

# Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008

## Explanatory Notes

### General Outline

#### Short Title

The short title of the Bill is the *Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008*.

#### Policy Objectives

The *Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008* (the Bill) has two important objectives regarding the health outcomes for children.

Amendments to the *Public Health Act 2005* (Public Health Act) will protect children from risks associated with undergoing higher risk and more invasive cosmetic procedures where it is not considered that these procedures are being performed in the best interests of a child.

Amendments to the *Radiation Safety Act 1999* (Radiation Safety Act) will protect children from the potentially harmful effects of being exposed to ultraviolet radiation through the use of solariums.

#### Reasons for the Policy Objectives

##### Amendments to the Public Health Act

Body image is of significant concern to young people. This is exacerbated by the media's portrayal of the ideal body image and the means by which this ideal can be achieved. As such, there is concern amongst the community that cosmetic procedures are being seen by young people as an easy means of building self esteem.

Data on types and numbers of cosmetic procedures performed in Australia are not publicly available, nor is there publicly available information about the age of those undergoing cosmetic procedures. However, in the United States of America (USA), where data is available, nearly 11.7 million cosmetic and non-surgical procedures were performed in 2007. Of these procedures, less than 2% were performed on persons under 18 years. The most common procedures for this age group were laser hair removal, microdermabrasion, chemical peel, otoplasty (ear surgery) and rhinoplasty (nose surgery).

While not on the same scale, the situation in the USA is comparable to that in Australia. That is, while persons under 18 years represent a very small proportion of persons having some form of cosmetic procedure for purely aesthetic reasons, there is concern that the number of young persons seeking to have cosmetic procedures is on the increase.

There are a range of issues relating to the physical, emotional and social development of young people that require consideration when dealing with the question of whether or not performing a cosmetic procedure on a young person is appropriate.

Physically, young people's bodies are still growing and developing. Emotionally, young people are still vulnerable to social pressure, a desire to conform to stereotypes and cultural norms. Young people are concerned about becoming attractive, confident and acceptable to others.

Research has shown that young people are likely to be dissatisfied with their appearance, and most dissatisfied with those aspects of their appearance that do not reflect the culturally determined stereotypes emphasised in books, mass media and advertisements. However, this dissatisfaction lessens with age. As young people mature, their perceptions of body image change and they feel better about their bodies than younger teen.

In 2007, Mission Australia conducted a National Survey of Young Australians, which surveyed almost 15,000 young people aged between 11 and 24 years of age. This survey revealed that body image was of significant concern to approximately one in three young people. Twenty per cent of the responses to this survey came from Queensland. The primary issue for young Queenslanders was body image, with around one in three also indicating that body image was a significant concern.

Perceptions that young people have about themselves can change with age and maturity. In addition, cultural norms and concepts of beauty are also

dynamic and change over time. Consequently, decisions made by young people to enhance aspects of their physical self with cosmetic procedures, may be regretted in later years. Furthermore, there is concern that young people may not be developmentally able to fully understand the risks, consequences and limitations of cosmetic procedures.

### **Amendments to the Radiation Safety Act 1999**

Exposure to ultraviolet (UV) radiation in early childhood and adolescence has been associated with the development of skin cancer later in life. It is also acknowledged that 80% of skin damage associated with skin cancer occurs in the first 18 - 21 years of life.

There is growing evidence that artificial tanning (e.g. use of solariums), which uses high doses of UV radiation, can damage the skin and increase the risk of skin cancer. The UV radiation dose accumulated while obtaining a tan in a solarium has been associated with an increase in the risk of developing skin cancer.

Skin cancer is predominantly caused by cumulative exposure to UV radiation, which disrupts the cells' genes and can cause them to grow abnormally. If these abnormal cells are not destroyed by the body's natural defence systems, they can develop into skin cancers.

Restricting young people's access to solariums will contribute to an overall reduction of their UV radiation exposure and, as a consequence, will help to protect children from developing skin cancer.

### **How the Policy Objectives will be achieved**

The policy objectives will be achieved by amending the Public Health Act and Radiation Safety Act as outlined below.

