THE CABINET OFFICE

NEW SOUTH WALES

REVIEW OF THE HEALTH CARE COMPLAINTS ACT 1993

INTRODUCTORY PAPER

September 2004

HEALTH CARE COMPLAINTS ACT 1993
INTRODUCTORY PAPER - PROPOSED AMENDMENTS

1. BACKGROUND

1.1 Health Care Complaints Commission investigation and the Government's response

On 18 December 2002, the Health Care Complaints Commission (HCCC) received a complaint from Ms Robyn Kruk, the Director-General of the Department of Health, setting out allegations of longstanding clinical, management and performance problems, poor processes and specific adverse incidents at Campbelltown and Camden Hospitals in the Macarthur Health Service.

The allegations were originally brought to the attention of the former Minister for Health by members of staff of the Campbelltown and Camden Hospitals on 5 November 2002 and were immediately referred to the Director-General.

Following the briefing of the Minister for Health about the preliminary findings of the HCCC in its draft report on 28 August 2003, the Director-General of the Department of Health arranged for a review to be undertaken of the patient systems at Campbelltown and Camden Hospitals. The Director-General appointed Professor Barraclough to lead the review team. Professor Barraclough, head of the Australian Council for Safety and Quality in Health Care and chairman of the former NSW Institute for Clinical Excellence delivered his review recommendations on 15 October 2003 (the Barraclough Recommendations). Professor Barraclough made a number of recommendations to improve patient care systems in the Macarthur Health Service.

Implementation of the Barraclough Recommendations commenced shortly thereafter, and this process is ongoing, with the latest initiative being the completion of a new area wide clinical service strategy. The new Clinical Services Plan, developed by medical staff and backed by $300 million over four years was launched in June 2004. It provides a blueprint for the delivery of over 60 clinical services and an increase in specialised equipment including twelve intensive care beds, eight high dependency beds, and three ventilated neo-natal cots.

The final HCCC report was released on 11 December 2003. It was expected that the HCCC would conduct a thorough investigation of both the organisation itself and the individuals the subject of the complaints by the nurse informants. Instead, the report of the HCCC investigation took thirteen months to complete and failed to discharge the core responsibility of the HCCC, to investigate complaints concerning the conduct of individual practitioners. While the HCCC's report made some useful recommendations for organisational improvement, its fundamental failure to discharge its statutory responsibilities damaged public confidence in the HCCC as an effective investigative body.

In December 2003, in response to the shortcomings of the HCCC investigation report, the Premier recommended to the Governor the appointment of Bret Walker, SC, to head a *Special Commission of Inquiry into Campbelltown and Camden Hospitals*, and the Minister for Health requested The Cabinet Office to review the *Health Care Complaints Act 1993* (HCC Act).

Other actions taken by the Government since December include terminating the appointment of the HCCC Commissioner, appointing an eminent District Court judge as Acting Commissioner to refocus the HCCC to ensure it concentrates on rigorously investigating individual cases of poor care, and referring a number of deaths examined in the HCCC report to the NSW Coroner for examination. In addition, the Government has injected an extra $5.7 million dollars over fifteen months to overhaul the HCCC and to establish a separate taskforce to deal with matters arising from the Special Commission of Inquiry.

The Government has committed $10 million in 2004/2005 to establish the Clinical Excellence Commission (CEC) to develop evidence-based programs for better clinical governance in New South Wales hospitals. The CEC will continue the work currently undertaken by the Institute for Clinical Excellence to improve patient safety and clinical quality across New South Wales. Consistent with this commitment to clinical excellence, NSW Health has introduced requirements for a 'root cause analysis' to be conducted by public health organisations where a serious, adverse clinical incident occurs. This is intended to identify the systemic causes of the incident, recognising that individual professional conduct issues are more appropriately dealt with through other processes such as performance management by the health organisation or if serious, investigation by the HCCC.

1.2 Proposed statutory amendments

This Introductory Paper outlines the proposed amendments to the HCC Act and related Acts arising from the recommendations made by the Special Commission of Inquiry. The amendments have been put into three Bills for ease of reference.

