



New South Wales

Medical Practice Amendment Act 2008 No 27

Contents

	Page
1 Name of Act	2
2 Commencement	2
3 Amendment of Medical Practice Act 1992 No 94	2
4 Amendment of Health Care Complaints Act 1993 No 105	2
5 Repeal of Act	2
Schedule 1 Amendment of Medical Practice Act 1992	3
Schedule 2 Amendment of Health Care Complaints Act 1993	19



New South Wales

Medical Practice Amendment Act 2008 No 27

Act No 27, 2008

An Act to amend the *Medical Practice Act 1992* and the *Health Care Complaints Act 1993* with respect to the principles of administration of and the exercise of disciplinary powers under those Acts; and for other purposes. [Assented to 11 June 2008]

The Legislature of New South Wales enacts:

1 Name of Act

This Act is the *Medical Practice Amendment Act 2008*.

2 Commencement

This Act commences on a day or days to be appointed by proclamation.

3 Amendment of Medical Practice Act 1992 No 94

The *Medical Practice Act 1992* is amended as set out in Schedule 1.

4 Amendment of Health Care Complaints Act 1993 No 105

The *Health Care Complaints Act 1993* is amended as set out in Schedule 2.

5 Repeal of Act

- (1) This Act is repealed on the day following the day on which all of the provisions of this Act have commenced.
- (2) The repeal of this Act does not, because of the operation of section 30 of the *Interpretation Act 1987*, affect any amendment made by this Act.

Schedule 1 Amendment of Medical Practice Act 1992

(Section 3)

[1] Section 2A

Omit the section. Insert instead:

2A Object and principle of administration of Act

- (1) The object of this Act is to protect the health and safety of the public.
- (2) The object of this Act is achieved by providing mechanisms designed to ensure that:
 - (a) medical practitioners are fit to practise medicine, and
 - (b) medical students are fit to undertake medical studies and clinical placements.
- (3) In the exercise of functions under this Act the protection of the health and safety of the public is to be the paramount consideration.

[2] Section 36 Meaning of “unsatisfactory professional conduct”

Insert “, whether or not the practitioner has been prosecuted for or convicted of an offence in respect of the contravention” after “regulations” in section 36 (1) (b).

[3] Section 37

Omit the section. Insert instead:

37 Meaning of “professional misconduct”

For the purposes of this Act, *professional misconduct* of a registered medical practitioner means:

- (a) unsatisfactory professional conduct, or
- (b) more than one instance of unsatisfactory professional conduct that, when the instances are considered together, amount to conduct,

of a sufficiently serious nature to justify suspension of the practitioner from practising medicine or the removal of the practitioner’s name from the Register.

[4] Section 47

Insert after section 46:

47 Protection of complainants and other persons

- (1) If a person makes a complaint, and does so in good faith:
 - (a) the making of the complaint does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct, and
 - (b) no liability for defamation is incurred because of the complaint, and
 - (c) the making of the complaint does not constitute a ground for civil proceedings for malicious prosecution or for conspiracy.
- (2) The protections given to a complainant by this section extend to:
 - (a) any person who, in good faith, provided the complainant with any information on the basis of which the complaint was made, and
 - (b) any person who, in good faith, was otherwise concerned in the making of the complaint.
- (3) This section does not limit or otherwise affect the operation of section 96 of the *Health Care Complaints Act 1993*.

[5] Section 61 General powers to caution, reprimand, counsel etc

Insert after section 61 (2):

- (3) When a Committee or the Tribunal acting under this section makes an order or directs that any condition be imposed on a person's registration, the Committee or Tribunal may order that a contravention of the order or condition will result in the person being deregistered. The order or condition concerned is then a ***critical compliance order or condition*** under this section.

[6] Section 64 Tribunal can suspend or deregister in certain cases

Insert after section 64 (1):

- (1A) The Tribunal must by order direct that a person be deregistered if the Tribunal is satisfied (when it finds on a complaint about the person) that the person has contravened an order or condition of the person's registration that is a critical compliance order or condition under section 61.

[7] Section 64 (2A)

Omit “order under subsection (1)”.

Insert instead “order under this section”.