Amendments to the Public Health Act will:

- make it an offence for a person to perform, or offer to perform, a cosmetic procedure on a child, other than when the person believes, on grounds that are reasonable in the circumstances, that performance of the procedure is in the best interests of a child;
- make it an offence for a person to procure, or offer to procure, for payment of a fee or other reward, the performance by someone else of a cosmetic procedure on a child;
- provide that the chief executive may report an alleged contravention of the cosmetic procedure offences to a relevant entity; and

- provide authorised persons with the power to enter a place to monitor compliance with the cosmetic procedure offences.

In addition, the Bill will, amongst other things:

- define “cosmetic procedure” to include a range of higher risk and more invasive cosmetic procedures;
- allow other cosmetic procedures to be prescribed by regulation; and
- require that certain matters be taken into account when reaching a belief as to whether performing a cosmetic procedure is in the best interests of a child.

Amendments to the Radiation Safety Act will:

- make it an offence for a person in possession of a prescribed radiation source to allow other persons to be exposed to radiation from the source in the circumstances prescribed under a regulation; and
- define “prescribed radiation source” to mean a solarium (that is, an electrically powered apparatus designed to produce tanning of human skin by exposure of the skin to non-ionising radiation emitted by an apparatus) or a radiation source prescribed under a regulation.

Following Parliament’s consideration of the Bill, amendments will be made to the *Radiation Safety Regulation 1999*, setting out the circumstances whereby persons under 18 years of age will not be permitted to access solariums in various commercial settings.

Amendments to the *Dental Practitioners Registration Act 2001* and the *Medical Practitioners Registration Act 2001* are necessary to require the relevant board, when having regard to an applicant’s criminal history, to have particular regard to any conviction of an applicant against the cosmetic procedure offence in section 213B of the Public Health Act. This will include the assessment of the suitability of an applicant to be a non-practising registrant under section 150D of the *Medical Practitioners Registration Act 2001*.

## **Alternatives to the Bill**

A number of alternative options were considered in the development of the Bill, including:

- maintaining the status quo;

- adopting a non-regulatory approach, which would involve Government working with industry to enhance or develop new mechanisms in place for self-regulation; and
- adopting a regulatory approach, including the introduction of a statutory prohibition.

It was considered that the adoption of a regulatory approach was preferable in light of the policy objective. That is, protecting children and young persons from the potentially harmful health outcomes associated with the use of solariums, and the provision of cosmetic procedures where these are not considered to be in the best interests of a child.

### **Estimated administrative cost to the Government for Implementation**

The proposals in the Bill will be implemented by Queensland Health from within existing resources.

### **Consistency with Fundamental Legislative Principles**

#### Powers of entry

Clause 7 of the Bill provides for a new a power of entry, section 390A, to be included in the Public Health Act. This power has been included to facilitate the monitoring and enforcement of the new cosmetic procedure offences. This provision breaches the fundamental legislative principle in section 4(3)(e) of the *Legislative Standards Act 1992* which provides that legislation should not confer powers to enter premises without a warrant issued by a judge or other judicial officer.

Specifically, Clause 7 enables an authorised person to enter a place for monitoring compliance with the cosmetic procedure offences, if the place is open for business or otherwise open for entry. However, the authorised person must give the person in charge of the place at least 24 hours notice before the entry and must not do anything that adversely affects the privacy of a person undergoing, or waiting to undergo, a procedure.

It is necessary for the effective monitoring of the new prohibitions for an authorised person to be able to enter a place, without consent or warrant, in order to establish that the place is complying with the requirements about the performance of a cosmetic procedure on a child.

It is considered that this new power of entry is justified on public interest grounds and incorporates sufficient safeguards to minimise interference with individual rights and liberties.

### Parental rights

The new section 213B may be seen to override parental rights. Under this section, a cosmetic procedure cannot be performed on a child unless it is determined that it is in the best interests of the child. The determination of this resides with the person performing, or offering to perform, a cosmetic procedure, rather than with the child or the child's parents.

The intent of the Bill is to prohibit such procedures except where the person performing the procedure has a reasonable belief that it is in the best interests of the child. It is therefore inappropriate to allow a child to undergo a procedure, irrespective of parental consent, unless it is in the best interests of the child for the procedure to be performed.

However, when considering what is in the best interests of a child, where practicable, the views of the parent, including whether the parent supports the procedure being performed on their child, must be taken into account.

It is considered that in these circumstances, the best interests of the child override fundamental legislative principles in regard to the rights of individuals (in this case, those of the parents).

