribunal if the health practitioner fails to comply with the notice under subsection (1).
- (9) The Board must refer a prescribed matter to the Tribunal if:
 - (a) in the course of giving an explanation of the prescribed matter, the health practitioner requests, orally or in writing, that the matter be referred;
 - (b) after or in the course of considering the explanation of the prescribed matter, the Board determines that the matter is sufficiently serious to warrant an inquiry; or
 - (c) if subsection (7) applies – the health practitioner disputes that the prescribed matter has been substantiated.
- (10) The Board must notify the complainant as it thinks fit of any action taken under this section.

- (11) At a meeting of the Board convened for the purposes of this section, the health practitioner:
 - (a) is entitled to make submissions when appearing before the Board; and
 - (b) may be assisted by another person when appearing before the Board but is not entitled to be represented.
- (12) A meeting convened for the purposes of this section is not open to the public.
- (13) A fine imposed by a Board on a health practitioner under subsection (7) is a debt due and payable by the health practitioner to the Board.
- (14) In this section:

prescribed matter means:

- (a) a matter giving rise to a complaint against a health practitioner; or
- (b) a matter that could be grounds for a complaint against a health practitioner.

62 Referral of complaints

- (1) A Board to whom a complaint is made, after it has considered the complaint and, if applicable, the report on the preliminary investigation, must determine whether to refer the complaint to the Tribunal, the Commissioner for Health and Community Services Complaints or any other relevant body.
- (2) A complaint need not be referred to the Tribunal if the Board considers that:
 - (a) the complaint is without foundation;
 - (b) the complaint is frivolous or vexatious;
 - (c) the matter complained of is insubstantial; or
 - (d) the matter complained of may not be sufficiently serious to warrant an inquiry.
- (3) A Board, on its own motion, may refer to the Tribunal, the Commissioner for Health and Community Services Complaints or any other relevant body or person any matter that could be grounds for a complaint against a health practitioner.

- (4) Section 55(3) has effect in respect of an inquiry of the Tribunal conducted into a matter referred to it under subsection (3) as if the inquiry was an inquiry into a complaint made under this Part.
- (5) A meeting convened for the purposes of this section is not open to the public.

Division 2 Health Professional Review Tribunal

63 Establishment and constitution of Tribunal

- (1) The Health Professional Review Tribunal is established.
- (2) The Minister must appoint as permanent members of the Tribunal:
 - (a) a person who is a lawyer; and
 - (b) a person who is not a lawyer or health practitioner.
- (3) The permanent member appointed under subsection (2)(a) is the President of the Tribunal.
- (4) The Tribunal, in respect of each inquiry it conducts, consists of 5 members, being:
 - (a) the 2 permanent members; and
 - (b) 3 persons who are:
 - (i) registered; or
 - (ii) registered under a foreign health care practice law,
in the same category of health care practice that the health practitioner against whom the complaint is made is registered .
- (5) The members referred to in subsection (4)(b) must be appointed by the President.
- (6) A member appointed under subsection (5) is known as a special member.
- (7) A special member must be a health practitioner who is considered by the President to have skill, knowledge or experience that is relevant to the inquiry in respect of which he or she is appointed.
- (8) A person must not be appointed a special member if the person is a member of the Board that referred the complaint to the Tribunal or has been involved in any investigation or consideration of the complaint by the Board.

- (9) A person who is a member of the Tribunal is not personally liable for any act done or purported or omitted to be done by the person in good faith for this Act or another Act.
- (10) Schedule 4 has effect with respect to the powers and procedures of the Tribunal.
- (11) Schedule 5 has effect with respect to the membership of the Tribunal.
- (12) Schedule 6 has effect with respect to the proceedings of the Tribunal.
- (13) A reference in this Act to a member of the Tribunal includes a person who is appointed to be a special member of the Tribunal for the *Health Practitioner Regulation National Law (NT)*.

Note for subsection (13)

See section 6 of the Health Practitioner Regulation (National Uniform Legislation) Act.

64 Functions and powers of Tribunal

- (1) The Tribunal must conduct an inquiry into each complaint that is referred to it by a Board.
- (2) The Tribunal may perform functions, and exercise powers, as provided by this Act or another Act.

Example for subsection (2)

See section 6 of the Health Practitioner Regulation (National Uniform Legislation) Act.

Division 3 Actions following inquiry

65 Actions by Tribunal

- (1) On concluding an inquiry, the Tribunal may take one or more of the following actions as it considers appropriate having regard to the subject of the inquiry and its findings:
 - (a) have the defendant's name removed from a register;
 - (b) have the defendant's authorisation cancelled;
 - (c) have the defendant's right of practice or authorisation suspended for the period determined by it;
 - (d) impose on the defendant a fine not exceeding \$10 000;

- (e) impose on the defendant a condition subject to which the defendant may continue to practice in the category of registration for which her or she is registered or practise in a restricted practice area;
 - (f) require the defendant to take or refrain from taking specified action;
 - (g) caution or reprimand the defendant;
 - (h) dismiss the complaint and clear the defendant.
- (2) If the inquiry relates to a matter referred to in section 56(1)(b), the Tribunal must, unless it dismisses the complaint or clears the defendant:
 - (a) if the matter relates to registration – take at least the action specified in subsection (1)(a); or
 - (b) if the matter relates to an authorisation – take at least the action specified in subsection (1)(b).
- (3) If the Tribunal imposes a fine under subsection (1)(d), it must specify a period within which the fine must be paid.
- (4) For the purposes of subsection (1)(f), but without limiting that provision, the Tribunal may require the defendant to do either or both of the following:
 - (a) be subject to periodic supervision or inspection by a specified person;
 - (b) undertake a rehabilitation program.
- (5) The Tribunal, as an alternative to taking action against a defendant under subsection (1), may accept an undertaking from the defendant to take or refrain from taking specified action, either generally or within a specified period of time.

66 Costs and expenses of inquiries

- (1) The Tribunal may, in addition to exercising its powers under section 65, order the defendant to pay the costs and expenses of or arising from the inquiry as the Tribunal thinks fit.
- (2) Subsection (1) does not apply if the Tribunal decides to dismiss the complaint against the defendant or, if section 62(3) applies, clear the defendant.

- (3) If the Tribunal decides to dismiss the complaint or, if section 62(3) applies, clear the defendant, it may, if it considers it fair to do so, order the Board that referred the complaint to the Tribunal to pay the costs and expenses or any part of the costs and expenses incurred by the defendant in respect of the inquiry.
- (4) The Board must comply with the order of the Tribunal under subsection (3).
- (5) Any costs or expenses ordered to be paid under subsection (1) are recoverable as a debt due and payable to the Board that referred the complaint to the Tribunal.

67 Notice of decision

- (1) When the Tribunal decides what action to take under section 65, it must give the Board and the defendant notice of the decision and the reasons for the decision.
- (2) The notice to the defendant must:
 - (a) inform the defendant of his or her right of appeal; and
 - (b) be served personally or by post.
- (3) A decision of the Tribunal takes effect on the day on which the decision is made or on any later day that is specified by the Tribunal.
- (4) On the Tribunal's decision taking effect, the Board may do one or both of the following:
 - (a) give notice of the decision to any health practitioner registration authority, body or person the Board considers appropriate to notify;
 - (b) publish a notice of the decision in any professional publication related to health care practice that the Board considers appropriate.

Division 4 Suspension

68 Suspension of practising certificate or authorisation

- (1) The relevant Board may suspend the right of practice or authorisation of a health practitioner for a period that the Board in the circumstances considers appropriate if:
 - (a) the health practitioner contravenes a condition subject to which the health practitioner is registered or a condition of an authorisation;
 - (b) the health practitioner's right of practice under a foreign health care practice law is suspended for a reason relating to the health practitioner's competence to practise;
 - (c) the health practitioner fails to pay, within the time specified, a fine imposed under section 61(7)(d) or 65(1)(d);
 - (d) the health practitioner fails to comply with a requirement made of the health practitioner under section 65(1)(f);
 - (e) the health practitioner fails to honour an undertaking given to the Board or Tribunal;
 - (f) the health practitioner contravenes a code that applies to the health practitioner's health care practice;
 - (g) the Board reasonably considers the suspension necessary for the purposes of inquiring into a complaint made against the health practitioner or inquiring into a matter that could be the subject of a complaint against the health practitioner;
 - (h) the health practitioner fails to attend for a medical, psychological or psychiatric examination when required by the Board; or
 - (i) the Board considers that it is in the public interest to suspend the health practitioner's registration .
- (2) The power of a Board under this section is in addition to the power of the Tribunal under section 65(1)(c).
- (3) If a Board decides to suspend a health practitioner's right of practice or authorisation, it may give the health practitioner an opportunity to be heard.

- (4) If a Board decides to suspend a health practitioner's right of practice or authorisation of a health practitioner, it must make an appropriate note of the suspension and the reasons for the suspension in the register kept by it and give the health practitioner notice of:
 - (a) the suspension and the reasons for the suspension; and
 - (b) the health practitioner's right of appeal.
 - (5) A notice under subsection (4) must be served personally on, or sent by post to, the health practitioner.
 - (6) The person ceases to be entitled to practise or ceases to hold the authorisation, as the case may be, for the period specified by the Board or until the suspension is revoked under section 69 or Part 7.
 - (7) A health practitioner whose right of practice or authorisation is suspended under subsection (1) must, if directed in writing to do so by the Board, return the health practitioner's practising certificate to the Board:
 - (a) within 7 days after receiving the direction; or
 - (b) within any longer period that the Board allows and specifies in the direction.
- Penalty: 50 penalty units.
- Default penalty: 1.5 penalty units.
- (8) If subsection (7) applies, the Board:
 - (a) if the suspension is of a right of practice – may retain the practising certificate for the period of the suspension; or
 - (b) if the suspension is of an authorisation – must as soon as practicable issue the health practitioner with an amended practising certificate or a fresh practising certificate with amended particulars.
 - (9) If the Board suspends the right of practice or authorisation of a health practitioner under this section, it may, if it considers that it is in the public interest to do so, give notice of the suspension to any health practitioner registration authority, body or person the Board considers appropriate to notify.
 - (10) An offence against subsection (7) is a regulatory offence.

69 Revocation of suspension

If the Board suspends a health practitioner's right of practice or authorisation under section 68, it may, at any time and for any reason it considers sufficient, revoke the suspension wholly or in part.

70 Effect of cancellation of right of practice in State or another Territory

- (1) If the relevant Board ascertains that a health practitioner's registration or entitlement to practise in a State or another Territory of the Commonwealth has been:

- (a) cancelled or suspended; or
- (b) made subject to a condition,

on disciplinary grounds or as a result of or in anticipation of criminal or civil or disciplinary proceedings or as a result of a finding of impairment, the health practitioner's registration in the Territory is affected in the same way and the Board must, as soon as practicable, notify the health practitioner in writing.

- (2) The Board may, in relation to a cancellation, suspension or imposition of a condition referred to in subsection (1), take any action that it thinks fit including revoking the cancellation, suspension or condition.

Division 5 Inspectors and investigations

71 Appointment of inspectors

- (1) A regulatory body may appoint a person to be an inspector.
- (2) The functions of an inspector are:
 - (a) to investigate matters to ensure that this Act and the codes are being complied with; and
 - (b) for a Board – investigate complaints or matters that could be the subject of complaints.
- (3) A regulatory body that appoints an inspector must issue the inspector with an identity card, in the approved form, containing a recent photograph of the inspector, the inspector's name and signature and the common seal of the regulatory body.

- (4) A person must, within 5 days of ceasing to be an inspector, return to the regulatory body the identity card issued to the person under subsection (3).

Penalty: 5 penalty units.

