Health Legislation Amendment Regulation 2025

Explanatory notes for SL 2025 No. 121
made under the

Food Act 2006
Hospital and Health Boards Act 2011
Public Health Act 2005
Radiation Safety Act 1999

General Outline

Short title

Health Legislation Amendment Regulation 2025

Authorising law

Sections 269 and 270 of the *Food Act 2006*
Sections 151 and 282 of the *Hospital and Health Boards Act 2011*
Sections 64 and 461 of the *Public Health Act 2005*
Sections 103K and 215 of the *Radiation Safety Act 1999*

Policy objectives and the reasons for them

The objective of the Health Legislation Amendment Regulation 2025 (Amendment Regulation) is to amend the:

- *Food Regulation 2016*, to revise and update the list of 'prescribed contaminants' and expand the definition of 'prescribed food';
- *Hospital and Health Boards Regulation 2023*, to prescribe new cross-border agreements between Queensland and New South Wales and between Queensland and Victoria;
- *Public Health Regulation 2018*, to remove mpox as a pathology request notifiable condition; and
- *Radiation Safety Regulation 2021*, to expand the classes of persons who are prescribed licensees for use licences and update the standard conditions for radiation practice in dental services.

Food Regulation

Revising and expanding the list of 'prescribed contaminants'

The *Food Act 2006* is the primary food safety legislation in Queensland. Under the Food Act, it is an offence for a person to sell food that the person knows, or reasonably ought to know, is unsafe. To ensure food is safe, food businesses may arrange regular testing of food samples for prescribed contaminants.

The Food Act applies the *Australia New Zealand Food Standards Code* (the Code) in Queensland. The Code sets legal requirements for the labelling, composition, safety, handling, primary production and processing of food in Australia. There is also a *Compendium of Microbiological Criteria for Food* (the Compendium), that provides best practice guidance for food regulators and the food industry. Both the Code and the Compendium were developed by Food Standards Australia New Zealand.

The Food Act requires Queensland Health to be notified when a prescribed contaminant is isolated in a prescribed food. Schedule 2 of the Food Regulation lists the 'prescribed contaminants' in Queensland (for example, Salmonella). However, this list has remained unchanged since the Food Regulation was made and only lists seven prescribed contaminants.

Over the years, the lists of microbiological contaminants and chemical contaminants (and natural toxicants) in the Code have expanded. Similarly, the list of microbiological contaminants in the Compendium have expanded. These additional contaminants have been identified through improvements in food laboratory testing and from information gathered during recent foodborne illness outbreaks, food recalls and prescribed contaminant notifications.

Schedule 2 of the Food Regulation does not include many of these additional microbiological contaminants or chemical contaminants (for example, lead) and natural toxicants (for example, sparteine). Accordingly, schedule 2 is no longer consistent with the Code, the Compendium and similar lists in other Australian jurisdictions.

In November 2000, the Commonwealth and all States and Territories entered into the Food Regulation Agreement. The Agreement aims to align food laws across jurisdictions and ensure a national approach to food regulation.

The objective of the Amendment Regulation is to amend the Food Regulation to prescribe additional microbiological contaminants and chemical contaminants and natural toxicants. This will improve food safety outbreak detection sensitivity. Also, the expanded list of prescribed contaminants will reflect the entries in the Code and the Compendium. This means that the Amendment Regulation will enhance regulatory harmonisation across the States and Territories, as agreed to under the Food Regulation Agreement.

Expanding the definition of 'prescribed food'

As noted above, the Food Act requires Queensland Health to be notified when a prescribed contaminant is isolated in a 'prescribed food'. The Food Act provides an expansive definition of food. For the purposes of a prescribed contaminants notice, 'prescribed food' means food prescribed under a regulation. The Food Regulation defines 'prescribed food' as food other

than raw meat and clarifies that 'raw meat' does not include cured, dried, smoked or uncooked fermented meat.