### **Consultation**

The Government publicly released a Discussion Paper and Survey in October 2007 entitled *Have Your Say: Children and Young People Using Cosmetic Surgery and Solariums in Queensland*. The documents were released to ascertain:

- the extent to which young people use solariums and undergo cosmetic procedures for non-medical reasons; and
- whether existing regulatory arrangements in relation to these practices are enough to protect the wellbeing of Queensland's young people.

Feedback from respondents to the survey and key stakeholders indicated that there was some level of concern within the community about young people using solariums and having cosmetic procedures for non-medical reasons.

Consultation on the development of the Bill was undertaken with:

- Australasian College of Cosmetic Surgery
- Australasian Society of Aesthetic Plastic Surgery
- Australian Society of Plastic Surgery
- Royal Australasian College of Surgeons Queensland
- Australasian Academy of Facial Plastic Surgery
- Cosmetic Physicians Society of Australia
- Australasian College of Dermatologists
- Advanced Association of Beauty Therapists Cidesco Australia
- Association of Professional Aestheticians of Australia
- Australian Association of Surgeons
- Australian Medical Association Queensland
- Australian Society of Otolaryngology Head and Neck Surgery
- Royal Australasian College of General Practitioners (Queensland Faculty)
- Queensland Nurses' Union
- Queensland Nursing Council
- Australian Dental Association Queensland
- Australian & New Zealand Association of Oral and Maxillofacial Surgeons
- Australian Prosthodontists Society
- Dental and Oral Health Therapist Association of Queensland Inc
- Dental Hygienists Association of Australia Inc (Queensland)
- Royal Australasian College of Dental Surgeons
- Dental School, The University of Queensland
- Skin & Cancer Foundation of Australia
- Cancer Council Queensland
- Australian Tanning Association
- Australasian Solarium Association
- Youth Affairs Network Queensland

- Local Government Association Queensland
- YMCA Queensland Youth Parliament
- Youth Support Coordinator Hub
- Youth and Combined Community Action Program Network
- Queensland Youth Alliance
- Indigenous Youth Health Service
- Brisbane Youth Service
- Consumers Health Forum of Australia
- Queensland Association of Healthy Communities
- Down Syndrome Association of Queensland
- National Council of Women of Queensland
- North Queensland Combined Women's Centre
- Queensland Consumers' Association
- Queensland Parents for People with a Disability
- Women's Health Queensland Wide Inc

Consultation on the development of the Bill was also undertaken with the following agencies:

- Commission for Children and Young People and Child Guardian
- Department of Child Safety
- Department of Communities
- Department of Education, Training and the Arts
- Department of Premier and Cabinet
- Department of Justice and Attorney-General
- Disability Services Queensland
- Health Quality and Complaints Commission
- Office of Health Practitioner Registration Boards
- Office of the Medical Board of Queensland
- Treasury Department



## **Results of Consultation**

The Bill is generally supported by both key government and non-government stakeholders.

A number of key stakeholders have advised that while they support the underlying policy object of the Bill, they have some concerns about the new offences concerning the performance of cosmetic procedures. These concerns have been taken into account during drafting of the Bill, where appropriate.

## **Notes on Provisions**

### **Part 1 Preliminary**

#### **1 Short title**

Clause 1 states that this Act may be cited as the *Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008*.

#### **2 Commencement**

Clause 2 provides for the Act to be commenced on a day to be fixed by proclamation.

### **Part 2 Amendment of Public Health Act 2005**

#### **3 Act amended in pt 2**

Clause 3 provides for the amendment of the Public Health Act.

#### **4 Amendment of s 7 (How object is mainly achieved)**

Clause 4 amends section 7, which sets out how the object of the Act is achieved. That is, to specify that the object of the Act (to protect and promote the health of the Queensland public), is to also be achieved by restricting the performance of cosmetic procedures on children.

#### **5 Insertion of new ch 5A**

Clause 5 inserts a new chapter 5A, Performance of cosmetic procedures on children. This new chapter sets out the new offences in relation to cosmetic procedures and children.

#### **213A Definition for ch 5A**

Section 213A sets out the definition of “cosmetic procedure” for the purposes of chapter 5A. The definition includes a range of individual cosmetic procedures, which are further described in sections 213A(a)-(i) to clarify the nature of the procedure and the body part(s) the procedures are typically performed on. These procedures are discussed in more detail below.

