



# Health Transparency Act 2019

Current as at 1 March 2020

**Warning—Some provisions of this legislation are not in operation. These provisions are italicised. For details, see the List of legislation in the Legislative history.**

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Queensland

# Health Transparency Act 2019

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# Health Transparency Act 2019

**An Act to facilitate the publication and collection of information about public facilities and private facilities that provide health services, and to amend this Act, the Corrective Services Act 2006, the Health Ombudsman Act 2013, the Health Practitioner Regulation National Law Act 2009, the Hospital and Health Boards Act 2011, the Police Powers and Responsibilities Act 2000, the Private Health Facilities Act 1999, the Public Health Act 2005, the Youth Justice Act 1992 and the Youth Justice Regulation 2016 for particular purposes**

## Part 1 Preliminary

### 1 Short title

This Act may be cited as the *Health Transparency Act 2019*.

### 2 Commencement

The following provisions commence on a day to be fixed by proclamation—

- (a) sections 3 to 6;
- (b) parts 2 to 5;
- (c) part 6, other than division 4, subdivisions 1 and 2;
- (d) schedules 1 and 2.

### 3 Purposes of Act

The purposes of this Act are—

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- (a) to improve the transparency of the quality and safety of health services provided in Queensland; and
- (b) to help people make better-informed decisions about their health care.

#### **4 How purposes are achieved**

The purposes of this Act are achieved by enabling the publication and collection of particular types of information about public sector health service facilities, private health facilities, State aged care facilities and private residential aged care facilities.

#### **5 Act binds all persons**

- (1) This Act binds all persons, including the State.
- (2) However, the State can not be prosecuted for an offence against this Act.

#### **6 Definitions**

The dictionary in schedule 1 defines particular words used in this Act.

## **Part 2 Information to which Act applies**

#### **7 Information to which Act applies**

- (1) This Act applies to—
  - (a) general information about—
    - (i) public sector health service facilities; and
    - (ii) private health facilities; and
    - (iii) State aged care facilities; and

- 
- (iv) private residential aged care facilities; and
  - (b) quality and safety information about—
    - (i) public sector health service facilities; and
    - (ii) private health facilities; and
  - (c) residential care information about—
    - (i) State aged care facilities; and
    - (ii) private residential aged care facilities.
- (2) This Act applies to information mentioned in subsection (1) that is—
- (a) publicly available; or
  - (b) given to the chief executive under or in relation to the administration of this Act; or
  - (c) held by the chief executive as a result of obtaining or having access to the information, or information from which the information was derived—
    - (i) under a service agreement under the *Hospital and Health Boards Act 2011*, section 35; or
    - (ii) under the *Hospital and Health Boards Act 2011*, section 138F or 138M; or
    - (iii) because of a report given under the *Private Health Facilities Act 1999*, section 144; or
    - (iv) under the *Public Health Act 2005*, section 217 or 218.
- (3) Subsection (2)(c) applies to information held by the chief executive on or after the commencement.

## 8 What is *general information*

*General information*, about a public sector health service facility, private health facility, State aged care facility or private residential aged care facility, is—

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- (a) information that identifies the facility, including, for example—
- (i) the name, address, phone number and website of the facility; and
  - (ii) whether the facility is a public sector health service facility, day hospital, private hospital, State aged care facility or private residential aged care facility; or
- (b) details of the health services provided at or by the facility; or

*Examples—*

- types of clinical specialities provided at or by the facility
- maternity models of care provided at or by the facility

- (c) information about other services available at or near the facility that may help people who are admitted at the facility, attending an appointment at the facility or visiting the facility.

*Examples—*

- information about any carpark at or near the facility
- information about public transport to the facility
- information about interpreter services available at the facility

## 9 What is *quality and safety information*

- (1) *Quality and safety information*, about a public sector health service facility or private health facility, is—

- (a) information about the facility's accreditation and performance against the National Safety and Quality Health Service Standards; or

*Note—*

The National Safety and Quality Health Service Standards are available on the Australian Commission on Safety and Quality in Health Care's website.