This means that some raw, but ready-to-eat, meats such as sushi/sashimi, oysters, steak tartare, carpaccio and ceviche are not subject to the notification requirements for prescribed contaminants, despite being potentially hazardous foods. This existing definition of 'prescribed food' in the Food Regulation was made at a time when raw meats were not commonly consumed as ready-to-eat foods in Queensland.

The objective of the Amendment Regulation is to amend the Food Regulation to clarify that 'prescribed food' means all food for sale, including raw meat and raw fish that are intended as ready-to-eat food. This will ensure that all at-risk foods are subject to the same notification requirements as other foods when a prescribed contaminant has been identified.

Hospital and Health Boards Regulation

Under the National Health Reform Agreement (NHRA), Queensland public hospitals must provide free treatment to Medicare eligible patients who reside in other States or Territories. However, NHRA funding arrangements enable a treating jurisdiction to recover treatment costs from the jurisdiction where the patient usually resides. Cross-border agreements, governing the exchange and reconciliation of confidential patient data between jurisdictions, may be used to facilitate this reimbursement.

The *Hospital and Health Boards Act 2011* allows for the disclosure of confidential patient data pursuant to agreements prescribed under the Hospital and Health Boards Regulation. Schedule 8, part 1 of the Hospital and Health Boards Regulation lists various agreements between Queensland Health and the Commonwealth, States, Territories and other entities to facilitate information sharing. These agreements streamline the provision and exchange of data by avoiding the need for case-by-case approvals to disclose confidential information. As a necessary safeguard, the information shared under these agreements may only be used or disclosed in accordance with the terms of the agreements.

Cross-border agreements between Queensland and New South Wales and between Queensland and Victoria have previously been in place. However, these agreements have expired, and replacement agreements have been entered into with both jurisdictions in materially similar terms to the expired agreements. Under the Hospital and Health Boards Act, these agreements must be prescribed in the Hospital and Health Boards Regulation to take effect.

The objective of the Amendment Regulation is to amend the Hospital and Health Boards Regulation to prescribe the new cross-border agreements between Queensland and New South Wales and between Queensland and Victoria. This will facilitate Queensland recovering the costs of treating residents of New South Wales and Victoria in Queensland public hospitals.

Public Health Regulation

Mpox is a disease caused by the monkeypox (MPXV) virus which can infect people of all ages. Mpox does not spread easily between people and is primarily spread through very close or intimate contact. Today, there is also an available vaccine. While most people recover from mpox within a few weeks, some people, especially those with a weakened immune system, develop a more severe illness or complications.

The *Public Health Act 2005* establishes a regulatory framework that provides for the identification of notifiable conditions and mechanisms to prevent or minimise the adverse health impacts of those conditions. This includes establishment of the notifiable conditions register. The purpose of the register is to monitor and analyse the incidence of notifiable conditions, and to identify outbreaks so that public health units may take action to protect public health.

Schedule 1 of the Public Health Regulation prescribes the list of notifiable conditions and the circumstances in which they are notifiable. Mpox is prescribed as a pathological diagnosis notifiable condition and a pathology request notifiable condition. This means that when a laboratory receives a request to test for mpox (a suspected case of mpox) and when a laboratory test for mpox returns a positive result (a probable or confirmed case of mpox), the laboratory must notify Queensland Health. Further, schedule 2 of the Public Health Regulation prescribes mpox as a notifiable condition that requires immediate notification upon diagnosis.

When mpox was made a notifiable condition there was no locally acquired transmission within Australia. Notification of mpox upon pathology request and upon pathological diagnosis was intended to allow Queensland Health to understand the epidemiology of mpox and undertake the contact tracing needed to investigate sources and manage transmission risks.

Today, there is unlinked community transmission of mpox and appropriate public health advice is routinely provided at the time of testing. As such, the contemporary standard practice of public health units is to follow up confirmed or probable mpox cases. That is, follow up is usually only conducted on notifications of pathological diagnosis. This practice is consistent with the national minimum standard recommended in the *Series of National Guidelines* published by the Communicable Diseases Network Australia. Queensland is the only Australian jurisdiction to require pathology laboratories to notify of suspected cases of mpox.