[8] Section 66

Omit the section. Insert instead:

66 Suspension or conditions to protect the public

- (1) The Board must, if at any time it is satisfied that it is appropriate to do so for the protection of the health or safety of any person or persons (whether or not a particular person or persons) or if satisfied that the action is otherwise in the public interest:
 - (a) by order, suspend a registered medical practitioner from practising medicine for such period (not exceeding 8 weeks) as is specified in the order, or
 - (b) impose on a registered medical practitioner’s registration such conditions relating to the practitioner’s practising medicine as the Board considers appropriate.
- (2) If at any time the Board is satisfied that a registered medical practitioner has contravened an order or condition of the practitioner’s registration that is a critical compliance order or condition under section 61, the Board must:
 - (a) by order suspend the practitioner from practising medicine until a complaint concerning the matter is dealt with by the Tribunal, and
 - (b) refer the matter to the Tribunal as a complaint.
- (3) The Board may take action under this section:
 - (a) whether or not a complaint has been made or referred to the Board about the practitioner, and
 - (b) whether or not proceedings in respect of such a complaint are before a Committee or the Tribunal.
- (4) Without limiting the conditions that may be imposed under subsection (1) (b), the Board may (for the purpose of having the professional performance of a registered medical practitioner assessed under Part 5A) impose a condition requiring the practitioner to take part in the assessment, but such a condition has no effect unless and until the Commission concurs with the imposition of the condition.
- (5) The Board is to give written notice of any action taken under this section to the practitioner concerned.

- (6) If the Board delegates any function of the Board under this section to a group of 2 or more persons, at least one of those persons must be a person who is not a registered medical practitioner.

[9] Section 66AA

Insert after section 66:

66AA Audio recording of meeting

- (1) The Board must cause an audio recording to be made of any proceedings of the Board in connection with the consideration by the Board of the exercise (including proposed exercise) of any function under this Division in respect of a registered medical practitioner:
- (a) during which the practitioner (or the practitioner's adviser) is present, or
 - (b) during which a person other than a member of the Board or a staff member of the Board is present and gives the Board oral information relevant to the Board's consideration.
- (2) A recording under this section is not admissible in evidence in any civil or criminal proceedings in a court of law (other than proceedings for an offence under this Act) or in an inquest or inquiry under the *Coroners Act 1980*.

[10] Section 66A Power to remove or alter conditions or terminate suspension

Omit section 66A (1). Insert instead:

- (1) The Board may, at any time:
- (a) by order, shorten or terminate a period of suspension imposed by the Board under this Division, or
 - (b) alter or remove conditions imposed under this Division.
- (1A) The Board may, at any time after taking action under section 66 with respect to a registered medical practitioner (*the original action*), take any other action it could have taken under that section at the time of taking the original action.

[11] Section 66AB

Insert before section 66B:

66AB Review of certain decisions

- (1) A registered medical practitioner may apply to the Board for the review of a decision of the Board under section 66 or 66A to:
 - (a) suspend the practitioner from practising medicine, or
 - (b) impose conditions on the practitioner's registration or alter any such conditions.
- (2) On receiving an application for review, the Board:
 - (a) may refuse to reconsider its decision if, in the opinion of the Board, the application is frivolous or vexatious, or
 - (b) must otherwise reconsider its decision, and in so doing is to consider any new evidence or material submitted by the practitioner or that the Board reasonably considers is relevant.
- (3) Following its reconsideration of a decision, the Board may affirm or vary the decision or set it aside and take any action the Board has the power to take under section 66.

[12] Section 66B Referral of matter to Commission

Insert after section 66B (1):

- (1A) The Board may (despite any other Act or law) provide to the Commission any information obtained by the Board in connection with the exercise of functions under section 66 (including any information, copies of documents or evidence obtained under section 69B and a copy of any recording made under section 66AA) in respect of a matter that the Board refers to the Commission under this section.

[13] Section 66B (5)

Omit the subsection. Insert instead:

- (5) This section does not apply if the Board takes action against a registered medical practitioner under section 66:
 - (a) because the Board is of the opinion that the practitioner suffers from an impairment, or
 - (b) that is action of a kind referred to in section 66 (4).