- The Health Legislation Amendment (Complaints) Bill 2004 implements the main recommendations made by the Special Commission of Inquiry.
- The Health Registration Legislation Amendment Bill 2004 amends all the health registration Acts to standardise the concepts of unsatisfactory professional conduct and other provisions relating to the complaints process.
- The Nurses and Midwives Amendment (Performance Assessment) Bill 2004 contains detailed provisions implementing the Special Commission of Inquiry's recommendation to introduce performance assessment for nurses and midwives.

2. THE REPORT OF THE SPECIAL COMMISSION OF INQUIRY

2.1 Terms of reference

The Commissioner's terms of reference required that he investigate allegations of unsafe or inadequate patient care or treatment at Campbelltown and Camden Hospitals, and also allowed him to make recommendations about changes he considered were appropriate in relation to the regulatory arrangements or the administration of the HCCC.

The Special Commission of Inquiry convened two public forums. The first was held in May 2004 to discuss the operation of the HCC Act and related health practitioner legislation. The second, held in June 2004, considered the inter-relationship between health care complaints, individual professional accountability and system improvement. Both forums were open to the public and provided an opportunity for stakeholders in the area and members of the community to contribute to the Inquiry's considerations.

The Special Commission of Inquiry issued an *Interim Report* dated 31 March 2004, a *Second Interim Report* dated 1 June 2004 and the *Final Report of the Special Commission of Inquiry into Campbelltown and Camden Hospitals* dated 30 July 2004 (the **Final Report**).

The terms of reference and reports of the Special Commission of Inquiry, public forum transcripts and submissions are available at the Inquiry's website: http://www.lawlink.nsw.gov.au/special_commission.

The Cabinet Office attended both 'roundtable' discussions convened by the Special Commission of Inquiry and has reviewed the 1997 statutory review of the HCC Act, the reviews conducted by the Parliamentary Joint Committee on various aspects of the HCCC and HCC Act, and the issues raised by stakeholders as part of these processes.

2.2 Recommendations of the Commissioner

The Commissioner concluded that the statutory complaints system in New South Wales is well designed and does not require any major changes (page 2, Final Report). Many of the shortcomings of the HCCC were related not to the statutory framework itself but to the failure of the HCCC to comply with those statutory obligations (page 33, Final Report). Nevertheless, the Commissioner recommended that some changes to the statutory framework should be considered because they "offer real prospect of improvement" (page 32, Final Report).

In general terms, the recommendations are intended to refocus the HCCC on investigating serious complaints about health service providers, to improve the operation of the complaints handling process, and to give proper protection to complainants, practitioners and the general public within this framework.

The Bills implement the recommendations relating to regulatory reform as made in the Final Report.

A summary of the recommendations together with references to the provisions of the Bills implementing them is attached at appendix 1. A summary of the principal additional amendments designed to support those recommendations is attached at appendix 2.

3 OUTLINE OF PROPOSED AMENDMENTS

3.1 Improving the complaints handling process

The Special Commission of Inquiry made a number of findings about the operation of the HCCC which have resulted in proposals to improve the complaints handling process.

A key finding was the HCCC's failure to identify the nature of a complaint:

> 'The very notion that a public regulator such as the HCCC could prepare a report which substantiates … allegations of inadequate care etc on the part of identifiable doctors, without regarding those allegations as a complaint against that doctor is offensive to a sense of fairness' (page 9, Interim Report).
>
> 'If a complaint is somewhat elusive as to the allegations made in it … the Commission staff should, at the outset, question the complainant so as to nail down the real allegations. That involves clear understanding of who it is against whom the complaint is made, what it is alleged that person did or did not do, and what standards are supposed to have been breached, to say the very least' (page 61, Final Report).

In this regard, the Bills implement the recommendation that the HCCC should be required to identify promptly doctors and nurses the subject of complaints and the allegations. The Cabinet Office review has concluded that this recommendation should be reinforced by imposing an ongoing obligation on the HCCC to keep under review its assessment of a complaint while it is dealing with it. As part of this ongoing review the HCCC is to be given the power to change the persons whose conduct is the subject of the complaint (in which case it must notify those persons) and may amend the allegations comprising the complaint.