- 
- (b) any of the following information prescribed by regulation—
- (i) access to care information;
  - (ii) activity information;
  - (iii) patient outcome information;
  - (iv) process of care information;
  - (v) other information relating to the quality and safety of health services provided at the facility.

(2) In this section—

***access to care information*** means information about the time frames in which health services are provided to patients at or by the facility, including, for example—

- (a) the percentage of patients treated within clinically recommended times at the facility; and
- (b) the number of patients waiting for a health service at the facility.

***activity information*** means—

- (a) information about patients admitted to a facility, including, for example—
  - (i) the number of patients admitted to and discharged from the facility; and
  - (ii) the reason for admission; and
  - (iii) the length of time spent in the facility; or
- (b) information about patients who are not admitted to a facility, but who receive a service at the facility, including, for example, the number of patients receiving care as an outpatient at the facility.

***patient outcome information*** means information about—

- (a) the impact on patients of a health service provided at or by the facility, including, for example, the change in the health of a person, group of people or population that is wholly or partly attributable to the service; or

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- (b) the effectiveness of a health service provided at or by the facility, including, for example, the extent to which a health service provided to a person at the facility achieved the best possible outcome for the person's health.

*process of care information* means information about processes that are in place to support quality and safety of health services at the facility, including, for example, infection management processes at the facility.

## 10 What is *residential care information*

- (1) *Residential care information*, about a State aged care facility or private residential aged care facility, is—
  - (a) information prescribed by regulation about—
    - (i) the personal care or nursing care provided to residents at the facility; or
    - (ii) the staffing for the personal care and nursing care provided to residents at the facility; and
  - (b) information that explains, and helps in understanding, the information mentioned in paragraph (a).
- (2) In this section—

*resident*, at a State aged care facility or private residential aged care facility, means a person who is provided residential care at the facility.

## Part 3 Publishing information

### 11 Chief executive may publish information

- (1) The chief executive may publish information to which this Act applies.
- (2) The chief executive may not publish personal information under this part, other than personal information—

- (a) about an individual who takes part in the management of a public sector health service facility, private health facility, State aged care facility or private residential aged care facility; and
- (b) that has been made publicly available by the facility.

## **12 How information may be published**

The chief executive may publish information under this part in any way that allows the information to be accessed by members of the public.

*Examples of ways of publication—*

- information published on a website
- a report published on the department's website
- a printed report available from the department

# **Part 4 Collecting information**

## **Division 1 Private residential aged care facilities**

### **13 Chief executive may request information from approved provider**

The chief executive may, by notice given to the approved provider who provides residential care at a private residential aged care facility, ask the approved provider to give the chief executive the following information about the facility—

- (a) general information;
- (b) residential care information.

### **14 Form of notice**

A notice given under section 13 must state—

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- (a) the purpose for which the information will be used if the information is given; and
- (b) that it is an offence for the person to whom the notice is given to fail to respond to the notice as mentioned in section 15.

## **15 Failure to respond to notice**

A person who is given a notice by the chief executive under section 13 must, unless the person has a reasonable excuse, give the chief executive, within 15 business days after the notice is given—

- (a) all of the information requested; or
- (b) some of the information requested and a notice informing the chief executive that the remaining information will not be given to the chief executive; or
- (c) if no information requested is to be given—a notice informing the chief executive that none of the information is to be given.

Maximum penalty—100 penalty units.

## **16 Chief executive may publish information about response to notice**

- (1) This section applies if, under section 15(b) or (c), an approved provider informs the chief executive that information about a private residential aged care facility requested in a notice under section 13 will not be given.
- (2) The chief executive may publish—
  - (a) that fact; and
  - (b) the name of the private residential aged care facility about which the information was requested.
- (3) Sections 11(2) and 12 apply to the publication of the information.