[14] Section 66BA

Insert after section 66B:

66BA Special provision—performance assessment

- (1) If the Commission concurs with the proposed imposition by the Board under section 66 (4) of a condition on a registered medical practitioner's registration requiring the practitioner to take part in a performance assessment under Part 5A, the matter giving rise to the proposal:
 - (a) is to be dealt with by way of performance assessment under Part 5A, and
 - (b) may, if the Board and the Commission agree, also be dealt with by the Commission as a complaint against the practitioner.
- (2) If the Commission does not concur with the imposition of such a condition, the matter giving rise to the proposal is to be dealt with by the Commission as a complaint against the practitioner.
- (3) The Board may (despite any other Act or law) provide to the Commission any information obtained by the Board in connection with the exercise of functions under section 66 (including any information, copies of documents or evidence obtained under section 69B and a copy of any recording made under section 66AA) in respect of a matter to be dealt with by the Commission under this section.
- (4) If a matter is to be dealt with under this section by way of performance assessment under Part 5A, it may be so dealt with despite anything to the contrary in section 86D.
- (5) If a matter is to be dealt with under this section as a complaint, the Board is to refer the matter to the Commission and the matter is to be dealt with by the Commission as a complaint made to the Commission against the practitioner concerned.
- (6) The Commission is to investigate the complaint or cause it to be investigated and, as soon as practicable after it has completed its investigation, refer the complaint to a Committee or the Tribunal.
- (7) Section 52 (Serious complaints must be referred to Tribunal) applies in respect of any such action by the Commission.

[15] Section 67 Extension of suspension

Omit section 67 (a). Insert instead:

- (a) the Chairperson or a Deputy Chairperson is satisfied, on the basis of information provided by the Board, that there is no material change in the circumstances that gave rise to the making of the order imposing the suspension and has approved the extension in writing, and

[16] Section 68

Omit the section. Insert instead:

68 Expiry or termination of suspension

On the expiry or termination of a period of suspension imposed under this Division, the person's rights and privileges as a registered medical practitioner are revived, subject to any other action taken by the Board under this Division or any order of the Tribunal on a complaint that is referred to the Tribunal.

[17] Section 69B

Insert after section 69A:

69B Powers of Board to obtain information, records and evidence

- (1) If the Board is of the opinion that a person is capable of giving information, producing documents (including medical records) or giving evidence that would assist the Board in making a determination with respect to any action taken or proposed to be taken by the Board under this Division, the Board may, by notice in writing given to the person, require the person to do any one or more of the following:
 - (a) to give the Board, in writing signed by the person (or, in the case of a corporation, by a competent officer of the corporation), within the time and in the manner specified in the notice, any such information of which the person has knowledge,
 - (b) to produce to the Board, in accordance with the notice, any such documents,
 - (c) to appear before the Board or a member of staff of the Board authorised by the President or Deputy President of the Board at a time and place specified in the notice that is reasonable and give any such evidence, either orally or in writing, and produce any such documents.

- (2) Information and documents may be given or provided to the Board in compliance with this section despite any other Act or law.
- (3) A person who is subject to a requirement made under subsection (1) must not:
 - (a) without reasonable excuse, fail to comply with the requirement, or
 - (b) in purported compliance with the requirement, provide information, documents or evidence knowing the information, documents or evidence to be false or misleading in a material particular.

Maximum penalty: 20 penalty units.

[18] Part 4, Division 7

Insert after Division 6 of Part 4:

Division 7 Reportable misconduct

71A Reportable misconduct

- (1) A registered medical practitioner commits *reportable misconduct* in the following circumstances:
 - (a) if he or she practises medicine while intoxicated by drugs (whether lawfully or unlawfully administered) or alcohol,
 - (b) if he or she practises medicine in a manner that constitutes a flagrant departure from accepted standards of professional practice or competence and risks harm to some other person,
 - (c) if he or she engages in sexual misconduct in connection with the practice of medicine.
- (2) A registered medical practitioner who believes, or ought reasonably to believe, that some other registered medical practitioner has committed reportable misconduct must, as soon as practicable, report the conduct to the Board.

Note. Pursuant to sections 36 (1) (b) and 37, failure to comply with this section will constitute either unsatisfactory professional conduct or professional misconduct.
- (3) A report under this section:
 - (a) is to be made and dealt with in the same way as a complaint, and

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- (b) is taken to be a complaint, both for the purposes of this Part and for the purposes of sections 96 and 98 of the *Health Care Complaints Act 1993*.