A related finding was the injustice caused by delays of the HCCC. The Commissioner comments that:

> 'The public … has been denied for more than a year the efficient administration of the assessment, investigation and decision by the HCCC of many complaints against a number of doctors and nurses. It has thus been denied what should have occurred in appropriate cases, viz the speedy

> prosecution in the Medical or Nurses Tribunals of any practitioners who should have been subject to disciplinary prosecution.' (pages 10-11 Interim Report).

The Commissioner comments in this regard that 'early characterization and assessment' of complaints 'could well have been assisted by greater access' for the HCCC to records at Campbelltown and Camden Hospitals (page 71, Final Report).

The Bills therefore implement the recommendation to expand the powers of the HCCC to require information and documents when assessing and investigating a complaint and to compel witnesses at the investigation stage.

The Commissioner notes that compelling witnesses for the purposes of investigation will involve questions of privilege and immunity in relation to the evidence obtained in this way (page 83, Final Report). It is proposed to give protection against self-incrimination in civil and criminal proceedings to witnesses in relation to statements made by them under these provisions.

Other measures aimed at minimising future delays by the HCCC include expanding the range of actions available to the HCCC (see section 3.3 below), removing the requirement for statutory declarations and imposing a time limit of 28 days on any request by the complainant to review an assessment decision made by the HCCC.

It is also proposed to extend the time for notifying a practitioner that a complaint has been made and to give the HCCC the option of notifying a practitioner that a complaint has been made at the same time as an assessment decision is notified. In practice, it is anticipated that the HCCC may notify a practitioner of a complaint for the first time when it has made an assessment that no further action is to be taken. In other cases, for example if the HCCC decides to use its powers to obtain records from a practitioner during the assessment process, it is anticipated that the practitioner will be notified prior to the HCCC exercising those powers, and therefore prior to any assessment decision being made.

3.2 Refocusing the HCCC on investigating serious complaints

The Final Report is clear that the HCCC needs to be refocused on investigating serious complaints about the conduct of health practitioners and health organisations. The focus for the HCCC should be on ensuring individual accountability of practitioners for their actions, rather than examining systemic causes of an incident the subject of a complaint (page 149, Final Report).

> 'The Health Care Complaints Commission has the primary function of providing an independent mechanism for assessing whether the prosecution of disciplinary action should be taken against health practitioners who are registered under health registration Acts. It can only achieve this following an investigation' (page 149, Final Report).

The Commissioner notes that other bodies within the health system, such as the Clinical Excellence Commission, are better placed for systemic analysis (page 148, Final Report).

A number of amendments are proposed to ensure that only those matters which would justify disciplinary action are investigated. For example, the definition of unsatisfactory professional conduct is tightened, the objectives of the HCCC are clarified and the role of other bodies in the health system is explained.

3.3 Expanding the range of actions available to the HCCC

Another means of encouraging the HCCC to focus on investigating serious complaints is to give the HCCC flexibility to deal with complaints which require attention but which do not require investigation.

It is proposed to expand the options available to the HCCC when dealing with a complaint by giving the HCCC the power to refer a matter to a registration Board for consideration of performance assessment or review, or other action before, during and after an investigation. The Final Report notes that the performance assessment and review system allows matters to be dealt with outside a disciplinary or punitive framework. The focus is on monitoring and helping, rather than disciplining, doctors (page 49). Accordingly, the Bills adopt the recommendation to introduce a similar performance assessment and review scheme for nurses.

The broader range of options available to the HCCC in dealing with complaints will enable complaints to be 'streamed' into another, more appropriate process where it appears that an investigation is not necessary. (Existing provisions already provide for matters to be transferred from processes such as performance and impairment assessment for investigation if this is warranted).

In addition, the HCCC will also have the power to refer appropriate matters to the relevant area health service and the Director-General of the Department of Health.

Importantly, the current role of the HCCC in providing 'low-level' alternative dispute resolution will be expressly recognised. The vast majority of complaints received by the HCCC are dealt with by alternative (non-conciliation) dispute resolution, in particular by providing information, undertaking informal discussions concerning the complaint and facilitating the direct resolution of the complaint between the parties to the complaint. It is proposed to recognise this role and to clarify that the HCCC may engage in this 'low-level' dispute resolution at any time, including as soon as a complaint is made, in order to ensure that these kinds of complaints are dealt with quickly and efficiently.