72 Powers of inspectors

- (1) An inspector may, on producing his or her identity card:
- (a) enter any premises at any time with the consent of an occupier of those premises or enter any premises where a health care service is provided if that place is open for entry; and
 - (b) exercise all or any of the powers specified in section 73 with the consent of an occupier of those premises.
- (2) If an inspector considers on reasonable grounds that there is, or is likely to be, on premises a document or thing that is, or is likely to be, relevant to an investigation and that it is not possible or reasonable in the circumstances to rely on the power in subsection (1), the inspector may apply in writing to a Justice for a warrant.
- (3) The Justice may issue a warrant if satisfied that:
- (a) the document or thing referred to in the application is, or is likely to be, relevant to the inspector's investigation;
 - (b) there are reasonable grounds for believing that the document or thing is, or is likely to be, on the premises referred to in the application; and
 - (c) it will not be possible or reasonable in the circumstances for the inspector to rely on the power in subsection (1).
- (4) A warrant may be made subject to any conditions the Justice considers appropriate.
- (5) A warrant issued under this section authorises the inspector named in the warrant, using any assistance that the inspector considers necessary and subject to the conditions to which it is subject, to enter and search the premises specified in the warrant and exercise any of the powers specified in section 73 that are not expressly excluded by the Justice who issued the warrant.
- (6) An inspector, when executing a warrant, must permit a person who is an occupier or person in charge of the premises to which the warrant relates to inspect the warrant.

- (7) A person must not give, agree to give or offer to an inspector a gift, reward or other inducement to do or abstain from doing anything in relation to an investigation.

Penalty: 400 penalty units or imprisonment for 2 years.

- (8) In this section:

investigation means an investigation carried out by an inspector under section 71(2).

occupier, in relation to premises, means a person in legal occupation of the premises.

premises includes a vehicle or vessel.

73 Specific investigative powers

- (1) Subject to and for the purposes of section 72(1)(b) and (5), an inspector may exercise the following powers:

- (a) inspect and search the premises generally;
- (b) require the person apparently in charge of the premises to produce for inspection any document held at the premises;
- (c) inspect and take notes of or extracts from a document referred to in paragraph (b);
- (d) make a copy of a document referred to in paragraph (b);
- (e) ask questions of and require answers from persons on the premises;
- (f) take photographs;
- (g) open and inspect containers or packages that the inspector reasonably suspects are used for the purpose of, or in connection with, the provision of health care practice services;
- (h) examine or test any equipment held on the premises;
- (i) require a person registered or claiming to be registered to produce a certificate of registration or a practising certificate;
- (j) if the inspector reasonably suspects that this Act or a code has been contravened – seize and, on providing a receipt, remove anything that in the reasonable opinion of the inspector is evidence of the contravention;

- (k) remove, on providing a receipt, any document found on the premises to the custody and control of a regulatory body for as long as the regulatory body considers necessary or expedient.
- (2) If a regulatory body is satisfied that for legitimate reasons a person needs access to a document that has been removed from premises to the custody and control of the regulatory body under subsection (1)(k), the regulatory body may:
 - (a) grant the person reasonable access to the document or to a copy of the document;
 - (b) provide the person with a copy or certified copy of the document; or
 - (c) retain a copy of the document and return the original to the premises.

Part 5 Impaired health practitioners

74 Notifying Board of possible impairment

- (1) A person may notify the relevant Board if he or she considers a health practitioner's ability to practise is or may be affected by the health practitioner's:
 - (a) addiction to alcohol or another drug;
 - (b) lack of mental or physical competence; or
 - (c) state of health.
- (2) Notification under subsection (1) must:
 - (a) be in writing;
 - (b) contain particulars of the alleged impairment;
 - (c) identify:
 - (i) the person lodging the notice; and
 - (ii) the health practitioner to whom the notice relates;
 - (d) contain a statement that the person lodging the notice consents to a copy, or particulars, of the notice being given to the health practitioner to whom the notice relates; and
 - (e) be lodged with the Board.

- (3) On receiving the notice, the Board must:
 - (a) record the date on which the notice was received; and
 - (b) without undue delay – determine to accept or not to accept the notice.
- (4) The Board may require the person who lodged the notice to provide further particulars of the alleged impairment.
- (5) The rules of procedural fairness must be observed in dealing with a notice under this Part.

75 Investigation of possible impairment without notice

The relevant Board may, on its own motion, investigate a health practitioner if it considers the health practitioner's ability to practice is or may be affected by the health practitioner's:

- (a) addiction to alcohol or another drug;
- (b) lack of mental or physical competence; or
- (c) state of health.

76 Preliminary investigation of possible impairment

- (1) The relevant Board may:
 - (a) after accepting a notice under section 74; or
 - (b) after deciding to investigate a health practitioner under section 75,direct a committee, inspector or person to conduct a preliminary investigation of the health practitioner's fitness to practice.
- (2) If subsection (1) applies, the Board must:
 - (a) give a copy of the notice, or particulars of the matter, to the health practitioner who is the subject of the notice; and
 - (b) allow the health practitioner to make submissions to the committee, inspector or person conducting the preliminary investigation.
- (3) The committee, inspector or person given a direction under subsection (1) must:
 - (a) conduct a preliminary investigation under this section;

- (b) provide the health practitioner with a written report of the findings of the investigation and any opinions based on those findings; and
- (c) after complying with paragraph (b) – provide the report referred to in that paragraph to the relevant Board with recommendations that the committee, inspector or person thinks fit relating to the health practitioner.

77 Medical examination

- (1) The relevant Board:
 - (a) after accepting a notice under section 74; or
 - (b) after deciding to investigate a health practitioner under section 75,may direct the health practitioner to have a medical examination on the same terms as a medical examination required by the Tribunal.
- (2) The Board may suspend a health practitioner's right of practice or authorisation if the health practitioner fails to comply with a direction given to him or her under subsection (1).
- (3) The suspension of a health practitioner's right of practice or authorisation remains in force until the health practitioner has the medical examination that he or she is directed to have under subsection (1).

78 Certain notices to be dismissed

The relevant Board may decide to take no action in respect of a health practitioner under this Part if the Board considers that the matters alleged in a notice under section 74 are frivolous, vexatious or insubstantial.

79 Procedure for investigating possible impairment

- (1) The relevant Board may, by notice, after considering the report relating to a health practitioner provided under section 76, require the health practitioner to do either or both of the following:
 - (a) give to it an explanation of the matter in writing;
 - (b) appear before it to give an explanation of the matter.
- (2) A notice under subsection (1) must:
 - (a) be served personally or sent by post;

- (b) set out particulars of the matter;
- (c) in respect of a notice under subsection (1)(a) – specify the date when the explanation must be given; and
- (d) in respect of a notice under subsection (1)(b):
 - (i) state that the health practitioner is entitled to make submissions when appearing before the Board but is not entitled to be represented;
 - (ii) state that the appearance before the relevant Board is not open to the public; and
 - (iii) specify the date, time and place at which the health practitioner is required to appear.
- (3) The notice may contain any other information that the relevant Board considers necessary or expedient.
- (4) The date specified under subsection (2)(c) or (d)(iii) must be not less than 7 days after the date on which the notice is served or delivered.
- (5) At a meeting convened for the purposes of this section, the health practitioner:
 - (a) is entitled to make submissions when appearing before the relevant Board; and
 - (b) may be assisted by another person when appearing before the Board but is not entitled to be represented.
- (6) A meeting of the relevant Board convened for the purposes of this section is not open to the public.

80 Actions of Board

Following an investigation under this Part, the relevant Board:

- (a) may decide to take no action under this Part in respect of the health practitioner;
- (b) if it is satisfied that a health practitioner's ability to practise is or may be affected – may do either or both of the following:
 - (i) accept an undertaking from the health practitioner to take or refrain from taking specified action;
 - (ii) impose any condition that it thinks fit on the health practitioner's right of practice or authorisation; or

- (c) may decide to take no action under this Part but refer the matters relating to the health practitioner to be investigated under Part 4 or 6.

81 Notice of decision of Board

The relevant Board may give notice of any decision made by it under this Part to any health practitioner registration authority, body or person the Board considers appropriate to notify.

82 Application of Part to students

- (1) This Part, with the necessary changes, applies to a person who is undertaking an accredited course for entry into a category of health care practice.
- (2) In the application of this Part to a person referred to in subsection (1):
 - (a) a reference in this Part to a health practitioner includes a reference to that person; and
 - (b) a reference in this Part to the relevant Board is a reference to the Board that accredited the course that the person is undertaking.

Part 6 Performance assessment

Division 1 Preliminary

83 Meaning of professional performance

In this Part, a reference to a health practitioner's professional performance is a reference to the knowledge and skill possessed and applied by the health practitioner in the category of health care practice for which he or she is registered.

84 Meaning of unsatisfactory in relation to professional performance

In this Part, a health practitioner's professional performance is unsatisfactory if it is below the standard reasonably expected of a health practitioner of an equivalent level of training or experience.

Division 2 Board may obtain performance assessment

85 Notifying Board of possible unsatisfactory professional performance

- (1) A person may notify the relevant Board if he or she considers that a health practitioner's professional performance is unsatisfactory.
- (2) Notification under subsection (1) must:
 - (a) be in writing;
 - (b) contain particulars of the allegations on which the notice is founded;
 - (c) identify:
 - (i) the person lodging the notice; and
 - (ii) the health practitioner to whom the notice relates;
 - (d) contain a statement that the person consents to a copy, or particulars, of the notice being given to the health practitioner; and
 - (e) be lodged with the Board.
- (3) On receiving the notice, the Board must:
 - (a) record the date on which the notice was received; and
 - (b) without undue delay – determine to accept or not to accept the notice.
- (4) The Board may require the person who lodged the notice to provide further particulars of the matter.
- (5) The rules of procedural fairness must be observed in dealing with a notice under this Part.

86 Investigation of possible unsatisfactory professional performance without notice

- (1) The relevant Board may, on its own motion, have a health practitioner's professional performance assessed under this Part if any matter comes to its attention that indicates that his or her professional performance is unsatisfactory.
- (2) Subsection (1) is not limited to matters that are the subject of a complaint or notification to the relevant Board.

87 Serious matters not to be referred for assessment

- (1) The relevant Board must not have a health practitioner's professional performance assessed under this Part if a matter giving rise to the proposed assessment raises a prima facie case of professional misconduct by the health practitioner or unsatisfactory professional conduct by the health practitioner of a significant nature.
- (2) A matter referred to in subsection (1) must be dealt with under Part 4.

Division 3 Assessment of professional performance by assessor

88 Performance assessment

The relevant Board may have:

- (a) a health practitioner's professional performance; or
- (b) any particular aspect of a health practitioner's professional performance,

assessed by one or more assessors.

89 Assessors

- (1) The relevant Board may appoint a person to be an assessor to conduct an assessment.
- (2) An assessor must be a health practitioner who is considered by the Board to have skill, knowledge or experience that is relevant to the assessment in respect of which he or she is appointed.
- (3) A member of the Board may be appointed an assessor but not if the person has previously dealt with the particular matter before the Board in his or her capacity as a member of the Board.
- (4) An assessor is appointed on terms and conditions determined by the Board.
- (5) An assessor has the powers and functions that are conferred on an assessor by this Act and by the Board.
- (6) An assessor has the same powers as an inspector and sections 72 and 73, with the necessary changes, apply to an assessor.
- (7) The Board must provide an assessor with an identity card in a form approved by the Board.

90 Information to be given to health practitioner

- (1) As soon as practicable after deciding to have the professional performance of a health practitioner assessed, the relevant Board must inform the health practitioner in writing of the decision.
- (2) The information given to the health practitioner must include:
 - (a) details of the matter or matters giving rise to the assessment; and
 - (b) information about how the performance assessment process under this Part works.