The objective of the Amendment Regulation is to amend the Public Health Regulation to remove mpox as a pathology request notifiable condition. This will align Queensland notification requirements with those in other Australian jurisdictions and with the national best practice guidelines for mpox.

Radiation Safety Regulation

Expanding the classes of persons who are 'prescribed licensees' for use licences

Radiation safety is regulated under the framework established in the *Radiation Safety Act 1999*. The framework is intended to protect people and the environment from the health risks associated with the inappropriate uses of radiation, while recognising its beneficial uses.

Under the Radiation Safety Act, a person must not use a radiation source unless they are allowed to use it under a use licence. This requirement applies to all users of radiation sources, including registered health professionals who use various radiation sources to diagnose or treat patients, and registered veterinary surgeons.

To obtain a use licence, the Radiation Safety Act requires a person to make an application to the chief executive of Queensland Health. In support of their application, applicants must submit evidence of their qualifications, training and experience.

In 2019, the Radiation Safety Act was amended to enable a regulation to prescribe a person or class of persons identified by qualification, registration status or training to be 'exempt' from the requirement to apply for and be granted a use licence. In effect, these persons or classes of persons – referred to as 'prescribed licensees' – are deemed to hold a use licence and are therefore not required to apply to the chief executive for, and be granted, a licence. However, they are still required to comply with all the other obligations of a use licensee under the Radiation Safety Act. The Radiation Safety Regulation prescribes these persons or classes of persons as prescribed licensees.

In all Australian jurisdictions, radiation safety legislation requires persons seeking to use a radiation source to hold an appropriate licence or other authorisation. However, the ability to prescribe persons or classes of persons as prescribed licensees is unique to Queensland legislation. Jurisdictions are working with the Australian Health Practitioner Regulation Agency and relevant registration boards to reduce the reliance on overt radiation licensing for members within certain professions. Both the existing prescribed licensee framework and the Amendment Regulation are consistent with this initiative.

Under the Radiation Safety Regulation, registered dentists who use intra-oral dental radiation apparatus for intra-oral radiography and certain dental practitioner students and medical radiation practitioner students are already prescribed licensees for use licences.

The objective of the Amendment Regulation is to amend the Radiation Safety Regulation to expand the classes of persons who are prescribed licensees for use licences. This will enable those persons to enter the workforce without delay and remove an unnecessary regulatory barrier to cross border practice.

Amending the standard conditions for radiation practice in dental services

As noted above, under the Radiation Safety Act, a person must not use a radiation source unless they are allowed to use it under a use licence. Under the Radiation Safety Regulation, standard conditions are prescribed for persons who hold a possession licence or a use licence in relation to a radiation source. These conditions may include a requirement to comply with a prescribed code of practice.

For the 'radiation practice' of possessing or using an ionising radiation source for 'dental plain diagnostic imaging involving the irradiation of a person', the Radiation Safety Regulation requires the licence holder to comply with the 2005 *Code of Practice for Radiation Protection in Dentistry* (2005 Code).

The word 'plain' in the description of the radiation practice means that the only diagnostic imaging covered by the radiation practice is a simple 'plain X-ray'. This excludes commonly used newer forms of dental imaging using ionising radiation sources, such as cone beam computed tomography. Similarly, the reference to the 2005 Code is out of date as this has been superseded by the 2025 *Code for Radiation Protection in Dental Exposure* (2025 Code).

All Australian jurisdictions adopt the 2005 Code, usually via the application of conditions on licences in their respective radiation safety schemes. All Australian jurisdictions have similarly endorsed the publishing of the 2025 Code and it is expected that they will amend their radiation safety schemes to formally adopt the 2025 Code. Both the 2005 Code and the 2025 Code were published by the Australian Radiation Protection and Nuclear Safety Agency.

The objective of the Amendment Regulation is to amend the Radiation Safety Regulation to ensure that the standard conditions attached to a possession or use licence held by a dental radiation practitioner apply to all forms of dental imaging using ionising radiation sources, not only plain X-rays. The amendments will also update the standard conditions for radiation practice in dental services to reference the 2025 Code. This will ensure the conditions reflect contemporary requirements for radiation sources used in dentistry.