3.4 Integration of Health Conciliation Registry functions with the HCCC

It is proposed to transfer the Health Conciliation Registry (HCR) to the HCCC so that the existing conciliation service is better utilised and all alternative dispute resolution functions are performed efficiently under the auspices of the same body.

In suggesting this change, it is recognised that there are concerns that there is a conflict of interest between the HCCC's investigative role and conciliation, and concerns that information obtained in conciliation could be used in an investigation. To address these concerns, the Bills include a number of new safeguards designed to ensure a separation of the HCR functions, and the investigative/prosecutorial role of the rest of the HCCC. These include the statutory recognition of the separate role of the HCR, providing that the HCR and conciliators are independent of the HCCC when conducting conciliations or participating in the assessment process, offence provisions to prevent HCR staff or conciliators providing information obtained in the course of their duties, and giving the Parliamentary Joint Committee a role in overseeing the operation of the HCR.

3.5 Further protection of the public, complainants and practitioners

Within the complaints framework it is important to give proper protection to all stakeholders – practitioners, whistleblowers and complainants, and the public. A number of amendments are intended to improve these protections.

Protections to be given to whistleblowers and other complainants.
Currently, the identity of whistleblowers and other complainants may be kept secret if there is a risk of intimidation or harassment for up to 60 days only. After this time, their identity must be disclosed to the respondent practitioner. It is proposed to remove this time limit and to require the HCCC to review its decision to keep the identity of complainants confidential every 60 days, subject to certain limitations. The effect of these new confidentiality provisions is to make the circumstances in which the identity of complainants may be kept confidential consistent with the *Protected Disclosures Act 1994*.

Importantly, whistleblowers and other complainants are protected by the removal of liability for making a complaint in good faith. In addition, the freedom of information (FOI) exemption in the HCC Act will be extended so that HCCC documents about a complaint will always be exempt from release under FOI (and not just when the matter is being considered by the HCCC).

Protections to be given to practitioners
The Final Report emphasises the importance of giving appropriate protection to practitioners who are the subject of a complaint:

> 'A hallmark of civilized government is that laws permitting adverse action, such as disciplinary consequences, to be taken against people also require that

the people in trouble will have a proper chance to defend themselves' (page 64, Final Report).

Protections proposed to be given to practitioners include requiring peer reviewers to be given all of the evidence in relation to each case when the HCCC requests an opinion from a peer reviewer; prohibiting registration board members from being allowed to sit on Professional Standards Committees and Tribunals; and treating all medical reports obtained for the Impaired Registrants Panel as 'protected reports' under the Medical Practice Act. Medical practitioners, nurses and midwives will also be given the right to be represented by a non-legal adviser when appearing before a Professional Standards Committee.

In addition, consistent with the recommendations of the Special Commission of Inquiry, the remedial legislation introduced following the Interim Report will be clarified to address concerns raised by the doctors' representatives. Accordingly, the Bills amend the remedial legislation to provide that only actions taken by the HCCC or other bodies arising directly out of the recommendations made by Mr Walker are protected from legal challenge. This means that failures of the HCCC (eg delay or failure to comply with its statutory obligations during the initial HCCC investigation or in subsequent investigations) may provide grounds for challenge by practitioners who are the subject of complaints.

The quality assurance committee provisions of the *Health Administration Act 1982* also will be modified to protect information provided to root cause analysis (RCA) teams. This will encourage practitioners to participate in RCA which is an important tool for ensuring that the causes of adverse events are properly identified (see also paragraph 1.1 above). The Final Report recommended that all documents created by the RCA process should be available to the HCCC. The HCCC has since indicated that it does not require access to all documents, provided that the causal statements and recommendations of the RCA teams (which are publicly available) clearly describe what occurred during the adverse event. This is provided for in the Bills. In addition, to reduce the possibility that serious individual conduct matters are "buried" in the privileged process, the Bill also explicitly reflects the current practice for RCA teams, by providing for matters that raise possible unsatisfactory professional conduct or individual performance issues to be referred to hospital management for action.

Protection of the public

Protection of the general public will be improved by introducing a mandatory obligation on Chief Executive Officers of public health organisations to report suspected unsatisfactory professional conduct by staff or contractors of their organisation to registration authorities. It is also proposed to give the HCCC power to notify a health practitioner's current employer if it decides to investigate a complaint, and to give the Medical Board power to inform new employers of orders or conditions imposed on a medical practitioner.