Paragraph (a) specifies that a cosmetic procedure is a procedure involving the removal of excess skin or fat from, or the reshaping of, a part of the human body, including the following:

- abdominoplasty, also known as a tummy tuck;
- blepharoplasty, also known as eyelid surgery;
- brachioplasty, also known as an arm lift;
- foreheadplasty, also known as a brow lift;
- liposuction or liposculpture;
- rhytidectomy, also known as a face lift;
- thighplasty, also known as a thigh lift; and
- torsoplasty, also known as a body lift.

These procedures have been grouped together given that they all involve the removal of excess skin or fat from, or reshaping of, a part of the human body. The technical name for the procedure has been provided to provide clarity to the persons performing, or offering to perform, these procedures, as these names are readily recognisable within the cosmetic industry. The colloquial name has also been listed to provide further clarity as to which part of the body the procedure is most commonly performed on.

Paragraph (b) specifies that a cosmetic procedure is a procedure involving resurfacing of the skin by removing the epidermis and penetrating the papillary dermis. The definition of this procedure is designed to capture medium to deeper skin resurfacing procedures such as chemical peel, dermabrasion and laser resurfacing. A broad definition has been given for this procedure in order to capture those skin resurfacing procedures which penetrate the skin to a medium to deeper level.

Paragraph (c) specifies that a cosmetic procedure is a surgical procedure (note that the word “surgical” has been used for some definitions in section 213A to emphasise that these procedures generally involve cutting of the skin or tissues) involving the insertion of facial contour implants. Facial implants are inserted into the face to typically enhance and improve facial contours (e.g. the cheek).

Paragraph (d) specifies that a cosmetic procedure is a surgical procedure involving the alteration of the breast to improve its shape, size or position, known as mammoplasty. The term ‘mammoplasty’ encompasses a range of breast related procedures, including breast reduction, breast augmentation, and breast lift.

Paragraph (e) specifies that a cosmetic procedure is a surgical procedure involving the alteration of the chin to improve its shape or size, known as genioplasty. Genioplasty is typically performed to improve the appearance of the chin.

Paragraph (f) specifies that a cosmetic procedure is a procedure involving the injection of a non-biodegradable substance under the skin to improve its volume, known as permanent injectable fillers. Permanent injectable fillers are typically injected under the facial skin, but can be injected under the skin on other parts of the body, such as the neck. The substance(s) used in permanent injectable fillers are non-biodegradable, that is, they are not able to be broken down by the body.

Paragraph (g) specifies that a cosmetic procedure is a surgical procedure involving the alteration of the nose to improve its shape or size, known as rhinoplasty. Rhinoplasty is often performed to improve the appearance of the nose.

Paragraph (h) specifies that a cosmetic procedure is a procedure involving the attachment of a layer of porcelain to the front surface of a tooth, known as a porcelain veneer. Porcelain veneers are generally used to improve the appearance of uneven, chipped, or discoloured teeth.

Paragraph (i) specifies that other cosmetic procedures may be prescribed under a regulation. This will ensure that the list of prohibited cosmetic procedures in section 213A can be updated in response to future developments within the industry.

### **213B Offence to perform, or offer to perform, cosmetic procedure on a child**

Section 213B(1) makes it an offence for a person to perform, or offer to perform, a cosmetic procedure on a child. A child is defined in the *Acts Interpretation Act 1954* as meaning an individual who is under 18.

The maximum penalty that applies for contravention of the provision is 2000 penalty units or 2 years imprisonment. The term “offering to perform” has been included to capture cases where performance of a cosmetic procedure is not in the best interests of the child, prior to the procedure actually being performed. That is, so that persons are forced to consider the best interests test in section 213B(3) before they actually perform a procedure which is irreversible and permanent.

Section 213B(2) provides an exemption to the offence under section 213B(1). That is, a person does not commit an offence against subsection (1) if the person believes, on grounds that are reasonable in the circumstances, that performance of the procedure is in the best interests of the child.

Section 213B(3) sets out the matters the person must have sufficient regard to in reaching the belief mentioned in section 213B(2). Proof that the person did not have sufficient regard to any of these matters is sufficient proof that the person did not have the belief that performance of the cosmetic procedure was in the best interests of the child.