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## Division 2                      Other facilities

### 17      **Chief executive may require information about public sector health service facilities and State aged care facilities**

- (1) The chief executive may, by notice given to the health service chief executive of a Hospital and Health Service, require the health service chief executive to give the chief executive any of the following information—
  - (a) general information about a public sector health service facility or State aged care facility that is, or is part of, the Service's health service area;
  - (b) quality and safety information about a public sector health service facility that is, or is part of, the Service's health service area;
  - (c) residential care information about a State aged care facility that is, or is part of, the Service's health service area.

- (2) In this section—

*health service area*, of a Hospital and Health Service, means a health service area declared for the Service under the *Hospital and Health Boards Act 2011*, section 17.

*health service chief executive*, of a Hospital and Health Service, means the health service chief executive appointed for the Service under the *Hospital and Health Boards Act 2011*, section 33.

### 18      **Chief executive may require information about private health facilities**

- (1) The chief executive may, by notice given to the licensee of a private health facility, require the licensee to give the chief executive the following information about the facility—
  - (a) general information;
  - (b) quality and safety information.

(2) In this section—

*licensee*, of a private health facility, means the holder of the licence under the *Private Health Facilities Act 1999*, part 6 for the facility.

## 19 Form of notice

A notice given under section 17 or 18 must state—

- (a) the reasonable period within which the information must be given; and
- (b) the purpose for which the information will be used; and
- (c) that it is an offence for the person to whom the notice is given to fail to comply with the notice.

## 20 Failure to provide information

A person who is given a notice by the chief executive under section 17 or 18 must comply with the notice, unless the person has a reasonable excuse.

Maximum penalty—100 penalty units.

# Part 5 Other provisions

## 21 False or misleading information

- (1) A person must not, in relation to the administration of this Act, give the chief executive information the person knows is false or misleading in a material particular.

Maximum penalty—100 penalty units.

- (2) Subsection (1) applies to information given in relation to the administration of this Act whether or not the information was given in response to a specific power under an Act.
- (3) Subsection (1) does not apply to a person if the person, when giving the information in a document—

- (a) tells the chief executive, to the best of the person's ability, how the document is false or misleading; and
- (b) if the person has, or can reasonably obtain, the correct information—gives the correct information.

## **22 Confidentiality**

- (1) This section applies to a person who—
  - (a) is, or has been, any of the following persons administering, or performing functions or exercising powers under, this Act—
    - (i) the chief executive;
    - (ii) an employee of the department;
    - (iii) a contractor of the department; and
  - (b) in that capacity, obtains personal information or has access to, or custody of, personal information.
- (2) The person must not use or disclose the personal information.  
Maximum penalty—50 penalty units.
- (3) However, the person may use or disclose the personal information—
  - (a) to the extent necessary to administer, or perform functions or exercise powers under, this Act; or
  - (b) to, or with the consent of, the individual to whom the information relates; or
  - (c) in compliance with lawful process requiring production of documents or giving of evidence before a court or tribunal; or
  - (d) as otherwise required or permitted under another law.

## **23 Delegation**

The chief executive may delegate the chief executive's functions or powers under this Act to an appropriately qualified employee of the department.

## **24 Regulation-making power**

The Governor in Council may make regulations under this Act.

# **Part 6 Amendments of Acts relating to health matters**

## ***Division 1 Amendment of this Act***

### **25 Act amended**

*This division amends this Act.*

### **26 Amendment of long title**

*Long title, from ' , and to amend'—  
omit.*

## **Division 2 Amendment of Health Ombudsman Act 2013**

### **27 Act amended**

This division and schedule 2 amend the *Health Ombudsman Act 2013*.