3.6 Recommendations of the Commissioner to be addressed by the Medical Board

Two recommendations of the Final Report are best implemented by the NSW Medical Board on an administrative basis rather than by statute. They are the recommendation to include duties of cooperation and disclosure in the code of professional conduct under section 99A of the *Medical Practice Act 1992* and to ensure that the mere fact that a complaint is pending against a doctor or nurse does not prejudice a practitioner's capacity to be registered or recognised or to undertake training in other jurisdictions.

The Minister for Health has written to the NSW Medical Board requesting that the Board implement these recommendations.

4. SUBMISSIONS

The Cabinet Office is seeking submissions on the Bills. Copies of the Bills are available at http://www.cabinet.nsw.gov.au/publications.html

The focus of this review will be on responding to the recommendations in the Final Report and improving the operation of the HCCC. Where other matters raised are not adopted in this review, they will be considered for future reform.

Submissions should be addressed to:

Director-General
The Cabinet Office
Level 39
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1 Farrer Place
Sydney NSW 2000
dg@cabinet.nsw.gov.au (please refer to Review of HCC Act in subject line)

For further enquiries please contact the Policy Manager, Legal Branch, The Cabinet Office on 9228 5599.

The closing date for submissions is Tuesday 12 October 2004.

APPENDIX 1

RECOMMENDATIONS OF SPECIAL COMMISSION OF INQUIRY

The following is a summary of the recommendations together with references to the provisions of the Bills where they have been implemented.

- **Recommendation 1**: Limiting the definition of unsatisfactory professional conduct so that only significant instances of a lack of skill, judgement or care will result in disciplinary action.

  Health Registration Legislation Amendment Bill 2004, Schedule 1.3 [1] amends the *Medical Practice Act 1992*, Schedule 1.4 [2] amends the *Nurses and Midwives Act 1991*. Schedule 1 also amends the other health registration Acts.

- **Recommendation 2**: Removing the reference to 'experience' in the definition of unsatisfactory professional conduct in subpara 4(2)(a)(ii) of the *Nurses and Midwives Act 1991*.

  Health Registration Legislation Amendment Bill 2004, Schedule 1.4 [2].

- **Recommendation 3**: Expressly dispensing with a complainant and obligations to provide further particulars where the Coroner refers a matter to the HCCC.

  Health Registration Legislation Amendment Bill 2004, Schedule 1.3 [8].

- **Recommendation 4**: Including duties of cooperation and disclosure in the code of professional conduct under section 99A of the *Medical Practice Act 1992*.

  This will be implemented administratively by the Medical Board.

- **Recommendation 5**: Inserting performance assessment provisions in the *Nurses and Midwives Act 1991*.

  Nurses and Midwives Amendment (Performance Assessment) Bill 2004.

- **Recommendation 6**: Requiring the HCCC to identify promptly doctors and nurses the subject of complaints and the allegations.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [10].

- **Recommendation 7:** Conferring powers on the HCCC to compel production of hospital or medical records to assist its assessment of a complaint.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [12].

- **Recommendation 8**: Extending the time limit for notifying a respondent of a complaint, with notification to occur at the same time as an assessment decision is notified.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [6].

- **Recommendations 9 and 10**: Clarifying that the test for assessment of complaints for investigation is to assess the seriousness of the complaints assuming that the allegations are substantiated.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [13] and [14].

- **Recommendation 11**: Removing the requirement for a statutory declaration to be provided for a complaint.

  Health Registration Legislation Amendment Bill 2004, Schedule 1.3 [7] amends the *Medical Practice Act 1992*; Schedule 1.4 [4] amends the *Nurses and Midwives Act 1991*. Schedule 1 also amends the other health registration Acts.

  Notifying complainants of the criminal sanction against knowingly providing false or misleading information.

  This will be implemented administratively by the HCCC.

- **Recommendation 12:** Conferring powers on the HCCC to compel the attendance of health service providers and others to answer questions and to produce documents, for the purpose of investigating a complaint.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [26].