The onus will therefore be on the prosecution to prove that the person did not have sufficient regard to any of the matters listed in section 213B(3). These matters reflect a range of current best practice principles within the cosmetic industry, as well as existing guidelines and policies of key medical and dental professional bodies and colleges.

Subsection (3)(a) provides that the person must have sufficient regard to, if the child is able to form and express views – the views of the child, including the reasons why the child wants the procedure to be performed, taking into account the child’s maturity and understanding of the procedure, including the risks, limitations and possible consequences of the procedure. The reference to “if the child is able to form and express views”

is important given that children of a very young age or with a disability may be unable to form and express views about performance of a cosmetic procedure that would be in their best interests. A child's understanding of the procedure may also be dependant on that child's maturity, and should therefore be taken into account when deciding whether performance of a procedure is in that child's best interests.

Subsection (3)(b) provides that the person must have sufficient regard, to the extent it is practicable for the person to consult a parent of the child – to the views of the parent, including whether the parent supports the procedure being performed on the child. Under subsection (5), “parent” in this provision will have the same meaning as in section 159(1) and (3)(a) and (b).

The reference to “to the extent it is practicable for the person to consult a parent of the child” has been included taking into account those situations where the person may be unable to consult both parents. For example, where the child lives with only one parent or where one parent is deceased.

Subsection (3)(c) provides that the person must have sufficient regard to the child's physical health, including whether performance of the procedure would correct a growth or congenital abnormality or the physical effect of a medical condition, illness or trauma. In some circumstances performance of a cosmetic procedure will be in the best interests of a child, for example, skin resurfacing to treat a scar from a burn, an injury or severe acne.

Subsection (3)(d) provides that the person must have sufficient regard to the child's psychological health, including whether the effect of performing the procedure on the child is likely to be positive. In some circumstances, performance of a cosmetic procedure will be in the best interests of a child where that child is suffering from psychological distress or trauma. For example, a child may be being severely taunted as a result of an overly large nose and performing rhinoplasty on that child would have a positive psychological effect on the child.

Subsection (e) provides that the person must have sufficient regard to the timing of the procedure, including whether waiting until the child is an adult would be better than performing the procedure now. For example, the body part which would be affected by a procedure may still be developing and it would be in the best interests of the child to wait until that child is an adult, and fully developed physically, before performing the cosmetic procedure.

Subsection (4) provides that the application of the *Criminal Code Act 1899* (Criminal Code) section 282 is subject to section 213B of the Public Health Act. This means that the offence under section 213B will apply despite the operation of section 282 of the Criminal Code.

Section 282 provides an excuse to the performance of surgical operations: “A person is not criminally responsible for performing with reasonable care and skill a surgical operation upon any person for the patient’s benefit...if the performance of the operation is reasonable, having regard to the patient’s state at the time and to all circumstances of the case.” The operation of section 282 of the Criminal Code has been excluded given that a different test must be applied under section 213B in determining whether the performance of a cosmetic procedure is in the best interests of a child.

### **213C Offence to procure, or offer to procure, performance of cosmetic procedure on a child**

Section 213C makes it an offence for a person to procure, or offer to procure, for a fee or other reward, the performance by someone else of a cosmetic procedure on a child. The maximum penalty that applies for contravention of the provision is 2000 penalty units or 2 years imprisonment.

An example is provided in this section to clarify that this provision does not apply to the situation where, as a result of a child having a consultation with a health practitioner, the health practitioner, in the normal course of practising his or her profession, refers that child on to another health practitioner. Whilst a fee may be paid for the consultation, it is not usual practise for a separate fee to be charged for the referral.

Nor is it intended that this provision apply to organisations which facilitate the performance of cosmetic procedures in Queensland for children from countries where access to such procedures is limited.

This provision is intended to apply to brokerage and advisory services which are evident in the cosmetic surgery industry and typically organise, for fee or other reward, for people to be placed with a practitioner in Queensland, interstate or overseas. The policy intent is to capture those situations where a person undertakes, for the direct payment of a fee or other reward, to obtain the services of another person to perform a cosmetic procedure on a child.

## **213D Chief executive may report contravention**

Section 213D provides that the chief executive may report an alleged contravention of section 213B or 213C to a relevant entity, including: the Health Quality and Complaints Commission; a health practitioner registration board; the Queensland Nursing Council; or another entity that has the power under an Act of the State, the Commonwealth or another State to deal with the matter.