Achievement of policy objectives

Food Regulation

Revising and expanding the list of 'prescribed contaminants'

The Amendment Regulation will amend schedule 2 of the Food Regulation to prescribe additional microbiological contaminants and chemical contaminants and natural toxicants. The amendments take account of Queensland's circumstances, including its food industry profile, foodborne illness history and feedback from its food laboratories.

However, this will not impose additional testing requirements. This is because the Food Act already requires food businesses to ensure all food is safe. This includes implementing appropriate safety controls, such as testing samples of the food.

Expanding the definition of 'prescribed food'

The Amendment Regulation will amend the definition of 'prescribed food' in section 14 of the Food Regulation. The amendment will clarify that 'prescribed food' means all food for sale, including raw meat and raw fish that are intended as ready-to-eat food. However, the definition of 'prescribed food' will continue to exclude raw meat and raw fish that are intended to be cooked, preserved or otherwise treated before consumption.

Also, the Amendment Regulation will clarify that the definition of 'prescribed food' includes retention samples of food that have or will be sold. A retention sample is a sample taken from the batch of a finished food product that is stored for identification purposes in relation to the packaging, labelling or expiry date of the batch. A retention sample may also be used for further testing to ensure food safety.

Further, the Amendment Regulation makes a minor change to the definition of 'supermarket' in section 2. As not all the food items listed in the existing definition may be sold at a particular supermarket, the amendment clarifies that these are only examples of grocery items that may be sold there.

To ensure the proposed amendments to the Food Regulation do not cause any unintended consequences, and to assess the impact of the amendments on small and medium-sized businesses, Queensland Health intends to conduct a thorough post-implementation review. The review will also determine whether additional guidance materials are needed to assist industry to understand and apply the new requirements.

Hospital and Health Boards Regulation

The Amendment Regulation will amend schedule 8, part 1 of the Hospital and Health Boards Regulation to prescribe the new cross-border agreements between Queensland and New South Wales and between Queensland and Victoria.

Public Health Regulation

The Amendment Regulation will amend schedule 1 of the Public Health Regulation to remove mpox as a pathology request notifiable condition. However, mpox will remain a pathological diagnosis notifiable condition and an immediate notification pathological diagnosis condition.

Radiation Safety Regulation

Expanding the classes of persons who are 'prescribed licensees' for use licences

The Amendment Regulation will amend part 11, division 2, subdivision 1 of the Radiation Safety Regulation to expand the classes of persons who are prescribed licensees for use licences. The additional classes of persons being prescribed are:

- oral health therapists, dental hygienists and dental therapists;
- diagnostic radiographers;
- radiation therapists;
- nuclear medicine technologists;
- specialist health practitioners (for example, specialist surgeons and dermatologists); and
- veterinary surgeons.

The Amendment Regulation will prescribe the radiation sources that may be used by each class of person, which will align with the training and competencies of each class. Accordingly, it will not expand their scope of practice. As further safeguards, these persons must be registered with a professional registration body and will be subject to the same requirements and conditions as other licensees.

For many existing use licence holders, the Amendment Regulation will mean they automatically become prescribed licensees taken to hold a use licence. As such, the Amendment Regulation will provide that their existing use licence will expire upon commencement of the amendments.

Amending the standard conditions for radiation practice in dental services

The Amendment Regulation will amend section 70(1) of the Radiation Safety Regulation to remove the word 'plain' in the entry at column 1, paragraph 4. The Amendment Regulation will also amend the entry at column 2, paragraph 4 of section 70(1) to prescribe the 2025 Code in place of the similar, now superseded, 2005 Code.

Consistency with policy objectives of authorising law

The Amendment Regulation is consistent with the policy objectives of the authorising Acts.

Inconsistency with policy objectives of other legislation

No inconsistencies with the policy objectives of other legislation have been identified.