- **Recommendations 13 and 14**: Permitting the HCCC to refer matters to registration boards for performance assessment or other action during or after an investigation [Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [5], [19] and [29]].

- **Recommendation 15**: Limiting the circumstances in which the identity of a complainant must be disclosed consistent with the Protected Disclosures Act.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [6].

- **Recommendation 16**: Ensuring that the mere fact that a complaint is pending against a doctor or nurse does not prejudice a practitioner's capacity to be registered, recognised or to undertake training in other jurisdictions.

  This will be implemented administratively by the Medical Board.

- **Recommendation 17**: Clarifying the remedial legislation introduced following the Commissioner's first report to ensure it does not have the unintended consequence of preventing practitioners from seeking to restrain proceedings in the Medical Tribunal on the ground of oppressiveness or abuse of process produced by delay and related circumstances.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [36].

- Modifying the quality assurance committee provisions of the Health Administration Act so that they apply to protect information provided to "root cause analysis" (RCA) teams, which are established to review and identify the causes of adverse events in hospitals. The amendments will prevent material prepared in an RCA from being used, and prevent those who participate in an RCA from being questioned, in civil proceedings (Page 132, Final Report).

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 3.2 [2].

APPENDIX 2

ADDITIONAL AMENDMENTS TO SUPPORT THE RECOMMENDATIONS OF THE SPECIAL COMMISSION OF INQUIRY

The following is a summary of the principal additional amendments which are proposed to support the recommendations made in the Final Report.

- The role of the HCCC will be clarified by amending the objectives of the HCCC to reinforce that its principal role is to investigate and resolve complaints.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [1].

- New descriptive provisions will be included to outline the roles and functions of organisations in the health system with particular regard to their role in improving the health system.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [2].

- The Health Conciliation Registry will be integrated into the HCCC, with provisions protecting the independence and confidentiality of the conciliation process (including the use of external conciliators contracted by the HCCC).

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 2[11].

- A declaratory provision will be included to emphasise that the Ombudsman has jurisdiction over the HCCC.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [31].

- The HCCC will be able to refer matters to area health services for resolution at a local level.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [17] and [18].

- The current role of the HCCC in providing 'low-level' alternative dispute resolution will be expressly recognised.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 2 [18].

- The HCCC will be able to notify a health practitioner's current employer if it decides to investigate a complaint.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [20].

- A mandatory obligation on Chief Executive Officers of public health organisations to report to a registration authority suspected unsatisfactory professional conduct by staff or contractors of their organisations will be introduced.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 3.3.

- The HCCC will be required to provide peer reviewers with all of the evidence in relation to each case when it requests an opinion from a peer reviewer.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [21].

- Registration board members will not be allowed to sit on Professional Standards Committees

  Health Registration Legislation Amendment Bill 2004, Schedule 1.3 [7] amends the *Medical Practice Act 1992*, Schedule 1.4 [5] amends the *Nurses and Midwives Act 1991*. Schedule 1 also amends the other health registration Acts.

- Health practitioners will be allowed to be represented by an adviser (other than a barrister or solicitor) when appearing before a Professional Standards Committee

  Health Registration Legislation Amendment Bill 2004, Schedule 1.3 [11] and [12] amends the *Medical Practice Act 1992*, Schedule 1.4 [6] and [7] amends the *Nurses and Midwives Act 1991*. Schedule 1 also amends the other health registration Acts.

- Complainants will be protected by excluding liability for making a complaint in good faith.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1 [30].

- The Freedom of Information exemption in the HCC Act will be extended so that HCCC documents about a complaint will always be exempt from release under FOI (and not just while the matter is being considered by the HCCC).

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 3.1.

- A time limit of 28 days will be introduced for the complainant to request a review of an assessment decision made by the HCCC.

  Health Legislation Amendment (Complaints) Bill 2004, Schedule 1[20].

- The Medical Board will be given the power to inform new employers of orders or conditions imposed on a medical practitioner, and the definition of employer will be widened.

Health Registration Legislation Amendment Bill 2004, Schedule 1.3 [14].

- All medical reports obtained for the Impaired Registrants Panel are to be treated as 'protected reports' under the Medical Practice Act.

  Health Registration Legislation Amendment Bill 2004, Schedule 1.3 [13].