91 Assessors must refer certain matters to Board

- (1) An assessor must terminate an assessment if the assessor forms an opinion that the assessment raises a prima facie case of professional misconduct or unsatisfactory professional conduct of a significant nature by the health practitioner.
- (2) An assessor must terminate an assessment if the assessor forms an opinion that the health practitioner's ability to practise is or may be affected by the health practitioner's:
 - (a) addiction to alcohol or another drug;
 - (b) lack of mental or physical competence; or
 - (c) state of health.
- (3) If an assessor terminates an assessment because of subsection (1) or (2), the assessor must refer the matter to the relevant Board.
- (4) The Board must deal with the matter accordingly.

92 Report and recommendations by assessor

- (1) An assessor must:
 - (a) conduct the assessment for which the assessor is appointed;
 - (b) report in writing on the assessment to the relevant Board; and
 - (c) provide a copy of the report to the health practitioner.
- (2) The report must include recommendations that the assessor considers appropriate.

- (3) If more than one assessor is appointed to conduct an assessment, the report must be made jointly and in the manner directed by the Board.

93 Confidentiality of assessor's report

- (1) A report by an assessor under this Part cannot be admitted or used in any civil proceedings before a court except with the consent of:
 - (a) the person giving the report; and
 - (b) the health practitioner.
- (2) A person can not be compelled to produce a report by an assessor under this Part or to give evidence in relation to the report or its contents in any civil proceedings before a court.

Division 4 Performance assessment hearing by Board

94 Board may conduct performance assessment hearing

- (1) The relevant Board, after considering the report provided under section 92, may:
 - (a) decide to take no further action in relation to the matter; or
 - (b) by notice to the health practitioner – require the health practitioner to do either or both of the following:
 - (i) give to it an explanation of the matter in writing;
 - (ii) appear before it to give an explanation of the matter.
- (2) A notice under subsection (1) must:
 - (a) be served personally or sent by post;
 - (b) set out particulars of the matter;
 - (c) in respect of a notice under subsection (1)(b)(i) – specify the date by which the explanation must be given; and
 - (d) in respect of a notice under subsection (1)(b)(ii):
 - (i) state that the health practitioner is entitled to make submissions when appearing before the relevant Board but is not entitled to be represented;
 - (ii) state that the appearance before the relevant Board is not open to the public; and

- (iii) specify the date, time and place at which the health practitioner is required to appear.
- (3) The notice may contain any other information that the relevant Board considers necessary or expedient.
- (4) The date specified under subsection (2)(c) or (d)(iii) must be not less than 7 days after the date on which the notice is served or delivered.
- (5) At a meeting convened for the purposes of this section, the health practitioner:
 - (a) is entitled to make submissions when appearing before the relevant Board; and
 - (b) may be assisted by another person when appearing before the Board but is not entitled to be represented.
- (6) A meeting of the relevant Board convened for the purposes of this section is not open to the public.

95 Action that may be taken by Board

- (1) If, after receiving the report of the assessor and the explanation of the health practitioner, the relevant Board is satisfied that the health practitioner's professional performance is unsatisfactory, it may do one or more of the following:
 - (a) accept an undertaking from the health practitioner to take or refrain from taking specified action;
 - (b) impose any condition that it thinks fit on the health practitioner's registration, right of practice or authorisation;
 - (c) give notice of the decision and any action taken by the Board to any health practitioner registration authority, body or person the Board considers appropriate to notify.
- (2) If the Board finds that a matter raises a prima facie case of professional misconduct or unsatisfactory professional conduct of a significant nature by a health practitioner, it may direct that the matter be dealt with under Part 4.
- (3) In any other case, the Board may, if it thinks it appropriate to do so, direct that the matter be dealt with under Part 4 or 5.
- (4) This section does not limit the Board's powers under section 68.

- (5) The Board must refer the matter to the Tribunal if the health practitioner disputes the Board's findings that the health practitioner's professional performance is unsatisfactory.

96 Re-assessment

- (1) Without limiting section 95, the relevant Board may direct that a health practitioner's professional performance be re-assessed at a future date.
- (2) The Board must have one or more assessors conduct the assessment, when it is required, and report to the Board on the assessment.
- (3) The Board may take any action in respect of the assessment that is available to it under section 95 including requiring a further re-assessment to be conducted.

97 Monitoring by Board

- (1) The relevant Board must:
 - (a) monitor compliance with any orders made by it under this Part; and
 - (b) from time to time – evaluate the effectiveness of those orders in improving the professional performance of the health practitioner to a standard that is commensurate with other health practitioners of an equivalent level of training or experience.
- (2) The Board may take any action under this Act in respect of a health practitioner that it considers appropriate as a result of the exercise of its powers under subsection (1).

98 Board to consider impact on third parties

- (1) If, as a result of a performance assessment, the relevant Board proposes to impose a condition under section 95(1)(b) that in its opinion will impose an appreciable burden on an identifiable third party in connection with the health practitioner's practice, the Board must:
 - (a) give the third party an opportunity to make submissions to it with respect to the condition; and
 - (b) take those submissions, if any, into account before imposing the condition.

-
- (2) Without limiting subsection (1), a condition that has the effect of requiring the practice of a health practitioner to be supervised by an identified third party is a condition that may impose an appreciable burden on an identifiable third party in connection with a health practitioner's practice.

- (3) In this section:

third party means a health practitioner, other than the health practitioner to whom a performance assessment relates, but does not include a person or body exercising powers under this Act.

Part 7 Appeals

99 Right of appeal

- (1) A person may appeal, on a question of law, to the Supreme Court against any of the following:
- (a) the refusal of a Board to register the person;
 - (b) a condition to which the person's registration is made subject under section 27(2)(b) or 30(3);
 - (c) the removal of the person's name from a register, other than removal under section 50(2)(b);
 - (d) the refusal of a Board to restore the person's name to a register under section 52;
 - (e) the suspension of the person's right of practice or authorisation under section 68;
 - (f) the refusal of a Board to issue the person with a new practising certificate under section 49(2)(c) or (d);
 - (g) a decision of the Tribunal under section 65;
 - (h) the refusal of a Board to grant the person an authorisation to practise in a restricted practice area;
 - (i) the cancellation of an authorisation;
 - (j) the cancellation of the person's interim registration .
- (2) A Board may appeal to the Supreme Court against:
- (a) a decision of the Tribunal under section 65(1)(h); or

- (b) any other decision of the Tribunal under section 65(1) if the Board considers that the action to be taken pursuant to the decision is inadequate in the circumstances.
- (2A) A party to a proceeding under Part 8, Division 12 or 13 of the Health Practitioner Regulation National Law may appeal to the Supreme Court against a decision of the Tribunal under the Division.
- (2B) However, a registered health practitioner, student or other person the subject of an appellable decision under that Law may appeal against a decision under subsection (2A) on a question of law only.
- (3) An appeal must be made within 14 days after notice of the Board's or Tribunal's decision is given to the affected person.

100 Hearing of appeals

- (1) At the hearing of an appeal, the Supreme Court may:
 - (a) confirm the decision of the Board or Tribunal;
 - (b) set aside the decision of the Board or Tribunal; or
 - (c) set aside the decision of the Board or Tribunal and substitute any other decision that the Board or Tribunal has jurisdiction to take as the Court specifies.
- (2) At the hearing of an appeal, the Supreme Court may make an order as to costs as it thinks fit.

Part 8 Offences

Division 1 Protection of profession

101 Offence to practise health care if unregistered

- (1) A person must not:
 - (a) carry out an act that by or under an Act is required to be carried out by a health practitioner; or
 - (b) carry out an act that by or under an Act is required to be carried out by a health practitioner holding a practising certificate,

unless he or she is registered and holds a practising certificate.

Penalty: 500 penalty units.

(2) A person to whom interim registration is granted does not commit an offence against subsection (1) merely because he or she does not hold a practising certificate.

(3) An offence against subsection (1) is a regulatory offence.

102 Offence to practise in restricted practice area unless authorised

(1) A person must not practise in a restricted practice area unless the person has an authorisation to practise in the area.

Penalty: 500 penalty units.

(2) An offence against subsection (1) is a regulatory offence.

102A Offence to carry out radiographic procedure

(1) A person must not carry out a radiographic procedure unless the person:

- (a) is a registered radiographer who holds a current practising certificate; and
- (b) carries out the procedure at the direction of a medical practitioner.

Maximum penalty: 10 penalty units or imprisonment for 3 months.

(2) Subsection (1) does not apply if the person:

- (a) is undergoing an approved course of training in radiographic procedures; and
- (b) carries out the procedure at the direction of a medical practitioner:
 - (i) under the supervision of a registered radiographer who holds a current practising certificate; or
 - (ii) under a licence under the *Radiation Protection Act*.

(3) In addition, subsection (1) does not apply if:

- (a) the person is a physiotherapist; and
- (b) the procedure is the use of ultrasonic equipment to treat a condition of a part of another person's body; and

(c) the person carries out the procedure at the direction of a medical practitioner.

(4) In this section:

physiotherapist means a person registered under the Health Practitioner Regulation National Law to practise in the physiotherapy profession (other than as a student).

103 False claims

- (1) A person must not hold himself or herself out, or allow himself or herself to be held out, as being registered in a category of registration unless he or she is registered in the category.
- (2) A person must not hold himself or herself out, or allow himself or herself to be held out, as being in any way entitled to practise in a category of health care practice unless he or she holds a practising certificate issued by the relevant Board.
- (3) A person must not hold himself or herself out, or allow himself or herself to be held out, as being in any way authorised to practise in a restricted practice area unless he or she has an authorisation to practise in the restricted practice area.

Penalty: 500 penalty units.

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

104 Unauthorised use of certain titles

- (1) A person must not practise a profession or trade under a title specified in Schedule 7, column 2 unless he or she is registered in a category of registration in the category of health care practice specified opposite the title in column 1.

Penalty: 500 penalty units.

- (2) An offence against subsection (1) is a regulatory offence.

105 Notifying Board of civil claims

- (1) A health practitioner must, within 14 days after proceedings claiming damages or other compensation for alleged negligence in health care practice are commenced against the health practitioner, give the relevant Board notice of the proceedings including particulars of the claim.

- (2) A health practitioner must, within 14 days after proceedings claiming damages or other compensation for alleged negligence by the health practitioner in health care practice are withdrawn or settled, or a court or other tribunal makes an order in respect of the proceedings, give the relevant Board notice of the withdrawal, settlement or order.

Penalty: 25 penalty units.

Division 2 General offences

106 Offences of dishonesty

- (1) A person must not make or produce a false or misleading statement, either orally or in writing, in connection with:
- (a) an application, assessment or inquiry;
 - (b) a preliminary investigation into a complaint; or
 - (c) an investigation carried out by an inspector.
- (2) A person must not forge or change:
- (a) a certificate of registration;
 - (b) an interim certificate of registration; or
 - (c) a practising certificate.
- (3) A person must not forge or change a degree, diploma or other evidence of qualifications for registration under this Act.

Penalty: If the offender is a natural person – 100 penalty units or imprisonment for 6 months.

 If the offender is a body corporate – 500 penalty units.

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

107 Obstruction

A person must not obstruct, hinder, threaten or intimidate a person exercising a power or performing a function conferred on the person by this Act.

Penalty: 500 penalty units.

108 Offences relating to assessments, evaluations, inquiries etc.

- (1) A person must not, without reasonable excuse:
- (a) fail to attend an assessment, evaluation or inquiry as required by a notice or summons; or
 - (b) fail in an evaluation or inquiry to comply with the requirement to take an oath; or
 - (c) fail to produce a document when required to do so by a committee, inspector, assessor or the Tribunal; or
 - (d) fail to answer questions required to be answered by a committee, inspector, assessor or the Tribunal; or
 - (e) fail to assist a Board or an inspector or a committee appointed to conduct a preliminary investigation of a complaint.

Penalty: 50 penalty units.

- (2) A person may be directed by a committee, inspector, assessor or the Tribunal to answer a question despite that the answer to the question may tend to incriminate the person.
- (3) The answer to a question given by a person following a direction under subsection (2) is not admissible in evidence in any other proceedings against the person other than a prosecution for perjury.