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**31 Amendment of s 35 (Deciding how to proceed)**

(2) *Section 35(1), before ‘days’—*

*insert—*

*business*

(4) *Section 35(2)—*

*omit, insert—*

(2) *For deciding the number of business days for subsection (1), the following days are not counted—*

(a) *any business days on which there is an outstanding requirement under section 34;*

(b) *any business days necessary to comply with division 2A for the complaint.*

**32 Insertion of new s 35A and pt 3, divs 2A and 2B**

*After section 35—*

*insert—*

**35A Non-acceptance of complaint**

The health ombudsman may decide not to accept a complaint if the health ombudsman is satisfied—

(a) the complaint would be more appropriately dealt with by an entity other than the health ombudsman or an entity to whom the health ombudsman may refer the complaint under this Act; or

(b) the complainant has not sought a resolution of the complaint with the relevant health service provider and it is reasonable in the circumstances for the complainant to first seek the resolution.

## **Division 2A      Dealing with complaint concerning registered health practitioner**

### **35B Application of division**

- (1) *This division applies if the health ombudsman accepts a complaint concerning the health, conduct or performance of a registered health practitioner.*
- (2) *Nothing in this division prevents the health ombudsman deciding to take immediate action under part 7 in relation to the complaint.*

### **35C Notifying National Agency of complaint**

- (1) *The health ombudsman must, as soon as practicable after accepting the complaint—*
  - (a) *notify the National Agency that the health ombudsman has accepted the complaint; and*
  - (b) *give to the National Agency—*
    - (i) *a copy of the complaint or, if the complaint was not made in writing, a copy of the health ombudsman's record of the details of the complaint; and*
    - (ii) *any other information the health ombudsman has that is relevant to the complaint.*
- (2) *The National Agency may give the health ombudsman the Agency's preliminary view about how the complaint should be dealt with within 5 business days after the Agency is notified of the complaint.*

### **35D Dealing with complaint if no preliminary view**

- (1) *This section applies if the National Agency does not provide a preliminary view about how the complaint should be dealt with within the period stated in section 35C(2).*
- (2) *The health ombudsman may deal with the complaint under this Act without further consulting the National Agency, other than to the extent required under division 2B.*

### **35E Dealing with complaint if agreement on preliminary view**

- (1) *This section applies if the National Agency provides a preliminary view about how the complaint should be dealt with within the period stated in section 35C(2) and the health ombudsman agrees with the preliminary view.*
- (2) *The health ombudsman must ensure the way the complaint is dealt with under this Act is consistent with the agreed view.*

### **35F Further negotiation if disagreement on preliminary view**

- (1) *This section applies if the National Agency provides a preliminary view about how the complaint should be dealt with within the period stated in section 35C(2) and the health ombudsman does not agree with the preliminary view.*
- (2) *The health ombudsman must attempt to reach agreement with the National Agency about how the complaint is to be dealt with within 15 business days after the Agency gives its preliminary view.*

**35G Dealing with complaint if no agreement after further negotiation or no further negotiation**

- (1) *This section applies if the health ombudsman and National Agency do not reach an agreement about how the complaint should be dealt with under section 35F.*
- (2) *The health ombudsman must deal with the complaint as follows—*
  - (a) *if the health ombudsman believes the complaint indicates a serious matter within the meaning of section 91C—*
    - (i) *the health ombudsman must not refer the serious matter to the National Agency and must deal with the serious matter under this Act; and*
    - (ii) *the health ombudsman must deal with any other matter arising from the complaint as mentioned in paragraph (b) to (d) as if the other matter were the subject of a separate complaint;*
  - (b) *if the health ombudsman believes the complaint should be the subject of an assessment under part 5, an investigation under part 8 or a referral to the director of proceedings under part 10, division 2—the health ombudsman must not refer the complaint to the National Agency and must deal with the complaint under this Act;*
  - (c) *if neither paragraph (a) nor (b) applies and the health ombudsman, or the National Agency, believes the complaint should be referred to the National Agency—the health ombudsman must refer the complaint to the National Agency to deal with under the National Law;*

- (d) *otherwise—the health ombudsman must deal with the complaint under this Act, whether or not in further consultation with the National Agency.*