### **6 Amendment of s 385 (Power to enter places)**

Clause 6 makes a consequential amendment to section 385, as a result of new section 390A being inserted by Clause 7.

### **7 Insertion of new s 390A**

Clause 7 inserts a new section 390A, Power to enter place to monitor compliance with chapter 5A. This section creates a new power of entry to facilitate the monitoring and enforcement of the new cosmetic procedure offences.

Section 390A applies if an authorised person reasonably believes a cosmetic procedure is being, or has been, performed on a child in a place. Specifically, the section enables an authorised person to enter a place for monitoring compliance with the cosmetic procedure offences, if the place is open for carrying on business or otherwise open for entry. However, the authorised person must give the person in charge of the place at least 24 hours notice before the entry, and must not do anything that adversely affects the privacy of a person undergoing, or waiting to undergo, a procedure.

It is necessary for the effective monitoring of the new cosmetic procedure offences for an authorised person to be able to enter a place, without consent or warrant, in order to establish that the place is complying with the requirements about the performance of a cosmetic procedure on a child.

### **8 Insertion of new ch 12**

Clause 8 makes a consequential amendment to chapter 12, as a new part 2 has been inserted to set out the transitional arrangements for the new offence under section 213B.

### **9 Insertion of new ch 12, pt 2**

Clause 9 inserts a new part 2 into chapter 12, Part 2, Transitional provision for Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Act 2008.

Specifically, this clause inserts a new section 492 which provides that a person who performs a cosmetic procedure on a child within 3 months after the commencement of section 213B will not have committed an offence, if the person agreed before the commencement of this section, in the normal course of the person's business, to perform the procedure on a child.

## **Part 3                      Amendment of Radiation Safety Act 1999**

### **11 Act amended in pt 3**

Clause 11 provides for the amendment of the Radiation Safety Act.

### **12 Amendment of pt 6, div 8 hdg (Banned radiation sources)**

Clause 12 amends the heading of Part 6, division 8, by inserting the words "and radiation practices" after "sources".

### **13 Insertion of new s 47A**

Clause 13 inserts a new section 47A, Banning of certain radiation practices. This new section provides that a person in possession of a prescribed radiation source must not allow a radiation practice to be carried out that exposes another person, prescribed under regulation, to radiation emitted from the source in the circumstances prescribed under a regulation.

The maximum penalty that will apply for contravening this section is 400 penalty units.

Subsection 47A(2) clarifies that a solarium is taken to be a radiation apparatus and it is noted that a radiation apparatus is a radiation source (see schedule 2, definition *radiation source*).

In addition, "prescribed radiation source" has been defined for the purposes of this to mean a solarium (that is, an electrically powered apparatus designed to produce tanning of human skin by exposure of the skin to non-ionising radiation emitted by the apparatus) or a radiation source prescribed under a regulation.

Following Parliament's consideration of the Bill, amendments will be made to the *Radiation Safety Regulation 1999* setting out the circumstances



whereby persons under 18 years of age will not be permitted to access solariums in various commercial settings.

## **Part 4                      Amendment of Dental Practitioners Registration Act 2001**

### **14 Act amended in pt 4**

Clause 14 provides for the amendment of the *Dental Practitioners Registration Act 2001*.

### **15 Amendment of s 45 (Fitness to practise the profession)**

Clause 15 provides for the amendment of section 45 to require the board, when having regard to an applicant's criminal history, to have particular regard to any conviction of an applicant for an offence against section 213B of the Public Health Act.

## **Part 5                      Amendment of Medical Practitioners Registration Act 2001**

### **16 Act amended in pt 5**

Clause 16 provides for the amendment of the *Medical Practitioners Registration Act 2001*.

### **17 Amendment of s 45 (Fitness to practise the profession)**

Clause 17 provides for the amendment of section 45 to require the board, when having regard to an applicant's criminal history, to have particular regard to any conviction of an applicant for an offence against section 213B of the Public Health Act.

**18 Amendment of s 150D (Suitability of proposed non-practising registrant)**

Clause 18 provides for the amendment of section 150D to allow for the board, when making an assessment of the suitability of an applicant to be a non-practising registrant, to have regard to any conviction of the applicant for an offence against section 213B of the Public Health Act.

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