109 Intimidation

A person must not threaten or intimidate a person who, in good faith:

- (a) makes a complaint against a health practitioner in accordance with this Act;
- (b) provides information about a health practitioner in accordance with this Act; or
- (c) provides information about a health practitioner in accordance with Part 5 or 6.

Penalty: 500 penalty units.

110 Failure to comply with orders

(1) A person must not:

- (a) fail to leave the hearing of an assessment or evaluation when ordered to do so by the committee or person conducting the assessment or evaluation;
- (b) fail to leave the hearing of an inquiry when ordered to do so by the Tribunal; or
- (c) fail to leave a meeting of a regulatory body when ordered to do so by the regulatory body.

Penalty: 50 penalty units.

(2) A person must not:

- (a) report or otherwise disclose any proceedings of a committee, a person conducting an assessment or evaluation or the Tribunal contrary to an order of the committee, person or Tribunal; or
- (b) report or otherwise disclose any information in respect of the proceedings of a committee, a person conducting an assessment or evaluation or the Tribunal contrary to an order of the committee, person or Tribunal.

Penalty: If the offender is a natural person – 100 penalty units or imprisonment for 6 months.

 If the offender is a body corporate – 500 penalty units.

(3) A person must not:

- (a) report or otherwise disclose any proceedings of a meeting of a regulatory body contrary to an order of the regulatory body; or
- (b) report or otherwise disclose any information in respect of a meeting of a regulatory body contrary to an order of the regulatory body.

Penalty: If the offender is a natural person – 100 penalty units or imprisonment for 6 months.

 If the offender is a body corporate – 500 penalty units.

111 Unconscionable conduct

A person must not, either directly or indirectly, attempt to influence, coerce or otherwise cause a health practitioner to conduct or provide a health service that does not comply with the standards contained in the code applying to the category of registration for which the health practitioner is registered.

Penalty: If the offender is a natural person – 400 penalty units.

 If the offender is a body corporate – 2 000 penalty units.

Part 9 Miscellaneous

Division 1 Obligations to provide information

112 Health practitioner notice relating to fitness to practise

- (1) If, as a result of his or her treating another health practitioner in relation to an illness or condition, a health practitioner considers that the other health practitioner has a mental or physical incapacity that has resulted in or is likely to result in an incapacity that seriously impairs or may seriously impair his or her ability to practice in the category of health care for which the health practitioner is registered, the first-mentioned health practitioner must give the Board that registered the other health practitioner notice of that fact.

Penalty: 50 penalty units.

- (2) An offence against subsection (1) is a regulatory offence.

113 Educational institution notice relating to fitness to practise

If:

- (a) the person in charge of an educational institution accredited to conduct courses under this Act; or

(b) a person employed by an educational institution referred to in paragraph (a) to conduct courses accredited under this Act,

considers that a person undertaking an accredited course at the institution has a mental or physical incapacity that is likely to result in an incapacity that may seriously impair the person's ability to practice in the category of health care to which the course relates, he or she may notify the Board established in respect of the category of health care of that fact.

114 Employer notice relating to fitness to practise

If a person who employs a health practitioner considers that the health practitioner has a mental or physical incapacity that has resulted in or is likely to result in an incapacity that seriously impairs or may seriously impair the health practitioner's ability to practice in the category of health care for which the health practitioner is registered, he or she may notify the relevant Board of that fact.

115 Referral of matters by court

- (1) If a court finds a person guilty of an offence, the court must cause a notice of the finding to be given to the relevant Board if:
 - (a) the person is, or was at the time of the offence, a health practitioner; and
 - (b) the conduct constituting the offence may indicate that a complaint could be made under this Act about the health practitioner.
- (2) If a coroner has reasonable grounds to believe that evidence given or to be given in any proceedings conducted or to be conducted before the coroner may indicate that a complaint could be made under this Act about a health practitioner, the coroner may cause a transcript of the evidence to be sent to the relevant Board.
- (3) If a notice or transcript of evidence is sent to a relevant Board under this section, a complaint is taken to have been made to the relevant Board about the health practitioner to whom the notice or transcript relates.

116 Provision of information

- (1) A Board may, by notice in writing, require a body corporate that provides health care services or causes or allows health care services to be provided in its name or on its behalf, to give the Board, within the time specified in the notice, any or all of the following:
 - (a) any information required by the notice concerning its constitution, membership, shareholdings, officers or employees;
 - (b) any other information required by the notice concerning the body corporate's structure, management or operations.

- (2) A body corporate given a notice under subsection (1) must comply with the notice within the time specified in the notice.

Penalty: 100 penalty units.

Default penalty: 4 penalty units.

- (3) The relevant Board may, by notice in writing, require a health practitioner to give, within the time specified in the notice, any information required by the notice regarding any body corporate of which the health practitioner is a member.

- (4) A health practitioner given a notice under subsection (3) must comply with the notice within the time specified in the notice.

Penalty: 50 penalty units.

Default penalty: 4 penalty units.

117 Employer notice of misconduct or incompetence

If a person who employs a health practitioner terminates or suspends the health practitioner's employment because of alleged or actual misconduct or incompetence to practise, the person must provide a written report of the circumstances of the termination or suspension to the relevant Board and to the health practitioner.

Penalty: If the offender is a natural person – 50 penalty units.

 If the offender is a body corporate – 250 penalty units.

118 Protection from liability

- (1) This section applies to a person who:

- (a) makes a complaint;
- (b) provides a regulatory body with information;
- (c) assists a Board with a preliminary investigation (including an assessment report or opinion);
- (d) assists or provides information under Part 5 (including an assessment report or opinion);
- (e) assists or provides information under Part 6; or
- (f) assists or provides information to the Tribunal.

- (2) The person is not civilly or criminally liable for an act done by the person in good faith in taking an action referred to in subsection (1).

Division 2 Administrative and legal matters

119 Convicted offenders may be prohibited from carrying on business

- (1) The Secretary may, by notice in writing to a person convicted of an offence against this Act, prohibit the person from operating a business that provides health care services.
- (2) The prohibition may be expressed to be:
 - (a) for a fixed period (in which case the prohibition remains in force only for the fixed period); or
 - (b) for an unlimited period subject to an entitlement to apply after a specified time for the lifting of the prohibition (in which case the prohibition remains in force until it is lifted).
- (3) A prohibition may not be imposed under this section unless the Secretary is of the opinion that the person is not a fit and proper person to operate a business that provides health care services.
- (4) The Secretary is entitled to presume, in the absence of evidence to the contrary, that a person who has been convicted of an offence against this Act on 2 or more occasions in any period of 10 years is not a fit and proper person to operate a business that provides health care services.
- (5) A prohibition under this section may be limited in its operation in either or both of the following ways:
 - (a) it may be limited to specified premises, but only where the person operates a business that provides health care services at those premises and at other premises;
 - (b) it may be limited to premises within a specified area.
- (6) If a prohibition under this section is subject to an entitlement to apply after a specified time for the prohibition to be lifted, the application may be made to the Secretary after that time.
- (7) The Secretary may lift the prohibition or confirm the prohibition and set a further period after which an application for the prohibition to be lifted can be made under subsection (6).
- (8) A person must not operate a business that provides health care services in contravention of a prohibition under this section.

Penalty: 500 penalty units.

- (9) If health care services are provided on premises on which a business is carried on, it must be presumed for the purposes of subsection (8), unless the contrary is established, that the business provides those health care services.
- (10) A prohibition under this section has no effect while an appeal is pending against the conviction for the offence on which the prohibition is based.
- (11) In this section:

Secretary means the Chief Executive Officer of the Agency responsible for the administration of this Act.

120 Service of documents

- (1) A document required to be delivered to or served on a regulatory body may be delivered or served by:
 - (a) leaving it at, or sending it by post to, the Board's address;
 - (b) sending it by way of facsimile transmission to the Board's facsimile number; or
 - (c) sending it by electronic mail to the Board's address.
- (2) A document required to be delivered to or served on the Tribunal may be delivered or served by:
 - (a) leaving it at, or sending it by post to, the relevant Board's address;
 - (b) sending it by way of facsimile transmission to the relevant Board's facsimile number; or
 - (c) sending it by electronic mail to the relevant Board's address.
- (3) In subsection (2):

relevant Board means the Board that registered the health practitioner the subject of the complaint to the Tribunal.

121 Presumptions

In any proceedings, unless evidence is given to the contrary, proof is not required of:

- (a) the constitution of a regulatory body or the Tribunal;
- (b) any resolution or decision of a regulatory body or the Tribunal;

- (c) the appointment of any member of a regulatory body or the Tribunal; or
- (d) the presence of a quorum at any meeting of a regulatory body or the Tribunal.

122 Commencement of proceedings for offences

A complaint for an offence against this Act may be commenced at any time within 3 years after the date the offence was committed or within 3 years after the date the actions constituting the offence were first discovered.

123 Meaning of *Default penalty*

If the expression *Default penalty* appears at the end of a section or subsection, a person who is found guilty of an offence against the section or subsection:

- (a) may be found guilty of a further offence at the time he or she is found guilty of the first offence if the offence continued after the date of the first offence; and
- (b) the person is punishable in respect of the further offence by a penalty not exceeding the amount of the default penalty specified after that expression for each day during which the offence continued.

124 Evidence of facts found in other proceedings

A finding of fact relating to the conduct of a health practitioner made by a court or other tribunal in any proceedings to which the health practitioner is a party, whether in the Territory or elsewhere, is evidence of the fact in any proceedings under this Act.

125 Fees, penalties and fines to be paid to Board

- (1) A fee payable under this Act must be paid to the Board that imposed the fee.
- (2) A fine imposed by a Board and recovered under this Act must be paid to the Board that imposed the fine.
- (3) A fee payable under this Act may be recovered as a debt due to the Board that imposed the fee.
- (4) A fine imposed by the Tribunal may be recovered as a debt due to the relevant Board.

126 Punishment of conduct constituting offence

If conduct that constitutes an offence against this Act is also grounds for action under section 61, 65 or 68:

- (a) the taking of the action is not a bar to conviction and punishment for the offence; and
- (b) conviction and punishment for the offence is not a bar to the taking of the action under this Act.

127 Offences by bodies corporate

- (1) If a body corporate is found guilty of an offence against this Act, each person concerned in the management of the body corporate is taken also to have committed the offence and may be found guilty of the offence.
- (2) A person referred to in subsection (1) may be found guilty of an offence against this Act whether or not the body corporate is charged with or found guilty of the offence.

128 Act does not prohibit certain practices

This Act does not prohibit:

- (a) a person from rendering assistance in an emergency;
- (b) a person providing care to another person or using lawful traditional or cultural practices in caring for another person;
- (c) a person who is registered under a foreign health practitioner law from assisting in the lawful retrieval of organs or tissue for transplanting to a person elsewhere, from retrieving or escorting a patient to or from the Territory or from assisting in similar emergencies or special circumstances;
- (d) a medical or midwifery student under the supervision of a health practitioner registered in the category of registration of medical practitioner or midwifery from providing care to a woman in childbirth; or
- (e) a student in a course accredited under this Act from engaging in health care practice under supervision in accordance with and for the purposes of the course or training.

129 Determination of area of need

- (1) The Minister may determine a locality in the Territory to be an area of need for the purposes of appointing health practitioners in a category of health care practice.
- (2) Before making the determination, the Minister must seek the advice of the relevant Board.

131 Regulations

The Administrator may make regulations, not inconsistent with this Act, prescribing all matters:

- (a) required or permitted by this Act to be prescribed; or
- (b) necessary or convenient to be prescribed for carrying out or giving effect to this Act.

Division 3 Repeal, savings and transitional provisions

132 Repeals

The Acts specified in Schedule 9 are repealed.