[19] Section 94A Inquiry into review application

Insert after section 94A (2):

- (3) In addition to any other matter that the review may take into account, the review must take into account any complaint made or notified to the Board about the person, whether the complaint was made or notified before or after the making of the order that is the subject of the review and whether or not the complaint was referred under Division 3 of Part 4 or any other action was taken on the complaint.

[20] Section 95A

Insert after section 95:

95A Appeal on point of law

- (1) Without affecting any right of appeal under section 95, a registered medical practitioner who is the subject of action taken by the Board under section 66, 66A or 66AB may appeal with respect to a point of law to the Chairperson of the Tribunal or a Deputy Chairperson nominated by the Chairperson.
- (2) An appeal under this section does not operate to stay the effect of the Board's decision unless the Chairperson or Deputy Chairperson otherwise orders.
- (3) The Board must not make any decision that is inconsistent with the Chairperson's or Deputy Chairperson's determination with respect to a point of law under this section.
- (4) A registered medical practitioner may not make an application to the Supreme Court for judicial review of action taken by the Board under section 66, 66A or 66AB, being an application alleging any error of law, until an appeal under this section in respect of the point of law concerned has been made and disposed of.

[21] Section 127A Practitioners to submit annual return

Insert after section 127A (1):

- (1A) A registered medical practitioner must include with each return furnished to the Board under this section such of the following documents as may be necessary for the purpose of demonstrating that the medical practitioner has complied with section 19

(Medical practitioners must be covered by approved professional indemnity insurance) of the *Health Care Liability Act 2001* in respect of medical practice during the return period or was not required to comply with that section:

- (a) a copy of a certificate or policy of insurance for professional indemnity insurance cover held by the practitioner,
- (b) such documents as the Board indicates (by guidelines published by the Board) will be accepted by the Board as demonstrating that the practitioner is not required to comply with that section.

[22] Section 127C

Omit the section. Insert instead:

127C Board may require further information from practitioner

- (1) The Board may, by written notice to a registered medical practitioner, require the practitioner to provide to the Board, within a reasonable period specified in the notice, further information about any complaint or other matter concerning the practitioner that has come to the attention of the Board.
- (2) The Board may, for the purpose of facilitating the exercise of its functions under section 191B, by written notice to a registered medical practitioner, require the practitioner to provide to the Board, within a reasonable period specified in the notice, any of the following:
 - (a) details of any employer of the practitioner during the period or periods specified in the notice,
 - (b) details of the chief executive officer (however described) of any public health organisation in respect of which the practitioner is or was a visiting practitioner or is or was otherwise accredited during the period or periods specified in the notice,
 - (c) details of the chief executive officer (however described) of any private hospital or day procedure centre in respect of which the practitioner is or was accredited during the period or periods specified in the notice,
 - (d) details of the chief executive officer (however described) of any nursing home (within the meaning of the *Public Health Act 1991*) in respect of which the practitioner is or was accredited during the period or periods specified in the notice.

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- (3) A registered medical practitioner must not:
- (a) without reasonable excuse, fail to comply with a requirement under this section, or
 - (b) in purported compliance with a requirement under this section, provide information knowing it to be false or misleading in a material particular.

Maximum penalty: 20 penalty units.

[23] Part 10, Division 1A

Insert after section 140:

Division 1A Proceedings of the Board

140A Other matters to be taken into account

In the exercise of any of its functions under Division 3 or 5 of Part 4 with respect to a complaint about a registered medical practitioner, the Board is to have regard to any of the following matters, to the extent the Board reasonably considers the matter to be relevant to the complaint:

- (a) any other complaint about the practitioner that has been made or notified to the Board, including a complaint:
 - (i) in respect of which the Board or the Commission has determined no further action should be taken, and
 - (ii) that is not required to be referred, or that the Board or the Commission decides not to refer, under Division 3 of Part 4,
- (b) any previous finding or determination of a professional standards committee or a tribunal constituted under a health registration Act in respect of the practitioner,
- (c) any written report made by an assessor following an assessment of the practitioner's professional performance under Part 5A,
- (d) any recommendation made, or written statement of decision on a performance review provided, by a Performance Review Panel following a review of the practitioner's professional performance under that Part.