**35H Dealing with complaint if agreement after further negotiation**

- (1) *This section applies if the health ombudsman and National Agency reach an agreement about how the complaint should be dealt with under section 35F.*
- (2) *The health ombudsman must ensure the way the complaint is dealt with under this Act is consistent with the agreement.*

**Division 2B Proposal to take no further action in relation to registered health practitioner**

**35I Application of division**

- (1) *This division applies if—*
- (a) *the health ombudsman—*
- (i) *accepts a complaint concerning the health, conduct or performance of a registered health practitioner; and*
- (ii) *proposes to take no further action in relation to the complaint; and*
- (b) *the subject matter of the complaint has not been referred to the National Agency under another provision of this Act or the National Law.*
- (2) *However, this division does not apply if the*

*proposal is consistent with the preliminary view, about how the complaint should be dealt with, provided by the National Agency under division 2A.*

### **35J Notifying National Agency of proposal**

*The health ombudsman must, as soon as practicable after forming the proposal—*

- (a) notify the National Agency that the health ombudsman proposes to take no further action in relation to the complaint, and include in the notification the health ombudsman's reasons for the proposal; and*
- (b) give to the National Agency—*
  - (i) a copy of the complaint or, if the complaint was not made in writing, a copy of the health ombudsman's record of the details of the complaint; and*
  - (ii) any other information the health ombudsman has that is relevant to the complaint.*

### **35K National Agency may request referral**

- (1) The National Agency may ask the health ombudsman to refer the subject matter of the complaint to the Agency, to be dealt with under the National Law, within 7 business days after the Agency is notified of the health ombudsman's proposal under section 35J.*
- (2) The health ombudsman must comply with a request made under subsection (1).*
- (3) If the health ombudsman refers a matter to the National Agency under this section, the health ombudsman must give notice of the referral to the complainant and the registered health*

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*practitioner.*

### **35L Dealing with complaint if no referral**

*If the National Agency does not make a request under section 35K within the period stated in that section, the health ombudsman may deal with the complaint under this Act without further consulting the National Agency.*

### **34 Amendment of s 49 (Period for completing assessment)**

(1) Section 49, '30 days'—

*omit, insert—*

*22 business days*

(2) Section 49—

*insert—*

(3) *Also, for deciding the number of business days for subsection (1), any business days on which the health ombudsman is awaiting the outcome of a notification given under section 35J in relation to the complaint are not counted.*

### **35 Amendment of s 55 (Period for attempting resolution)**

(1) Section 55, '30 days'—

*omit, insert—*

*22 business days*

(2) Section 55—

*insert—*

(3) *Also, for deciding the number of business days for subsection (1), any business days on which the health ombudsman is awaiting the outcome of a notification given under section 35J in relation to the complaint are not counted.*

[s 37]

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**37 Replacement of s 64 (Health ombudsman must immediately take further relevant action)**

*Section 64—*

*omit, insert—*

**64 Further relevant action that may be taken after immediate registration action**

- (1) *The health ombudsman may only take the following relevant action in relation to the matter giving rise to immediate registration action taken in relation to a registered health practitioner—*
  - (a) *investigate the matter under part 8;*
  - (b) *refer the matter to the National Agency or an entity of the State, another State or the Commonwealth under part 9;*
  - (c) *refer the matter to the director of proceedings under part 10, division 2.*
- (2) *The health ombudsman must take the relevant action mentioned in subsection (1)(a), (b) or (c)—*
  - (a) *if the matter is the subject of a complaint to which part 3, division 2A applies—immediately after the process under that division is completed; or*
  - (b) *otherwise—immediately after the immediate registration action is taken.*

**63 Insertion of new pt 21, div 3**

*Part 21—*

*insert—*

**Division 3**

**Transitional provisions for  
Health Transparency Act  
2019**

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## **Subdivision 1 General provisions**