133 Savings and transitional provisions

- (1) The savings and transitional provisions set out in Schedule 10 have effect.
- (2) In addition to subsection (1), the Regulations may contain provisions of a savings or transitional nature consequent on the enactment of this Act.
- (3) The Regulations may provide that a savings or transitional provision takes effect from a date that is earlier than the date of its publication or notification in the *Gazette* but, if they do so, the provision does not operate so as:
 - (a) to affect, in a manner prejudicial to any person (other than the Territory), the rights of that person existing before the date of its publication or notification; or
 - (b) to impose liabilities on a person (other than the Territory) in respect of anything done or omitted to be done before the date of its publication or notification.

Part 10 Transitional matters for radiographers

134 Definitions for Part 10

In this Part:

commencement day means the day on which Part 2 of the *Health Practitioner (National Uniform Legislation) Implementation Act 2010* commences.

former Board means the Radiographers Registration Board established under the repealed Act.

new Board means the Radiographers Board of the Northern Territory established under this Act.

repealed Act means the *Radiographers Act* as in force immediately before the commencement day.

135 Radiographers Board membership

- (1) Subsection (2) applies to a member of the former Board holding office immediately before the commencement day under section 4(2)(b) or (c) of the repealed Act.
- (2) The member is taken to have been appointed a member of the new Board under clause 7(2)(a) of Schedule 1 and, subject to Schedule 2, holds office until the member's appointment under the repealed Act would have ended had it not been repealed.
- (3) Subsection (4) applies to a member of the former Board holding office immediately before the commencement day under section 4(2)(d) of the repealed Act.
- (4) The member is taken to have been appointed a member of the new Board under clause 7(2)(b) of Schedule 1 and, subject to Schedule 2, holds office until the member's appointment under the repealed Act would have ended had it not been repealed.

136 Registrar

The Registrar of the former Board holding office immediately before the commencement day is taken to be the Registrar of the new Board.

137 Register

The Register of Radiographers under the repealed Act immediately before the commencement day is taken to be the register kept under section 43 by the new Board.

138 Registered radiographers

- (1) A radiographer registered under the repealed Act immediately before the commencement day is taken to be registered under this Act.
- (2) The certificate of registration and practising certificate issued to the radiographer is taken to be a certificate of registration and practising certificate issued under this Act.
- (3) Despite sections 40 and 49, the first due date for a practising certificate to which subsection (2) applies is 31 December 2010.
- (4) A radiographer provisionally registered under the repealed Act immediately before the commencement day is taken to have interim registration under this Act.
- (5) The certificate of provisional registration issued to the radiographer is taken to be an interim certificate of registration issued under this Act.
- (6) In this section:

first due date, for a practising certificate, means the due date first occurring after the commencement day.

139 Suspension of registration

- (1) This section applies if, before the commencement day, the former Board had suspended a radiographer's certificate of registration under the repealed Act.
- (2) The suspension ends on the date it would have ended had the repealed Act not been repealed.

140 Pending application for registration

- (1) This section applies if, immediately before the commencement day, the former Board had not decided an application for registration under the repealed Act.
- (2) The application is taken to be an application for a certificate of registration under this Act.

141 Pending application for restoration of registration

- (1) This section applies if, immediately before the commencement day, the former Board had not decided an application for the restoration of a registration under the repealed Act.

- (2) Despite its repeal, the new Board must decide the application as if the repealed Act had not been repealed.
- (3) However, if the new Board decides to restore the applicant's registration, the Board must issue a certificate of registration and practising certificate to the applicant under this Act.

142 Pending appeal

- (1) This section applies if, immediately before the commencement day, an appeal against a decision of the former Board had not been decided.
- (2) Despite its repeal, the appeal must be decided under the repealed Act.
- (3) However, a decision on the appeal must be given effect under this Act.

143 *Interpretation Act* not affected

This Part does not limit Part III of the *Interpretation Act*.

Part 11 Transitional matter for pharmacies

144 Pharmacy standards

- (1) The standards prescribed for clause 4 of Schedule 8 and in force immediately before the commencement day are taken to be standards prescribed by the Pharmacy Committee under the clause.
- (2) In this section:

commencement day means the day on which Part 2 of the *Health Practitioner (National Uniform Legislation) Implementation Act 2010* commences.

Part 12 Transitional matters for implementation of Health Practitioner Regulation National Law (NT)

145 Definitions

In this Part:

commencement day means the day on which the implementation provisions commence.

former Board means a Board that:

- (a) had been established under this Act for a category of health care practice; and
- (b) ceased to exist on the commencement day.

implementation provisions means Part 2 of the *Health Practitioner (National Uniform Legislation) Implementation Act 2010*.

National Board means a National Board established by the *Health Practitioner Regulation National Law (NT)*.

146 Pending complaints

- (1) Subsection (2) applies if section 289 of the *Health Practitioner Regulation National Law (NT)* (the ***transitional provision***) applies in relation to a complaint being dealt with immediately before the commencement day.
- (2) For applying the transitional provision, this Act is the Act of the participating jurisdiction under which the complaint was made (the ***notification Act***) even though the provision refers to the notification Act being repealed.
- (3) Subsection (4) applies if, immediately before the commencement day, the Tribunal had not completed an inquiry into a complaint referred to it by a former Board.

(4) The Tribunal must deal with the complaint as the responsible Tribunal under Part 8, Division 12 of the *Health Practitioner Regulation National Law (NT)*:

(a) as if:

- (i) the complaint had been referred to the Tribunal under that Law by a National Board; and
- (ii) a reference in that law to the former Board were a reference to the National Board for the health profession for which the former Board had been established; and

(b) with any other changes that are necessary or convenient.

(5) In this section:

complaint includes a matter referred to the Tribunal under section 62(3) for an inquiry by a former Board on the basis that the complaint could have been grounds for a complaint.

147 Pending matters under Information and Ombudsman Acts

(1) This section applies if, immediately before the commencement day:

- (a) an application in relation to information made to a former Board under Part 3, Division 2 or 3 of the *Information Act* had not been decided; or
- (b) an application for review of a decision made to a former Board under Part 3, Division 4 of the *Information Act* had not been decided; or
- (c) a complaint made under Part 7 of the *Information Act* about a decision made by a former Board had not been determined; or
- (d) a complaint made under Part 5 of the *Ombudsman Act* in relation to an administrative action taken by a former Board had not been finally dealt with under that Act.

(2) In addition, this section applies if:

- (a) a former Board had decided an application under Part 3, Division 2 or 3 or Part 3, Division 4 of the *Information Act*, and
- (b) on the commencement day, the applicant would have been entitled under the *Information Act* to apply for a review of the decision, or to make a complaint about the decision, if the implementation provisions had not commenced.

- (3) The *Information Act* or *Ombudsman Act* continues to apply in relation to the application, complaint or decision:
- (a) as if:
- (i) the implementation provisions had not commenced; and
- (ii) a reference in that law to the former Board were a reference to the National Board for the health profession for which the former Board had been established; and
- (b) with any other changes that are necessary or convenient.

148 Principal place of practice

- (1) A health practitioner's business address recorded in a register immediately before the commencement day is taken to be the health practitioner's principal place of practice under the *Health Practitioner Regulation National Law (NT)*.
- (2) Subsection (1) has effect subject to the health practitioner declaring, under the *Health Practitioner Regulation National Law (NT)*, another place to be the health practitioner's principal place of practice.

Part 13 Transitional matters for Health Practitioner Regulation (National Uniform Legislation) Act 2010 and Health Practitioner (National Uniform Legislation) Implementation Act 2010

149 Definition

In this Part:

commencement day means the day on which Part 2 of the *Health Practitioner (National Uniform Legislation) Implementation Act 2010* commences.

150 Transitional regulations

- (1) A regulation may provide for a matter of a transitional nature:
- (a) because of the enactment of:
- (i) the *Health Practitioner Regulation (National Uniform Legislation) Act 2010*; or

- (ii) the *Health Practitioner (National Uniform Legislation) Implementation Act 2010*; or
- (b) to otherwise allow or facilitate the transition from the operation of a law of the Territory to the operation of:
 - (i) the *Health Practitioner Regulation National Law (NT)*; or
 - (ii) this Act.
- (2) The regulation may have retrospective operation to a day not earlier than the commencement day.
- (3) However, to the extent to which the regulation has retrospective operation, it does not operate to the disadvantage of a person (other than the Territory or a Territory authority) by:
 - (a) decreasing the person's rights; or
 - (b) imposing liabilities on the person.
- (4) The regulation must declare it is made under this section.

151 Expiry

This Part, and each regulation made under section 150, expires on 30 June 2011.

Schedule 1 Membership of regulatory bodies

sections 9(2) and 18B(2)

1. Aboriginal Health Workers Board of the Northern Territory

- (1) The Aboriginal Health Workers Board of the Northern Territory consists of 5 members.
- (2) Of the 5 members:
 - (a) 3 must be persons who are registered in the category of registration of Aboriginal health worker who hold current practising certificates and who demonstrate an ability to assist the Board in performing its functions; and
 - (b) 2 must be persons who are not registered in the category of registration of Aboriginal health worker and who demonstrate that they are able to represent the interest of persons who use the services provided by persons registered in that category.

6. Occupational Therapists Board of the Northern Territory

- (1) The Occupational Therapists Board of the Northern Territory consists of 5 members.
- (2) Of the 5 members:
 - (a) 3 must be persons who are registered in the category of registration of occupational therapist who hold current practising certificates and who demonstrate an ability to assist the Board in performing its functions; and
 - (b) 2 must be persons who are not registered in the category of registration of occupational therapist and who demonstrate that they are able to represent the interest of persons who use the services provided by persons registered in that category.

7 Radiographers Board of the Northern Territory

- (1) The Radiographers Board of the Northern Territory consists of 5 members.
- (2) Of the 5 members:
 - (a) 3 must be persons who:
 - (i) are registered in the category of registration of radiographer and hold current practising certificates; and

- (ii) are able to assist the Board in performing its functions; and
- (b) 2 must be persons who:
 - (i) are not registered in the category of registration of radiographer; and
 - (ii) are able to represent the interest of consumers using the services provided by persons registered in the category.

8 Pharmacy Premises Committee

- (1) The Pharmacy Committee consists of 4 members.
- (2) Of the 4 members:
 - (a) 3 must be persons who are pharmacists able to assist the Committee in performing its functions; and
 - (b) one must be a person who:
 - (i) is not a pharmacist; and
 - (ii) is able to represent the interests of patients and consumers of pharmacy services.

Schedule 2 Administrative provisions about members of regulatory bodies

sections 9(2) and 18B(2)

1. Term of office

- (1) A person appointed as a member of a regulatory body holds office for the period, not exceeding 3 years, as is specified by the Minister.
- (2) A member may serve any number of terms but may not serve more than 2 terms in succession unless approved by the Minister.

2. Vacation of office

- (1) A member vacates office if the member:
 - (a) resigns;
 - (b) is removed from office under subclause (2) or (3); or
 - (c) ceases to be qualified for office by virtue of subclause (4).
- (2) The Minister may remove a member from office if the member:
 - (a) is absent from 3 consecutive meetings of the regulatory body without the permission of the regulatory body;
 - (b) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with the member's creditors or makes an assignment of the member's remuneration or estate for their benefit;
 - (c) is found guilty in the Territory or elsewhere of a crime or an offence punishable by imprisonment;
 - (d) fails, without reasonable excuse, to comply with the member's obligation under Schedule 3, clause 5; or
 - (e) is found guilty of an offence against this Act.
- (3) The Minister may remove a member from office if satisfied that the member:
 - (a) has acted improperly in the performance of his or her duties as a member;
 - (b) has disclosed confidential information provided to the member in the course of his or her duties as a member; or

(c) is unable to competently perform his or her duties as a member.

(4) A member who is required to be a health practitioner vacates office if he or she ceases to be registered.