140B Exercise of functions with consent

- (1) The Board may exercise any of its functions under this Act with respect to a registered medical practitioner with the consent in writing of the practitioner concerned.

- (2) A function exercised by the Board with the consent of the registered medical practitioner concerned may be exercised even though any conditions otherwise required to be met or procedures otherwise required to be followed before its exercise have not been met or followed.
- (3) If a registered medical practitioner withdraws his or her consent under this section the Board must take such action as is necessary to give effect to the withdrawal of consent.

[24] Section 164 Adjournments and interlocutory orders

Insert after section 164 (2):

- (3) The Tribunal may, in respect of an appeal under section 95A, make an order staying the decision of the Board appealed against until the appeal has been disposed of.

[25] Section 168 Board to constitute Committee when required

Omit “3 persons” from section 168 (2). Insert instead “4 persons”.

[26] Section 169 Membership of Committee

Omit section 169 (1) and (2). Insert instead:

- (1) A Committee is to consist of:
 - (a) 2 registered medical practitioners having such qualifications as may be prescribed, and
 - (b) one person who is legally qualified and not a registered medical practitioner and who is to be appointed by the Board as chairperson of the Committee, and
 - (c) one lay person (that is, a person who is not a registered medical practitioner) appointed from among a panel of lay persons for the time being nominated by the Minister.

[27] Section 171 How a Committee decides

Omit “2 members”. Insert instead “3 members”.

[28] Section 176 Procedure for inquiry

Omit section 176 (1) and (2). Insert instead:

- (1) A Committee is to conduct proceedings on an inquiry as it thinks fit. Proceedings of a Committee are to be open to the public except when the Committee otherwise directs.

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- (2) A Committee is not to direct that proceedings are to be closed to the public unless satisfied that it is desirable to do so in the public interest for reasons connected with the subject-matter of the inquiry or the nature of the evidence to be given.

[29] Section 180 Committee to provide details of its decision

Omit section 180 (4). Insert instead:

- (4) The Board:
- (a) must make publicly available a statement of a decision provided to it under this section if the decision is in respect of a complaint that has been proved or admitted in whole or in part, and
 - (b) may disseminate any other statement of a decision as the Board thinks fit,
- unless the Committee that provided the statement has ordered otherwise.

[30] Section 191B Notification of orders to practitioner's employer and others

Insert after section 191B (1):

- (1A) Without limiting subsection (1), the Board may give notice of any action taken under Division 5 of Part 4 to any person or body the Board reasonably considers it appropriate to notify.

[31] Section 191B (2)

Omit "The notice". Insert instead "A notice under subsection (1)".

[32] Section 191B (3)

Omit "The notice". Insert instead "A notice under this section".

[33] Schedule 2 Proceedings before a Committee or the Tribunal

Insert "any of the following" after "on production" in clause 4.

[34] Schedule 2, clause 4

Insert after clause 4 (b):

- (b1) a finding, decision or determination of a professional standards committee constituted under a health registration Act,

[35] Schedule 2, clause 4 (c)

Omit "or" where secondly occurring.

[36] Schedule 2, clause 4

Insert “, decision, determination” after “certificate” where secondly occurring.

[37] Schedule 2, clause 4 (2)

Insert at the end of clause 4:

- (2) If the Committee or Tribunal is of the opinion that evidence so admitted is capable of establishing that a registered medical practitioner has engaged in conduct that is sufficiently similar to the conduct alleged against the practitioner in the proceedings, it may rely on the evidence in:
 - (a) making a finding that a registered medical practitioner is guilty of unsatisfactory professional conduct or professional misconduct, or
 - (b) exercising any of its powers under Division 4 of Part 4.

[38] Schedule 2, clause 5 (2A)

Insert after clause 5 (2):

- (2A) In proceedings in which a Committee or the Tribunal is dealing with more than one complaint about a registered medical practitioner, the Committee or Tribunal may have regard to all the evidence before it (whether the evidence arose in relation to a complaint in respect of which the Committee or Tribunal is making a finding or any other complaint or complaints in the proceedings) when making any of the following findings:
 - (a) a finding on a question of fact in relation to the conduct of a registered medical practitioner,
 - (b) a finding that a registered medical practitioner is guilty of unsatisfactory professional conduct or professional misconduct.