Alternative ways of achieving policy objectives

Food Regulation

No alternative ways of achieving the policy objective have been identified. The Amendment Regulation is the only effective means of achieving the policy objective.

Hospital and Health Boards Regulation

An alternative way of achieving the policy objective is for Queensland Health to grant case-by-case approval to disclose confidential patient information to New South Wales and Victoria. However, this would be resource intensive and inefficient.

Cross-border agreements must be developed between jurisdictions that experience significant cross-border flows of public patients where one of the jurisdictions requests a cross-border agreement to be in place. This is provided for under clause A114 of the NHRA Addendum (2020-25). Queensland, New South Wales and Victoria have all actively negotiated for the agreements to be entered into before commencing the reconciliation of treatment costs.

Prescribing the cross-border agreements will streamline the provision and exchange of confidential information. It will also ensure that Queensland is acting in accordance with the NHRA Addendum (2020-25).

Public Health Regulation

No alternative ways of achieving the policy objective have been identified. The Amendment Regulation is the only effective means of achieving the policy objective.

Radiation Safety Regulation

No alternative ways of achieving the policy objective have been identified. The Amendment Regulation is the only effective means of achieving the policy objective.

Benefits and costs of implementation

The cost of implementing the Amendment Regulation will be met within existing budget allocations. The amendments do not impose any new or increased fees.

Food Regulation

The Food Act already requires food businesses to ensure all food is safe, including by implementing appropriate safety controls and testing samples of the food. As such, the amendments to the Food Regulation do not impose any additional requirement for licensed food businesses to test samples of their food. Also, the amendments do not require any changes to the existing standard suite of analyses performed by food laboratories. However, the amendments may result in an increase in notifications that laboratories are required to make.

This will happen if, during their testing, a laboratory isolates a prescribed contaminant that has been added to schedule 2.

Where routine testing identifies one of the newly-added prescribed contaminants, the laboratory will be required to notify Queensland Health of that contaminant. To accommodate this, laboratories may need to modify their electronic notification systems to include all the prescribed contaminants that will become notifiable under the revised and expanded schedule 2. Queensland Health will update its existing electronic web-based notification form to include the additional prescribed contaminants. To ensure Queensland Health and laboratories have sufficient time to make any necessary modifications, a three-month implementation period is proposed.

Expanding the definition of 'prescribed food' to include ready-to-eat food is unlikely to result in any significant impact on affected food businesses, given that most foods are already covered by the existing definition. The amendments are expected to add only a very limited category of food to the existing definition of 'prescribed food'.

For food businesses that only handle the foods being added to the definition, such as those only selling sushi/sashimi or raw oysters, the impact of the amendments is anticipated to be minimal. The proposal simply means that notification requirements would now apply to these foods. However, as such food businesses must comply with the Food Act, they are already required to ensure these foods are safe, including by implementing appropriate safety controls and testing samples of the food.

For food businesses handling these foods and other foods already within the definition, the amendments are unlikely to result in any significant change to their food safety requirements. The amendments would simply apply existing notification requirements to the foods being added to the definition.

To assist food businesses and food laboratories to understand and comply with the proposed amendments, Queensland Health will publish a guideline in relation to the expanded notification requirements. In developing this guideline, Queensland Health will consult with food industry representatives and food laboratories. As noted above, the Queensland Health notifications portal will also be updated to facilitate the receipt of additional notifications.

Hospital and Health Boards Regulation

The amendments to the Hospital and Health Boards Regulation will allow ongoing disclosure of confidential patient information to New South Wales and Victoria. The amendments will facilitate Queensland recovering the cost of treating New South Wales and Victorian residents in Queensland public hospitals.

Public Health Regulation

The amendments to the Public Health Regulation will reduce the workload and administrative tasks associated with reporting and following up pathology request notifications for mpox (suspected cases) that may eventually return a negative test result. This will positively impact Queensland Health and private pathology providers by streamlining laboratory workflows and optimising public health unit resources. However, by retaining mpox as a pathological diagnosis notifiable condition requiring immediate notification, Queensland Health will

continue to receive the information necessary to monitor and understand the epidemiology of mpox.