3 Chairperson

(1) A regulatory body must elect one of its members who is a health practitioner to be the Chairperson of the body.

(2) The Chairperson may, by notice, resign the office.

(3) The Chairperson may resign the office but remain a member.

4. Validity of proceedings etc.

(1) An act or proceeding of a regulatory body or of a person acting under the direction of a regulatory body is not invalid by reason only that at the time when the act or proceeding was done, taken or commenced there was a vacancy in the membership of the regulatory body.

(2) An act or proceeding of a regulatory body or of a person acting under the direction of a regulatory body is valid even if:

(a) the appointment of a member of the regulatory body was defective; or

(b) a person appointed as a member of the regulatory body was disqualified from acting as, or incapable of being, a member.

Schedule 3 Provisions about meetings of regulatory bodies

sections 9(3) and 18B(3)

1. Convening of meetings

A meeting of a regulatory body may be convened by the Chairperson or by the number of members that constitute a quorum of the regulatory body .

2. Procedure at meetings

- (1) The quorum at a meeting of a regulatory body is 3 members of whom 2 must be health practitioners.
- (2) A duly convened meeting of a regulatory body at which a quorum is present is competent to transact any business of the regulatory body .
- (3) Questions arising at a meeting of a regulatory body must be determined by a majority of votes of the members present and voting.
- (4) In the event of an equality of votes on a question arising at a meeting of a regulatory body, the question stands adjourned until its next meeting.

3. Who presides at meetings

- (1) The Chairperson must preside at all meetings of a regulatory body at which the Chairperson is present.
- (2) If the Chairperson is not present at a meeting of a regulatory body, a member elected by the members present must preside at the meeting.

4. Minutes

A regulatory body must keep accurate minutes of its meetings.

5. Disclosure of interest

- (1) If a member has or acquires an interest (whether pecuniary or otherwise) that would conflict with the proper performance of the member's functions in relation to a matter being considered or about to be considered by the Board, the member must disclose the nature of the interest at a meeting of the regulatory body .

- (2) A disclosure under subclause (1) must be recorded in the minutes and, unless the regulatory body (exclusive of the member) determines otherwise, the member must not:
 - (a) be present during any deliberations of the regulatory body in relation to the matter; or
 - (b) take part in any decision of the regulatory body in relation to the matter.

6. Meetings to be open to public

- (1) Except as provided in subclause (2), a meeting of a regulatory body must be open to the public.
- (2) A regulatory body may do either or both of the following at a meeting if it considers that there are compelling grounds to do so:
 - (a) make an order excluding any person from the meeting;
 - (b) make an order prohibiting the reporting or other disclosure of all or any of the proceedings at the meeting or prohibiting the reporting or other disclosure of particular information in respect of the meeting.
- (3) Without limiting the range of grounds that may be relevant for the purposes of subclause (2), a regulatory body may exercise its power under that subclause if:
 - (a) it is dealing with privileged information or information that has been communicated to the regulatory body in confidence;
 - (b) it is dealing with information concerning the personal affairs, finances or business arrangements of an applicant or of a registered health practitioner; or
 - (c) the disclosure of the proceedings or the information may be unfairly prejudicial to the reputation of a registered health practitioner or any other person.
- (4) A person wishing to attend a meeting of a regulatory body must notify the regulatory body not later than 7 days before the date of the meeting.
- (5) In this clause:

meeting does not include a meeting convened for the purposes of section 61, 62, 79, or 94.

7. General procedures

- (1) Subject to this Schedule, the procedure for convening a regulatory body and conducting its business is as determined by the regulatory body .
- (2) A regulatory body may permit members to participate in a particular meeting by telephone or by other means of communication.
- (3) A member who is permitted to participate in a meeting under subclause (2) is taken to be present at the meeting.
- (4) A regulatory body may allow a person to attend a meeting for the purpose of advising or informing it on any matter.

8. Confidentiality

Subject to this Act, the Chairperson, a member or a delegate of a regulatory body must not disclose information obtained in the course of his or her duties as Chairperson, member or delegate unless the disclosure is made in the course of those duties.

Penalty: 100 penalty units or imprisonment for 6 months.

Schedule 4 Powers and procedures of Committee and Tribunal

sections 25(3) and 63(10)

1. Definitions

In this Schedule:

committee means a committee of evaluators.

proceedings includes evaluations and inquiries.

2. Powers

- (1) A committee or the Tribunal may:
 - (a) summon any person to appear before it to give evidence and produce any document specified in the summons; and
 - (b) require any person appearing before it to produce any document; and
 - (c) require any person appearing before it to give evidence on oath; and
 - (d) require any person appearing before it to answer questions; and
 - (e) proceed with and determine any proceedings despite the absence of a person who is summoned to appear; and
 - (f) proceed with and determine any proceedings in the absence of a party to the proceedings if satisfied that the party was given reasonable opportunity to appear and failed to do so; and
 - (g) adjourn the hearing of any proceedings from time to time and from place to place.
- (2) A committee or the Tribunal may, at any time before or during any proceedings, give directions for the expeditious and efficient hearing of the proceedings.
- (3) The Chairperson of a committee or the President of the Tribunal may, at any time before or during any proceedings, give directions for the expeditious and efficient hearing of the proceedings.

- (4) A direction under subclause (3) must be consistent with any earlier direction given under subclause (2) in respect the proceedings.

3. Requirements of summons for inquiry

- (1) A summons to a health practitioner who is the subject of an inquiry must:
 - (a) set out particulars of the matter that the inquiry relates to;
 - (b) state that the health practitioner is entitled to be represented by a legal practitioner or other person in the inquiry;
 - (c) state that the proceedings will be open to the public unless the Tribunal orders otherwise; and
 - (d) specify the date, time and place at which the health practitioner is required to appear.
- (2) The summons may contain any other information that the Tribunal considers necessary or appropriate.
- (3) The date specified in subclause (1)(d) must be not less than 14 days after the date on which the summons is served.

4. Procedures

A committee or the Tribunal:

- (a) must conduct its proceedings with as little formality and with as much expedition as a proper consideration of the matter before it permits;
- (b) is not bound by the rules of evidence;
- (c) may inform itself on any matter in any way it considers appropriate; and
- (d) must observe the rules of procedural fairness.

5. Additional complaints

- (1) A committee or the Tribunal may in proceedings before it deal with one or more complaints about a health practitioner.
- (2) If during any proceedings it appears to a committee or the Tribunal that, having regard to any matters that have arisen, another complaint could have been made against the health practitioner:
 - (a) whether instead of or in addition to the complaint that was made; and

(b) whether or not by the same complainant,

the committee or the Tribunal may take that other complaint to have been referred to it and may deal with it in the same proceedings.

- (3) If another complaint is taken to have been referred to a committee or the Tribunal under subclause (2), the complaint may be dealt with after an adjournment, if any, that is, in the opinion of the committee or the Tribunal, just and equitable in the circumstances.

6. Medical examinations

- (1) A committee or the Tribunal, by notice, may require an applicant or defendant to have one or more medical examinations at the expense of the relevant Board.
- (2) The Tribunal must not require a defendant to have a medical examination under subclause (1) unless, having regard to the relevant inquiry, it is reasonable to require the examination.
- (3) A notice under subclause (1) must specify:
- (a) the name of the health practitioner who is to carry out the medical examination; and
 - (b) the date, time and place of the medical examination.
- (4) The time and place specified for a medical examination must be reasonable.
- (5) The health practitioner who carries out the medical examination must provide the committee or the Tribunal, and the person examined, with a written report of the results of the examination.
- (6) In this clause:

medical examination includes an examination of the physical, psychological and mental capacities of a person.

relevant Board includes, in the case of a committee, the Board that established the committee.

7. Proceedings to be open to public

- (1) Except as provided in subclause (2), the proceedings of a committee or the Tribunal must be open to the public.

- (2) If a committee or the Tribunal is hearing any proceedings, the committee or Tribunal may, on the application of a party to the proceedings or on its own motion, do either or both of the following if it considers that there are compelling grounds to do so:
 - (a) make an order excluding any person from the hearing;
 - (b) make an order prohibiting the reporting or other disclosure of all or any of the proceedings or prohibiting the reporting or other disclosure of particular information in respect of the proceedings.
- (3) Without limiting the range of grounds that may be relevant for the purposes of subclause (2), a committee or the Tribunal may exercise its power under that subclause if:
 - (a) it is dealing with privileged information or information that has been communicated to it in confidence;
 - (b) it is dealing with information concerning the personal affairs, finances or business arrangements of an applicant or of a health practitioner; or
 - (c) the disclosure of the proceedings or the information may be unfairly prejudicial to the reputation of a health practitioner or any other person.

8. Representation etc.

- (1) An applicant is entitled to attend an evaluation and to be represented by a legal practitioner or any other person.
- (2) The costs of representation must be met by the applicant.
- (3) A defendant is entitled to attend an inquiry and to be represented by a legal practitioner or any other person.
- (4) The Board, at its own expense, may appoint a legal practitioner to assist a committee or the Tribunal in conducting any proceedings.

Schedule 5 Provisions with respect to membership of Tribunal

section 63(11)

1. Definitions

In this Schedule:

meeting includes proceedings being conducted by the Tribunal.

member means a member of the Tribunal and includes the President of the Tribunal.

2. Term of office etc.

- (1) A permanent member holds office for the period, not exceeding 3 years, as is specified by the Minister.
- (2) A permanent member may serve any number of terms but may not serve more than 3 terms in succession unless approved by the Minister.
- (3) A special member is appointed for the duration of the inquiry to which the member's appointment relates.
- (4) There is no limit to the number of times a person may be appointed as a special member.

3. Vacation of office

- (1) A member vacates office if he or she:
 - (a) resigns;
 - (b) is removed from office under subclause (2) or (3); or
 - (c) ceases to be qualified for office by virtue of subclause (4), (5) or (6).
- (2) The Minister may remove a member from office if the member:
 - (a) being a permanent member – is absent from a meeting of the Tribunal convened to deal with a particular inquiry without the permission of the other members of the Tribunal as it is constituted for the purposes of that inquiry;

- (b) being a special member – is absent from a meeting of the Tribunal convened to deal with the inquiry to which the special member's appointment relates without the permission of the other members of the Tribunal as it is constituted for the purposes of the inquiry;
 - (c) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with the member's creditors or makes an assignment of the member's remuneration or estate for their benefit;
 - (d) is found guilty, in the Territory or elsewhere, of a crime or an offence punishable by imprisonment for longer than 12 months;
 - (e) fails, without reasonable excuse, to comply with the member's obligations under Schedule 6, clause 7; or
 - (f) is found guilty of an offence against this Act.
- (3) The Minister may remove a member from office if satisfied that the member is unable to perform the duties of the office competently.
 - (4) The permanent member appointed under section 63(2)(a) vacates office if he or she ceases to be a lawyer.
 - (5) The permanent member appointed under section 63(2)(b) vacates office if he or she becomes a health practitioner or lawyer.
 - (6) A special member vacates office if he or she ceases to be a health practitioner.

4. Filling of vacancies

- (1) If the office of a permanent member becomes vacant, the Minister may appoint a person to the vacant office for the remainder of the former member's term of office.
- (2) The person appointed to a vacant office under subclause (1) must:
 - (a) if the office is referred to in section 63(2)(a) – be a lawyer; and
 - (b) if the office is referred to in section 63(2)(b) – not be a health practitioner or lawyer.

5. Validity of proceedings etc.

An act or proceeding of the Tribunal or of a person acting under the direction of the Tribunal is valid even if:

- (a) the appointment of a member of the Tribunal was defective; or
- (b) a person appointed as a member of the Tribunal was disqualified from acting as, or incapable of being, a member.

Schedule 6 Provisions with respect to proceedings of Tribunal

section 63(12)

1. Convening Tribunal

The Tribunal, as constituted for the purposes of an inquiry, may be convened by:

- (a) the President; or
- (b) any 2 members.