[39] Schedule 2, clause 10 (2)

Omit the subclause. Insert instead:

- (2) Without affecting the generality of subclause (1):
 - (a) an inquiry or appeal related to action taken by the Board under section 66 is to be listed for hearing by a Committee or the Tribunal as soon as practicable, and
 - (b) a Committee or the Tribunal may postpone or adjourn proceedings before it as it thinks fit.

[40] Schedule 5 Savings and transitional provisions

Insert at the end of clause 2 (1):

Medical Practice Amendment Act 2008 (but only to the extent that it amends this Act)

[41] Schedule 5, Part 8

Insert after Part 7:

Part 8 Provisions consequent on enactment of Medical Practice Amendment Act 2008

37 Definition

In this Part:

amending Act means the *Medical Practice Amendment Act 2008*.

38 Definition of “professional misconduct”

Section 37, as substituted by the amending Act, extends to instances of unsatisfactory professional conduct occurring before the section is substituted.

39 Changes to conditions or suspension of registration

An amendment made by the amending Act to section 66A extends to action taken by the Board before the commencement of the amendment.

40 Review of Board decisions

Section 66AB extends to decisions of the Board made before the commencement of that section.

41 Provision of information to Commission

Sections 66B (1A) and 66BA (3) extend to information obtained by the Board before the commencement of those subsections.

42 Extension of suspension

The amendment of section 67 by the amending Act applies to the extension (after the commencement of the amendment) of the period of a suspension even if the suspension was imposed before the commencement of the amendment.

43 Appeal on point of law

Section 95A extends to action taken by the Board before the commencement of that section.

44 Matters to be taken into account by Board

Section 140A extends to authorise the Board to have regard to matters occurring before the commencement of that section.

45 Notification of orders to employers etc

An amendment of section 191B by the amending Act extends to the giving of notice of action taken before the commencement of the amendment.

46 Matters to be taken into account by Committee or Tribunal

An amendment made by the amending Act to Schedule 2 extends to:

- (a) any judgment, finding, decision, determination, verdict, certificate or evidence made or given before the commencement of the amendment, and
- (b) proceedings pending before the Committee or the Tribunal on the commencement of the amendment.

47 Matters to be taken into account on inquiry into review application

Section 94A (3) as inserted by the amending Act extends to any complaint made or notified to the Board before the commencement of that subsection.

48 Delegation by Board

Section 66 (6) as inserted by the amending Act does not extend to a delegation made before the commencement of that subsection.

49 Professional Standards Committees

- (1) An amendment made to section 168, 169 or 171 by the amending Act does not apply to a Professional Standards Committee constituted before the commencement of the amendment.
- (2) Section 180 (4) as substituted by the amending Act does not apply to a statement of a decision provided to the Board before the substitution of the subsection.

Schedule 2 Amendment of Health Care Complaints Act 1993

(Section 4)

[1] Section 3 Object and principle of administration of Act

Omit section 3 (2). Insert instead:

- (2) In the exercise of functions under this Act the protection of the health and safety of the public must be the paramount consideration.

[2] Section 4 Definitions

Insert in alphabetical order:

associated complaint means a complaint made or referred to the Commission in respect of a health practitioner who is, or a health organisation that is, the subject of another complaint being assessed or investigated by the Commission or being prosecuted by the Commission before a disciplinary body, and includes:

- (a) a complaint made at any time prior to the completion of the assessment, investigation or prosecution of that other complaint, and
- (b) a complaint that has been discontinued or terminated.

disciplinary body means a person or body (including a professional standards committee) established under a health registration Act that has the power to discipline a health practitioner or to suspend or cancel (by whatever means) the registration of a health practitioner.

[3] Section 12 Consultation between the Commission, a registration authority and the Registrar

Insert after section 12 (2):

- (3) Consultation under this section is to include consultation about any associated complaint, to the extent the Commission and the appropriate registration authority or the Registrar consider the associated complaint to be relevant.

[4] Section 13 The outcomes of consultation

Insert after section 13 (2):

- (2A) If either the Commission or the appropriate registration authority is of the opinion that an associated complaint that has been

discontinued or terminated and to which regard was given during consultation:

- (a) should be reopened or investigated—the complaint must be reopened and investigated in accordance with Division 5, or
- (b) should be referred to the appropriate registration authority for consideration as to whether the registration authority should take any action under the relevant health registration Act—the complaint must be so referred, as if it had not been discontinued or terminated.