Radiation Safety Regulation

The amendments to the Radiation Safety Regulation to prescribe additional classes of persons as use licensees will reduce administrative costs for Queensland Health. These costs arise from processing licence applications and renewals and conducting duplicative vetting checks already conducted by professional registration bodies. However, to maintain public safety, the amendments will not expand the scope of practice that existing use licensees are skilled and competent to provide, including under their professional registration.

The amendments will reduce the regulatory burden for licensees, including licensing costs and the time and effort involved in applying for their use licences. Also, as newly qualified graduates and interstate persons seeking to practice in Queensland are unable to commence employment until their licence application has been processed, the amendments will remove delays in entering the workforce and improve cross-border mobility.

To ensure practitioners understand the scope of their prescribed use licence, including any activities for which a separate use licence is still required, Queensland Health will deliver an education campaign for the nuclear medicine profession. As part of this, Queensland Health will consult with the profession to develop clear descriptors for the activities covered by the prescribed use licences.

Consistency with fundamental legislative principles

The Amendment Regulation is generally consistent with the fundamental legislative principles in section 4 of the *Legislative Standards Act 1992*.

However, as outlined below, some proposed amendments may infringe upon the fundamental legislative principles that legislation should have sufficient regard to the rights and liberties of individuals and to the institution of Parliament (sections 4(2)(a) and (b) of the Legislative Standards Act, respectively). Queensland Health considers that the remaining amendments in the Amendment Regulation are consistent with fundamental legislative principles.

Whether the legislation has sufficient regard to the rights and liberties of individuals (Legislative Standards Act, s.4(2)(a))

Disclosure of confidential information

The list of examples in section 4(3) of the Legislative Standards Act is not exhaustive of the issues relevant to deciding whether legislation has sufficient regard to the rights and liberties of individuals. For example, the former Scrutiny of Legislation Committee identified the right to privacy, including disclosure of a person's private or confidential information, to also be a relevant consideration.

The Amendment Regulation amends the Hospital and Health Boards Regulation to prescribe new cross-border agreements between Queensland and New South Wales and Queensland and Victoria. As these agreements permit the disclosure of confidential patient information, the Amendment Regulation may infringe upon the privacy of persons whose medical information may be disclosed.

Section 142 of the Hospital and Health Boards Act makes it an offence to disclose confidential information unless the disclosure is required or permitted under the Act. For example, section 160(1) of the Act allows the sharing of confidential information on a case-by-case basis. However, as this process is time and resource intensive, it would be too administratively burdensome to use in the reconciliation of cross-border patient costs.

As an alternate to this process, section 151 of the Hospital and Health Boards Act allows a designated person to disclose confidential information to the Commonwealth or another State, or an entity of the Commonwealth or another State, where the disclosure is pursuant to a cross-border agreement. The disclosure must be required or allowed pursuant to an agreement prescribed under a regulation and be considered by the chief executive to be in the public interest. The Commonwealth, a State or an entity that receives the confidential information must not give the information to anyone else unless approved in writing by the chief executive and must ensure the information is only used for the purpose for which it was given under the agreement.

In this instance, the disclosure of confidential information is in the public interest as it facilitates recovery of the cost of treating visiting interstate residents in Queensland public hospitals. Cross-border agreements between Queensland and New South Wales and Queensland and Victoria have previously been in place. The new cross-border agreements prescribed by the Amendment Regulation are in similar terms and include the same limitations on the use and disclosure of the confidential information.

As such, while the Amendment Regulation allows for the disclosure of confidential information, any privacy concerns are mitigated by the safeguards in the Hospital and Health Boards Act and the data use and disclosure terms in the agreements. Further, any disclosure is justified to facilitate Queensland Health recovering the cost of treating New South Wales and Victorian residents in Queensland public hospitals.