### **320C Existing complaints or other matters**

- (1) This section applies to a health service complaint or other matter that—
  - (a) the health ombudsman started, but has not finished, dealing with under this Act before the commencement; or
  - (b) the director of proceedings refers to the health ombudsman under section 320F.
- (2) The health ombudsman must deal with the complaint or matter under this Act as in force after the commencement to the greatest practicable extent.
- (3) Without limiting subsection (2)—
  - (a) section 35A applies in relation to a health service complaint made before the commencement if, on the commencement, the health ombudsman has not given notice of a decision under section 35 in relation to the complaint; and
  - (b) part 8A applies to a health practitioner (other than in the person's capacity as a registered health practitioner) the subject of an investigation under part 8—
    - (i) completed before the commencement; or
    - (ii) started before the commencement and completed after the commencement; and
  - (c) part 9, division 1 applies in relation to the health ombudsman deciding whether or not to refer a health service complaint or other matter to the National Agency if, on the

commencement, the health ombudsman has not referred the complaint or matter to the National Agency.

### **320D Existing immediate action**

- (1) Section 90H applies to an interim prohibition order made before the commencement that is still in effect on the commencement.
- (2) Sections 186, 203 and 228 as in force after the commencement apply to immediate action taken under part 7 before the commencement if the immediate action is still in effect on the commencement.

### ***Subdivision 2 Additional provision about registered health practitioners***

#### ***320E Dealing with existing complaint***

- (1) *This section applies to a health service complaint concerning the health, conduct or performance of a registered health practitioner if—*
  - (a) *it was made before the commencement; and*
  - (b) *on the commencement, the health ombudsman has not given notice of a decision under section 35 in relation to the complaint.*
- (2) *Part 3, divisions 2A and 2B apply in relation to the health service complaint.*

### **Subdivision 3 Additional provisions about other health practitioners**

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### **320F Existing referrals to director of proceedings**

- (1) This section applies to a health service complaint or other matter about a health practitioner, other than in the person's capacity as a registered health practitioner—
  - (a) that the health ombudsman referred to the director of proceedings under part 10, division 2 before the commencement; and
  - (b) that, on the commencement, the director has not started, or has started but not finished, dealing with under part 10, division 2.
- (2) The director must refer the complaint or matter to the health ombudsman to deal with under this Act as in force after the commencement.

### **320G Existing proceedings for prohibition orders**

- (1) This section applies if—
  - (a) before the commencement, a matter concerning a health practitioner other than a registered health practitioner was referred to QCAT by the director of proceedings on the health ombudsman's behalf under section 103; and
  - (b) on the commencement, QCAT has not finally dealt with the matter.
- (2) QCAT may deal, or continue to deal, with the matter under this Act as in force before the commencement as if the *Health Transparency Act 2019*, part 6, division 2 had not been enacted.
- (3) If QCAT makes a prohibition order under subsection (2), this Act as in force before the commencement continues to apply to any appeal or other proceeding relating to the making of the prohibition order as if the *Health Transparency Act 2019*, part 6, division 2 had not been enacted.

- (4) Sections 90P and 90Q apply to a prohibition order made under subsection (2) as if a reference to a prohibition order in the sections included a reference to a prohibition order made under subsection (2).

### **320H Existing prohibition orders**

- (1) This section applies to a prohibition order made under this Act as in force before the commencement that is still in effect on the commencement.
- (2) The prohibition order continues in effect.
- (3) This Act as in force before the commencement applies, or continues to apply, to any appeal or other proceeding relating to the making of the prohibition order as if the *Health Transparency Act 2019*, part 6, division 2 had not been enacted.
- (4) Sections 90P and 90Q apply to the prohibition order as if a reference to a prohibition order in the sections included a reference to a prohibition order continued under subsection (2).

## **Division 3**

## **Amendment of Health Practitioner Regulation National Law Act 2009**

### **65 Act amended**

This division amends the *Health Practitioner Regulation National Law Act 2009*.