2. Effect of vacancies

- (1) If one of the members, other than the President, constituting the Tribunal for the purposes of an inquiry vacates office for any reason before the inquiry is completed, the inquiry may be continued and completed by the remaining 4 members regardless of whether, in the case of a vacancy in the office referred to in section 63(2)(b), any other person is appointed to the vacant office.
- (2) If more than one of the members constituting the Tribunal for the purposes of an inquiry vacates office for any reason before the inquiry is completed, the inquiry is terminated.
- (3) If an inquiry is terminated by virtue of subclause (2), the Tribunal may be reconstituted for the purposes of conducting a new inquiry on the same matter.
- (4) For this clause, an inquiry is taken to have been completed once the Tribunal has made a decision under section 65.
- (5) For this clause, a member vacates office if he or she has disclosed an interest under clause 7(1) and a determination under clause 7(2) has not been made in respect of the member.

3. Voting

- (1) Questions arising for determination by the Tribunal must be determined by a majority of votes of the members present and voting.
- (2) In the event of an equality of votes on a question arising for determination by the Tribunal, the question stands adjourned until it is next convened.

- (3) The vote of a special member is equal to the vote of a permanent member.

4. President

The President must preside over all proceedings of the Tribunal.

5. Decisions of Tribunal

- (1) Unless there are circumstances beyond the control of the Tribunal, a decision of the Tribunal must be made within 3 months after the inquiry into the matter is completed.
- (2) The decision of the Tribunal following an inquiry and the reasons for the decision must be in writing.

6. Minutes

The Tribunal must keep:

- (a) accurate minutes of its meetings; and
- (b) a verbatim record of each hearing it conducts in the course of an inquiry.

7. Disclosure of interest

- (1) If a member has or acquires an interest (whether pecuniary or otherwise) that would conflict with the proper performance of the member's functions in relation to a matter being considered or about to be considered by the Tribunal, the member must disclose the nature of the interest at a meeting of the Tribunal.
- (2) A disclosure under subclause (1) must be recorded in the minutes and the member must not, unless the Tribunal (exclusive of the member) determines otherwise:
 - (a) be present during any deliberations of the Tribunal in relation to the matter; or
 - (b) take part in any decision of the Tribunal in relation to the matter.

8. General procedures

Subject to this Schedule and Schedule 4, the procedure for convening the Tribunal and conducting its business is as determined by the Tribunal.

Schedule 7 Protected titles

section 104

Profession	Title
Aboriginal health work	Aboriginal health worker
occupational therapy	occupational therapist
radiography	radiographer

Schedule 8 Provisions relating to pharmacies

section 18C

1. Definitions

In this Schedule:

Aboriginal health service means a service that provides health care primarily to Aboriginals.

authorised pharmacy business owner means:

- (a) a pharmacist;
- (b) a partnership of which all the partners are pharmacists; or
- (c) a corporation of which all shareholders and directors are pharmacists.

authorised pharmacy service provider means an organisation that operates:

- (a) an Aboriginal health service;
- (b) a pharmacy service that is part of a public hospital; or
- (c) a pharmacy service that is part of a defence force facility.

pharmacy means premises or the part of premises in which a pharmacy business is carried on.

pharmacy business means a business that includes the custody of drugs and medicines, the dispensing of medicines on prescription and the supply of scheduled drugs and poisons to consumers by retail.

pharmacy department means premises or the part of premises in which a pharmacy service is provided.

pharmacy service means a service that includes the custody of drugs and medicines, the dispensing of medicines on prescription and the supply of scheduled drugs and poisons to patients and consumers.

2. Ownership of pharmacy

- (1) A person must not:
 - (a) own; or

- (b) exercise any control over the conduct of,
a pharmacy business unless the person:
- (c) is an authorised pharmacy business owner; or
- (d) has been granted an exemption under subclause (2).

Penalty: If the offender is a natural person – 500 penalty units.
If the offender is a body corporate – 2 500 penalty units.

- (2) The Minister may grant an Aboriginal health service or friendly society an exemption from the application of subclause (1).
- (3) The Minister must not grant an exemption under subclause (2) unless he or she is satisfied that:
 - (a) health services or access to health services will be improved by granting the exemption; and
 - (b) granting the exemption will meet the needs of the community where the pharmacy business is situated.
- (4) Subclause (1) does not apply to a person who was the owner of a pharmacy business before 23 February 2005.
- (5) Subclause (1) does not apply to a person who is:
 - (a) the administrator of the estate of a deceased person to whom that subclause applied;
 - (b) the administrator of a person to whom that subclause applies who is declared bankrupt; or
 - (c) the administrator of a corporation to which that subclause applies that is in administration.

3. Ownership of pharmacy service

A person must not own a pharmacy service unless the person is an authorised pharmacy service provider.

Penalty: If the offender is a natural person – 500 penalty units.
If the offender is a body corporate – 2 500 penalty units.

4. Conduct of pharmacy business and pharmacy service

- (1) A person must not conduct a pharmacy business from premises unless the premises comply with the standards prescribed by the Pharmacy Committee.

Penalty: If the offender is a natural person – 500 penalty units.

If the offender is a body corporate – 2 500 penalty units.

- (2) A person must not conduct a pharmacy service from premises unless the premises comply with the standards prescribed by the Pharmacy Committee.

Penalty: If the offender is a natural person – 500 penalty units.

If the offender is a body corporate – 2 500 penalty units.

5. Pharmacy and pharmacy department to be under direct supervision of pharmacist

- (1) The owner of a pharmacy must ensure that the pharmacy is under the direct supervision of a pharmacist at all times while it is open to the public.

Penalty: If the offender is a natural person – 500 penalty units.

If the offender is a body corporate – 2 500 penalty units.

- (2) The owner of pharmacy department must ensure that the pharmacy department is under the direct supervision of a pharmacist at all times while it is open to dispense drugs or medicine.

Penalty: If the offender is a natural person – 500 penalty units.

If the offender is a body corporate – 2 500 penalty units.

6. Restriction on entry to pharmacy or pharmacy department

- (1) A person must not enter or remain in a pharmacy unless he or she is a pharmacist or under the direct supervision of a pharmacist.

Penalty: 500 penalty units.

- (2) A person must not enter or remain in a pharmacy department unless he or she is a pharmacist or under the direct supervision of a pharmacist.

Penalty: 500 penalty units.

7. Pharmacist-in-charge

- (1) An authorised pharmacy business owner must not open the pharmacy business to the public unless the owner has appointed a pharmacist to be the pharmacist-in-charge of the business.

Penalty: If the offender is a natural person – 500 penalty units.

If the offender is a body corporate – 2 500 penalty units.

- (2) An authorised pharmacy business owner must notify the Pharmacy Committee of an appointment being made under subclause (1) as soon as practicable after it is made.

Penalty: If the offender is a natural person – 20 penalty units.

If the offender is a body corporate – 100 penalty units.

- (3) An authorised pharmacy service provider must not open the pharmacy department from which the service is provided unless the owner has appointed a pharmacist to be the pharmacist-in-charge of the department.

Penalty: If the offender is a natural person – 500 penalty units.

If the offender is a body corporate – 2 500 penalty units.

- (4) An authorised pharmacy service provider must notify the Pharmacy Committee of an appointment being made under subclause (3) as soon as practicable after it is made.

Penalty: If the offender is a natural person – 20 penalty units.

If the offender is a body corporate – 100 penalty units.

- (5) A pharmacist-in-charge appointed under this clause is responsible for the conduct of the pharmacy business or pharmacy service undertaken at the pharmacy or pharmacy department for which he or she is appointed.

- (6) An appointment cannot be made under this clause if the effect is that a pharmacist would be appointed pharmacist-in-charge of more than one pharmacy or pharmacy department.

8. Pharmacy superintendent

- (1) A person who owns more than one pharmacy or pharmacy department must appoint a pharmacist to be the pharmacy superintendent for those pharmacies or pharmacy departments.

Penalty: If the offender is a natural person – 500 penalty units.

If the offender is a body corporate – 2 500 penalty units.

- (2) A person who makes an appointment under subclause (1) must notify the Pharmacy Committee of the appointment being made as soon as practicable after it is made.

Penalty: If the offender is a natural person – 20 penalty units.

If the offender is a body corporate – 100 penalty units.

- (3) A pharmacy superintendent appointed under this clause is responsible for the conduct of the pharmacy businesses or pharmacy services undertaken at the pharmacies or pharmacy departments for which he or she is appointed.

9. Pharmacy key holder

- (1) A person must not have in his or her possession the keys to a pharmacy or pharmacy department unless he or she is a pharmacy key holder for the pharmacy or pharmacy department or authorised by the pharmacy key holder.

Penalty: 50 penalty units.

- (2) A pharmacy key holder for a pharmacy or pharmacy department is:

- (a) the pharmacist-in-charge of the pharmacy or pharmacy department; or
- (b) a pharmacist nominated by the pharmacist-in-charge of the pharmacy or pharmacy department as a pharmacy key holder.

- (3) In this clause:

keys includes a device, code and any other mechanism to gain access to a locked pharmacy or pharmacy department.

10. Unauthorised use of certain titles

- (1) A person must not use the title "pharmacy", "chemist" or "pharmaceutical chemist", or a similar title, either alone or with other words, to describe premises unless those premises are used as a pharmacy.

Penalty: 25 penalty units.

- (2) Subclause (1) does not apply to an authorised pharmacy business owner who conducts a remote agency or depot and who advertises the agency or depot at the premises from which the agency or depot operates.

- (3) An advertisement referred to in subclause (2) must clearly indicate:

- (a) that the premises are only an agency or depot; and
- (b) that a full service is not available at the premises or that a pharmacist is not on duty at the premises.

- (4) A person must not use the title "pharmacy department" or "pharmacy service", or a similar title, either alone or with other words, to describe premises unless the premises are a pharmacy department.

Penalty: 25 penalty units.

- (5) An offence against this clause is a regulatory offence.

Schedule 9 Repealed Acts

section 132

<i>Dental Act 1986</i>	No. 8, 1986
<i>Dental Amendment Act 1991</i>	No. 74, 1991
<i>Health Practitioners and Allied Professionals Registration Act 1985</i>	No. 48, 1985
<i>Health Practitioners and Allied Professionals Registration Amendment Act 1989</i>	No. 3, 1989
<i>Health Practitioners and Allied Professionals Registration Amendment Act 1993</i>	No. 5, 1993
<i>Health Practitioners and Allied Professionals Registration Amendment Act 2000</i>	No. 25, 2000
<i>Medical Act 1995</i>	No. 7, 1995
<i>Nursing Act 1999</i>	No. 10, 1999
<i>Optometrists Ordinance 1958</i>	No. 14, 1958
<i>Optometrists Amendment Act 1983</i>	No. 20, 1983
<i>Pharmacy Ordinance 1936</i>	No. 10, 1936
<i>Pharmacy Ordinance 1952</i>	No. 8, 1952
<i>Pharmacy Ordinance 1957</i>	No. 7, 1957
<i>Pharmacy Ordinance 1964</i>	No. 56, 1964
<i>Pharmacy Ordinance 1968</i>	No. 3, 1969
<i>Pharmacy Ordinance 1973</i>	No. 8, 1973
<i>Pharmacy Ordinance (No. 2) 1973</i>	No. 22, 1973
<i>Pharmacy Ordinance 1975</i>	No. 2, 1976
<i>Pharmacy Ordinance 1977</i>	No. 41, 1977
<i>Pharmacy Act 1979</i>	No. 154, 1979
<i>Pharmacy Amendment Act 1982</i>	No. 92, 1982
<i>Pharmacy Amendment Act 1983</i>	No. 27, 1983

Schedule 10 Savings and transitional provisions

section 133

1. Definitions

In this Schedule:

former Board means a Board as constituted under a repealed Act.

new Board, in relation to a former Board, means the Board established under this Act of the same or an equivalent name as the former Board.

repealed Act means an Act repealed by section 132.