Whether the subordinate legislation has sufficient regard to the institution of Parliament (Legislative Standards Act, s.4(2)(b))

Incorporating the requirements of the Code and the Compendium

Sections 4(4) and (5) of the Legislative Standards Act provide examples of whether the legislation has sufficient regard to the institution of Parliament. This includes whether the legislation sufficiently subjects the exercise of a delegated legislative power to the scrutiny of the Legislative Assembly or authorises amendment of an Act only by another Act.

The Amendment Regulation amends schedule 2 of the Food Regulation to prescribe additional contaminants. Some of these contaminants are so harmful that their presence at any level in food should be notified. However, other contaminants only need to be notified if their level in food meets or exceeds certain limits. The Amendment Regulation provides that those limits are the limits prescribed in the Code or the Compendium. To prevent schedule 2 needing to be

amended whenever new contaminants are added to the Code, the Amendment Regulation provides for the schedule to automatically include any such future contaminants.

As such, the Amendment Regulation links the scope and application of the notification requirements to the contaminants and limits prescribed in the Code and the Compendium. This may infringe upon the fundamental legislative principle that legislation should have sufficient regard to the institution of Parliament.

However, as section 14 of the Food Act adopts the Code, the Act already automatically incorporates changes made to the Code, subject to any Queensland-specific modifications or omissions prescribed in the Act. This means that the Amendment Regulation is consistent with the regulatory framework established in the Act, which implements a cooperative scheme to enhance regulatory harmonisation across the States and Territories. Also, by improving food safety outbreak detection sensitivity and keeping the Food Regulation updated with the causes of major foodborne illness, the amendments ensure public health.

As such the potential breach of fundamental legislative principles is justified.

Consultation

Stakeholders

In June 2025, Queensland Health published a consultation paper about the Amendment Regulation on the Queensland Health website.

All existing use licensees that may be affected by the proposed amendments to the Radiation Safety Regulation were emailed a link to the consultation paper. Affected stakeholders and the general public were invited to make submissions in relation to the proposed amendments.

At the same time, Queensland Health undertook targeted consultation by providing a draft of the proposed amendments to the Food Regulation and the Radiation Safety Regulation to over 70 industry peak bodies and professional associations.

For the Food Regulation, the targeted stakeholders included industry bodies representing food businesses and food manufacturers, as well as food laboratories and consumer groups. These stakeholders included:

- Food Industries Association of Queensland Inc.;
- OzFoodNet Queensland;
- Bureau Veritas AsureQuality;
- Health Consumers Queensland;
- Queensland Small Business Commissioner;
- Queensland Nurses and Midwives' Union; and
- Australian Medical Association Queensland.

For the Radiation Safety Regulation, the targeted stakeholders included medical regulators and boards, in addition to professional bodies representing radiation medicine practitioners. These stakeholders included:

- Radiation Advisory Council
- Australian Health Practitioner Regulation Agency (Ahpra);
- Medical Radiation Practice Board of Australia;
- Australian and New Zealand Society of Nuclear Medicine;
- Australian Dental and Oral Health Therapists' Association;
- Australian Veterinary Association;
- Veterinary Surgeons Board of Queensland;
- Professionals Australia;
- Medical Board of Australia; and
- Australian Medical Association Queensland.

For the Hospital and Health Boards Regulation, NSW Health and the Department of Health, Victoria, were consulted in developing the new cross-border agreements.

For the Public Health Regulation, representatives from the Laboratory Reference Group were consulted in relation to removing mpox as a pathology request notifiable condition. This included public health units and public and private pathology laboratories.

Scope and nature of submissions

Submissions were received from 34 organisations and individuals, with most commenting on the proposed changes to the Food Regulation and Radiation Safety Regulation. Stakeholders generally supported the proposed changes.

In relation to the Food Regulation, seven submissions were received. Some submitters raised concerns regarding the potential impact of the amendments on the sale of raw meat. Submitters were advised that although the Food Act is the primary food safety legislation in Queensland, it does not directly regulate the primary production of meat. The objectives of the *Food Production (Safety) Act 2000* include ensuring that the production of primary produce is carried out in a way that makes it fit for human or animal consumption, maintains food quality and provides food safety measures. That Act is administered by Safe Food Production Queensland. This means that raw meat and fish, except raw meat and fish that are sold as a ready-to-eat food (for example, sushi/sashimi, oysters and steak tartare) are not captured by the notification requirements in the Food Regulation in relation to prescribed contaminants.