[5] Section 22A

Insert after section 22:

22A Associated complaints to be taken into account

In assessing, and reviewing its assessment of, a complaint relating to a health practitioner or a health organisation, the Commission is to have regard to any of the following matters, to the extent the Commission reasonably considers the matter to be relevant to the complaint:

- (a) any associated complaint,
- (b) if the complaint relates to a health practitioner:
 - (i) any previous finding or determination of a professional standards committee or a tribunal constituted under a health registration Act in respect of the practitioner, and
 - (ii) any recommendation made, or written statement of decision on a performance review provided, by a Performance Review Panel following a review of the practitioner's professional performance under Part 5A of the *Medical Practice Act 1992* and that is provided to the Commission by the New South Wales Medical Board.

[6] Section 29 The purpose of investigation

Omit section 29 (2).

[7] Section 29A

Insert after section 29:

29A Conduct of investigations

- (1) Without affecting the generality of section 92A, the investigation of a complaint is to be conducted as expeditiously as the proper investigation of the complaint permits. Expedition is particularly appropriate if the complainant or the person on whose behalf the complaint is made is seriously ill.
- (2) Before investigating a complaint, the Commission is to consider conducting a concurrent investigation into any associated complaint (other than one that has been discontinued or terminated and not reopened).
- (3) In investigating a complaint, the Commission is to have regard to any associated complaint that is not being investigated concurrently, to the extent the Commission considers the associated complaint to be relevant.

[8] Section 90C Criteria relevant to determinations of Director of Proceedings

Insert after section 90C (1):

- (1A) When determining whether a complaint should be prosecuted by the Commission before a disciplinary body, the Director of Proceedings is to consider making a determination with respect to any associated complaint that has been referred to the Director of Proceedings (other than an associated complaint that is a complaint that has been discontinued or terminated and not reopened) so that the complaints are prosecuted concurrently.

[9] Section 92A

Insert after section 92:

92A Expedition of certain matters

The Commission is to assess, investigate and, where appropriate, prosecute as quickly as practicable matters referred to it following action by:

- (a) the Chiropractors Registration Board under section 54 of the *Chiropractors Act 2001*, or
- (b) the Dental Board under section 72 of the *Dental Practice Act 2001*, or

- (c) the Dental Technicians Registration Board under section 19B of the *Dental Technicians Registration Act 1975*, or
- (d) the New South Wales Medical Board under section 66 of the *Medical Practice Act 1992*, or
- (e) the Nurses and Midwives Board under section 48 of the *Nurses and Midwives Act 1991*, or
- (f) the Optometrists Registration Board under section 58 of the *Optometrists Act 2002*, or
- (g) the Osteopaths Registration Board under section 54 of the *Osteopaths Act 2001*, or
- (h) the Pharmacy Board under section 67 of the *Pharmacy Practice Act 2006*, or
- (i) the Physiotherapists Registration Board under section 55 of the *Physiotherapists Act 2001*, or
- (j) the Podiatrists Registration Board under section 54 of the *Podiatrists Act 2003*, or
- (k) the Psychologists Registration Board under section 54 of the *Psychologists Act 2001*.

[10] Schedule 4 Savings, transitional and other provisions

Insert at the end of clause 1 (1):

Medical Practice Amendment Act 2008 (but only to the extent that it amends this Act)

[11] Schedule 4, Part 7

Insert as Part 7:

Part 7 Provisions consequent on enactment of Medical Practice Amendment Act 2008

19 Definition

In this Part:

amending Act means the *Medical Practice Amendment Act 2008*.

20 Associated complaints

An amendment made by the amending Act in relation to associated complaints extends to associated complaints made or referred before the commencement of the amendment.

21 Concurrent investigation of associated complaints

Section 29A extends to the investigation of a complaint made or referred to the Commission before the commencement of that section.

[12] Schedule 5 Special provisions relating to Walker Special Commission of Inquiry

Omit the definition of *disciplinary body* from clause 1.

[Agreement in principle speech made in Legislative Assembly on 7 May 2008
Second reading speech made in Legislative Council on 4 June 2008]

BY AUTHORITY