2. Proceedings

Any proceedings that, immediately before the commencement of section 133, might have been brought or continued by or against a former Board may be brought or continued by or against the new Board.

3. Continuation of registers and rolls

- (1) A register kept under a repealed Act by a former Board is taken to be part of the register kept by the new Board for the purposes of this Act.
- (2) A roll kept under a repealed Act by a former Board is taken to be part of the roll kept by the new Board for the purposes of this Act.

4. Accredited courses

A course of study prescribed or accredited under a repealed Act is taken to be an accredited course for entry into the category of health care practice for the purposes of this Act.

5. Application for registration or enrolment

An application made under a repealed Act to be registered or enrolled and not determined by a former Board before the commencement of section 133 must be determined by the new Board as if it were an application for registration or enrolment under this Act.

6. Continuation of registration and enrolment

- (1) A person who, immediately before the commencement of section 133, was registered under a repealed Act is taken to be registered under and subject to this Act on the same conditions and with the same limitations, if any, as applied to the person's registration under the repealed Act.
- (2) A person who, immediately before the commencement of section 133, was enrolled under a repealed Act is taken to be enrolled under and subject to this Act on the same conditions and with the same limitations, if any, as applied to the person's enrolment under the repealed Act.
- (3) Subclauses (1) and (2) apply to a registration or enrolment even if, immediately before the commencement of section 133, the registration or enrolment was suspended under a repealed Act but those subclauses are not to be taken as revoking or reducing any period of suspension to which the former registration or enrolment was subject immediately before that day.

7. Interim registration or enrolment

- (1) A provisional registration or enrolment (however described) that was in force under a repealed Act immediately before the commencement of section 133 remains in force as an interim registration or enrolment under this Act until the first of the following events occurs:
 - (a) the person holding the interim registration or enrolment applies for and is granted registration or enrolment under this Act;
 - (b) the interim registration or enrolment is cancelled under this Act;
 - (c) the expiration of 3 months from the day on which the interim registration or enrolment was granted, as provisional registration or enrolment, under the repealed Act.
- (2) For the purposes of subclause (1), a certificate issued under a repealed Act in respect of the provisional registration or enrolment, despite anything in this Schedule, continues in force until the first of the events referred to in subclause (1) occurs.

8. Practising certificate

- (1) A certificate issued under a repealed Act authorising a person to practise under the repealed Act that was in force immediately before the commencement of section 133 is taken to be a practising certificate issued to the person under this Act for the unexpired period of the certificate.
- (2) Subclause (1) applies to a certificate even if, immediately before the commencement of section 133, the certificate was suspended under a repealed Act but that subclause is not to be taken as revoking or reducing any period of suspension to which the former certificate was subject immediately before that commencement.
- (3) If a certificate referred to in subclause (1) expires before the due date, the new Board may issue a new certificate for the period that commences immediately after the expiry and ends on the due date.
- (4) If a certificate referred to in subclause (1) is endorsed with the category of midwifery, the holder of the certificate is, on the commencement of section 133:
 - (a) entitled to practise generally in the category of health care practice of nursing under and subject to this Act; and
 - (b) taken to hold an authorisation to practise in the restricted practice area of midwifery under and subject to this Act.
- (5) If a certificate referred to in subclause (1) is endorsed with categories of nursing other than midwifery, the holder of the certificate is, on the commencement of section 133, entitled to practise generally in the category of health care practice of nursing under and subject to this Act on the same conditions and with the same limitations as applied to the person's entitlement to practise under the repealed Act.
- (6) Subclauses (4) and (5) have effect subject to subclause (2).

9. Registered or enrolled person without practising certificate may apply for that certificate under this Act

- (1) A person:
 - (a) who is taken to be registered or enrolled by virtue of this Schedule; and
 - (b) who was not issued with a certificate authorising the person to practise under a repealed Act by a former Board,

may apply in writing to the new Board for a practising certificate under this Act.

- (2) The new Board must, within 14 days after receiving an application under subclause (1), having regard to the matters that the Board considers necessary or appropriate, issue or refuse to issue the person with a practising certificate.
- (3) The new Board must, as soon as practicable, give notice of its decision to the applicant.
- (4) A person whose application under subclause (1) is refused may, within 14 days of receiving the notice, appeal, on a question of law, to the Supreme Court against the new Board's decision.
- (5) At the hearing of an appeal, the Supreme Court may confirm the decision of the Board or order the Board to issue the applicant with a practising certificate.

10. Complaints

- (1) If, immediately before the commencement of section 133, an investigation (however described) had begun under a repealed Act by a former Board but had not been concluded, the new Board may:
 - (a) terminate the investigation and regard the investigation as a complaint to the new Board made under this Act; or
 - (b) continue and conclude the investigation as if this Act had not commenced.
- (2) In making a determination under subclause (1), the new Board may have regard to any matter that it considers appropriate but must have particular regard to:
 - (a) how far the investigation had progressed;
 - (b) fairness to the person who is the subject of the investigation;
 - (c) cost and inconvenience to the Board, the person who is the subject of the investigation or other persons; and
 - (d) any submissions made to the Board by or on behalf of the person who is the subject of the investigation.
- (3) If subclause (1)(b) applies, the new Board, on concluding the investigation, may take any action under this Act that it considers appropriate having regard to the findings of the investigation.

- (4) A complaint may be made or dealt with under this Act in respect of an act or omission of a health practitioner despite that the act or omission actually or allegedly occurred before the commencement of section 133.

11. Appeals

- (1) An appeal instituted under a repealed Act and not determined by the commencement of section 133 may be continued and determined as if this Act had not commenced.
- (2) If under subclause (1) a court orders in respect of an appeal that an application for registration or enrolment under a repealed Act be granted, the registration or enrolment is, for the purposes of this Schedule, taken to have been in force immediately before the commencement of section 133.
- (3) If under subclause (1) a court orders that an application for the renewal of a certificate under a repealed Act be granted, the certificate is, for the purposes of this Schedule, taken to have been a certificate issued under the repealed Act in force immediately before the commencement of section 133.
- (4) If under subclause (1) a court orders in respect of an appeal that some action or determination be substituted for an action or determination of a former Board, the court may, if it considers it fair and appropriate to do so having regard to the repeal of the repealed Act and the enactment of this Act, order that the substituted action or determination be one that the new Board or Tribunal could take or make under this Act had the appeal been instituted under this Act.

ENDNOTES

1 KEY

Key to abbreviations

amd = amended	od = order
app = appendix	om = omitted
bl = by-law	pt = Part
ch = Chapter	r = regulation/rule
cl = clause	rem = remainder
div = Division	renum = renumbered
exp = expires/expired	rep = repealed
f = forms	s = section
<i>Gaz</i> = <i>Gazette</i>	sch = Schedule
hdg = heading	sdiv = Subdivision
ins = inserted	SL = Subordinate Legislation
lt = long title	sub = substituted
nc = not commenced	

2 LIST OF LEGISLATION

***Health Practitioners Act 2004* (Act No. 21, 2004)**

Assent date	16 April 2004
Commenced	s 130 and sch 8: 23 February 2005; rem: 14 May 2004 (<i>Gaz</i> G19, 12 May 2004, p 4 and <i>Gaz</i> G8, 23 February 2005, p 2)

***Legal Profession (Consequential Amendments) Act 2007* (Act No. 7, 2007)**

Assent date	17 May 2007
Commenced	s 10: 1 July 2007 (<i>Gaz</i> G26, 27 June 2007, p 3); rem: 17 May 2007

***Health Practitioner Regulation (National Uniform Legislation) Act 2010* (Act No. 2, 2010)**

Assent date	17 March 2010
Commenced	1 July 2010 (s 2)

***Health Practitioner (National Uniform Legislation) Implementation Act 2010* (Act No. 18, 2010)**

Assent date	20 May 2010
Commenced	1 July 2010 (s 2)

***Oaths, Affidavits and Declarations (Consequential Amendments) Act 2010* (Act No. 40, 2010)**

Assent date	18 November 2010
Commenced	1 March 2011 (s 2, s 2 <i>Oaths, Affidavits and Declarations Act 2010</i> (Act No. 39, 2010) and <i>Gaz</i> G7, 16 February 2011, p 4)

3 LIST OF AMENDMENTS

lt	amd No. 18, 2010, s 23
s 3	amd No. 18, 2010, s 23
s 4	amd No. 18, 2010, s 4
s 6	sub No. 18, 2010, s 5
s 7	amd No. 18, 2010, s 6
ss 10 – 11	amd No. 18, 2010, s 23
pt 2A hdg	ins No. 18, 2010, s 7
ss 18A – 18K	ins No. 18, 2010, s 7
pt 3 hdg	amd No. 18, 2010, s 23
pt 3	
div 1 hdg	amd No. 18, 2010, s 23
s 19	sub No. 18, 2010, s 8
pt 3	
div 2 hdg	amd No. 18, 2010, s 23
s 20	amd No. 18, 2010, ss 9 and 23
ss 22 – 26	amd No. 18, 2010, s 23
pt 3	
div 4 hdg	amd No. 18, 2010, s 23
ss 27 – 28	amd No. 18, 2010, s 23
s 29	rep No. 18, 2010, s 10
s 30	amd No. 18, 2010, s 23
s 38	sub No. 18, 2010, s 11
s 39	amd No. 18, 2010, s 23
s 40	amd No. 18, 2010, ss 12 and 23
ss 41 – 42	amd No. 18, 2010, s 23
pt 3	
div 7 hdg	amd No. 18, 2010, s 23
s 44	rep No. 18, 2010, s 13
s 45	amd No. 18, 2010, s 23
ss 47 – 48	amd No. 18, 2010, s 23
ss 50 – 54	amd No. 18, 2010, s 23
s 56	amd No. 18, 2010, s 23
s 61	amd No. 18, 2010, s 23
s 63	amd No. 7, 2007, s 16; No. 2, 2010, s 10; No. 18, 2010, s 23
s 64	amd No. 2, 2010, s 11
s 65	amd No. 18, 2010, s 23
s 68	amd No. 18, 2010, s 23
ss 70 – 71	amd No. 18, 2010, s 23
s 73	amd No. 18, 2010, s 23
s 83	amd No. 18, 2010, s 23
s 95	amd No. 18, 2010, s 23
s 99	amd No. 18, 2010, ss 14 and 23
s 101	amd No. 18, 2010, s 23
s 102A	ins No. 18, 2010, s 15
ss 103 – 104	amd No. 18, 2010, s 23
s 106	amd No. 18, 2010, s 23
s 108	amd No. 40, 2010, s 118
ss 110 – 112	amd No. 18, 2010, s 23
s 114	amd No. 18, 2010, s 23
s 118	amd No. 18, 2010, s 23
ss 120 – 121	amd No. 18, 2010, s 23
s 128	amd No. 18, 2010, s 23
s 130	rep No. 18, 2010, s 16
pt 10 hdg	ins No. 18, 2010, s 17
ss 134 – 143	ins No. 18, 2010, s 17

pt 11 hdg	ins No. 18, 2010, s 17
s 144	ins No. 18, 2010, s 17
pt 12 hdg	ins No. 18, 2010, s 17
ss 145 – 148	ins No. 18, 2010, s 17
pt 13 hdg	ins No. 18, 2010, s 17
ss 149 – 151	ins No. 18, 2010, s 17
sch 1	amd No. 18, 2010, s 18
sch 2	amd No. 18, 2010, ss 19 and 23
sch 3	amd No. 18, 2010, ss 20 and 23
sch 4	amd No. 40, 2010, s 118
sch 5	amd No. 7, 2007, s 16
sch 7	sub No. 18, 2010, s 21
sch 8	amd No. 18, 2010, ss 22 and 23