One submitter recommended that the expanded list of prescribed contaminants should be limited to only high-risk pathogens that have significant public health implications. The submitter was advised that the proposed amendments align with developments in other States, while still recognising the local food industry profile and foodborne illness history. Also, the additional prescribed contaminants were developed in consultation with a range of key stakeholders. For these reasons, Queensland Health is satisfied that the amendments reflect a risk-based approach to the notification requirements.

Several submitters raised the potential impact on food testing. This included, for example, whether food laboratories will be required to conduct additional testing to determine the specific species or serotype of a contaminant. The submitters were advised that the proposed amendments do not impose additional testing requirements on either food businesses or food laboratories. Also, foods only need to be tested for the contaminants that may be relevant to that specific food. As such, it is not expected that the proposed amendments will have any significant impact on the existing food safety requirements for most food businesses.

Submitters were advised that Queensland Health intends to conduct a thorough post-implementation review of the proposed amendments. This will include assessing the impact on small and medium-sized businesses and whether revised, or additional, guidance materials are required.

In relation to the Radiation Safety Regulation, 25 submissions were received, with most submitters supporting the proposed changes. In particular, submitters supported expanding the prescribed licensee framework. They noted how these changes will assist practitioners to work to their full scope of practice, remove barriers to interstate practice and streamline the licensing process. However, a key theme in many submissions was whether the full scope of practice for a prescribed class of practitioner was adequately captured by the prescribed radiation sources and radiation practices for that class.

For example, it was queried whether the prescribed radiation practice for radiation therapists and nuclear medicine technologists should include 'computed tomography imaging involving the irradiation of a person'. Queensland Health noted that, following a period in which these practitioners became more skilled and experienced in applying computed tomography imaging within their own professions, this activity is now considered part of the standard radiation practice for radiation therapists and nuclear medicine technologists. To remove any doubt, the proposed amendments were revised to specifically include this activity in the prescribed radiation practice for these practitioners and for students in these professions.

Other examples included whether the radiation practice for radiation therapists should include a Gamma Knife and whether the radiation practice for veterinary surgeons should include plain diagnostic imaging involving the irradiation of large animals. Queensland Health noted that a Gamma Knife is an unusual and hazardous radiation source that is not within the standard suite of licensable activities undertaken by radiation therapists. Queensland Health also noted the significant potential exposures involved in the irradiation of large animals. As such, in both instances, Queensland Health decided to maintain close regulatory oversight of these activities by requiring practitioners to continue applying for an individual use licence rather than expanding the scope of their prescribed use licences.

The Radiation Advisory Council recommended that Queensland Health consider adding 'preparation/reconstitution of radiopharmaceuticals' to the radiation practices for nuclear medicine technologists. This issue was extensively canvassed with stakeholders during the consultation process. As a result, Queensland Health decided there was insufficient evidence to support expanding the prescribed use licence to specifically include this activity. However, Queensland Health undertook to consult with the profession about potentially including the activity in any future amendments.

In relation to the proposed amendments to the Hospital and Health Boards Regulation, one submission was received, and in relation to the proposed amendments to the Public Health Regulation, two submissions were received. All submissions supported the proposed amendments.

The Department of the Premier and Cabinet and Queensland Treasury were consulted and supported the Amendment Regulation.

All the proposed amendments were assessed by Queensland Health in accordance with *The Queensland Government Guide to Better Regulation*. The Office of Best Practice Regulation was notified of the Amendment Regulation and consulted on a draft of the Summary Impact Analysis Statement. The feedback received from the Office of Best Practice Regulation in relation to the draft Summary Impact Analysis Statement was incorporated into the final version. The Summary Impact Analysis Statement for the Amendment Regulation has been provided to the Office of Best Practice Regulation.