*Editor's note—*

For a consolidated reprint of the National Law as it applies in Queensland, see the *Health Practitioner Regulation National Law (Queensland)*.

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**67 Amendment of s 50 (Replacement of pt 8, div 12, hdg and ss 193–195)**

Section 50, inserted section 193—

*insert—*

- (1A) Subsection (1)(a) does not apply if the National Board is satisfied the health ombudsman is aware of the matter mentioned in subsection (1)(a)(i) or (ii), including, for example, because it was the subject of—
- (a) *a notification to the National Agency under the Health Ombudsman Act 2013, part 3, division 2A; or*
  - (b) *a referral to the National Agency under the Health Ombudsman Act 2013, part 9, division 1.*

## Schedule 1 Dictionary

### section 6

***approved provider*** means an entity for which an approval is in force under the *Aged Care Act 1997* (Cwlth).

***day hospital*** see the *Private Health Facilities Act 1999*, section 10.

***general information*** see section 8.

***health service*** see the *Hospital and Health Boards Act 2011*, section 15.

***Hospital and Health Service*** means a Hospital and Health Service established under the *Hospital and Health Boards Act 2011*, section 17.

***information*** includes a document.

***notice*** means written notice.

***personal information***, about an individual, means information from which the individual's identity is apparent or can reasonably be ascertained.

***private health facility*** means a day hospital or a private hospital.

***private hospital*** see the *Private Health Facilities Act 1999*, section 9.

***private residential aged care facility*** means a residential aged care facility other than a State aged care facility.

***public sector health service facility*** means a facility at which health services, other than residential care, are provided by a Hospital and Health Service.

***quality and safety information*** see section 9.

***residential aged care facility*** means a facility at which an approved provider provides residential care under the *Aged Care Act 1997* (Cwlth).

***residential care*** has the meaning given by the *Aged Care Act 1997* (Cwlth), section 41-3.

***residential care information*** see section 10.

***State aged care facility*** means a residential aged care facility at which the State provides residential care.

## Schedule 2 Other amendments of Health Ombudsman Act 2013

section 27

### 1 Particular references to days—

*Each of the provisions in column 1 is amended by omitting the words in column 2 and inserting the words in column 3—*

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Provision</b>	<b>Words omitted</b>	<b>Words inserted</b>
<i>section 47(2)</i>	<i>14 days</i>	<i>10 business days</i>
<i>section 48(2)</i>	<i>14 days</i>	<i>10 business days</i>
<i>section 53(2)</i>	<i>14 days</i>	<i>10 business days</i>
<i>section 54(2)</i>	<i>14 days</i>	<i>10 business days</i>
<i>section 59(1)(b)</i>	<i>7 days</i>	<i>5 business days</i>
<i>section 61(2)</i>	<i>7 days</i>	<i>5 business days</i>
<i>section 68B(7)(b)</i>	<i>7 days</i>	<i>5 business days</i>
<i>section 69(1)(b)</i>	<i>7 days</i>	<i>5 business days</i>
<i>section 72(2)</i>	<i>7 days</i>	<i>5 business days</i>
<i>section 86(3)</i>	<i>28 days</i>	<i>22 business days</i>
<i>section 89(3)</i>	<i>14 days</i>	<i>10 business days</i>
<i>section 93(3)</i>	<i>28 days</i>	<i>22 business days</i>
<i>section 155(1)</i>	<i>14 days</i>	<i>10 business days</i>
<i>section 168(2)</i>	<i>28 days</i>	<i>22 business days</i>
<i>section 169(2)</i>	<i>14 days</i>	<i>10 business days</i>
<i>section 194</i>	<i>21 days</i>	<i>15 business days</i>

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Provision</b>	<b>Words omitted</b>	<b>Words inserted</b>
<i>section 278(1)</i>	<i>7 days</i>	<i>5 business days</i>

**4 Section 280(1), before ‘health practitioner’—**

*insert—*

*registered*