

**Version No. 036**  
**Health Services Act 1988**  
**Act No. 49/1988**

Version incorporating amendments as at 27 November 1997

**TABLE OF PROVISIONS**

<i>Section</i>	<i>Page</i>
<b>PART 1—PRELIMINARY</b>	<b>1</b>
1. Purpose	1
2. Commencement	1
3. Definitions	1
4. Interpretation: health service establishment	8
5. Interpretation: day procedure centre	8
6. State funded nursing home	8
7. Designated public hospital	9
8. Amendment of Schedules	10
9. Objectives	10
10. Principles applying to hostels, nursing homes and supported residential services	11
11. Exemptions	12
<b>PART 2—HEALTH SERVICES DEVELOPMENT GUIDELINES</b>	<b>14</b>
12. Preparation of draft guidelines	14
13. Notice of draft guidelines	14
14. Approval of guidelines	15
15. Publication of approved guidelines	15
16. Operation of guideline	15
17. Revocation of guideline	15
<b>PART 2A—MEDICARE PRINCIPLES AND COMMITMENTS</b>	<b>17</b>
17AA. Medicare Principles and Commitments	17
<b>PART 3—AGENCIES</b>	<b>21</b>
<b>Division 1—Public Funding</b>	<b>21</b>
17AB. Definition	21
17A. Power to fund agencies	21
18. Criteria for public funding of agencies	21
<b>Division 1A—Case mix funding</b>	<b>23</b>

<i>Section</i>	<i>Page</i>
18A. Definition	23
18B. Case mix auditors	23
18C. Functions of case mix auditors	24
18D. Powers of case mix auditors	24
18E. Confidentiality requirements	25
18F. Immunity	26
<b>Division 2—Registration of Certain Agencies</b>	<b>26</b>
19. Definition	26
20. Registration as condition of funding	26
21. Conditions of registration	27
22. Registration	28
<b>Division 3—Registered Funded Agencies</b>	<b>28</b>
23. <i>Repealed</i>	27
24. Rules of registered funded agency	28
25. Chief executive officer	30
26. Health service agreements	30
27. Interim funding statements	32
28. Limits or controls on expenditure or entering into of contracts etc.	33
29. Power to invest	34
30. Approved borrowers and guarantees	34
<b>Division 4—Public Hospitals</b>	<b>35</b>
31. Incorporation	35
31A. Public hospitals do not represent Crown	35
32. Objects and functions of public hospitals	35
33. Board of management	36
34. Terms and conditions of appointment	38
35. Removal and resignation	38
36. Annual meetings	38
37. Procedure of board	39
38. Membership of board not office of profit	39
39. Immunity	40
40. Validity of acts or decisions	40
<b>Division 4A—Metropolitan Hospitals</b>	<b>40</b>
40A. Incorporation	40
40B. Metropolitan hospitals do not represent Crown	41
40C. Objects of metropolitan hospitals	41
40D. Board of directors	42
40E. Directors	42
40F. Terms and conditions	43
40G. Removal and resignation	43
40H. Annual meetings	44

<i>Section</i>	<i>Page</i>
40I. Procedure of board	45
40J. Immunity	45
40K. Validity of acts or decisions	45
40L. Advisory committees	46
<b>Division 5—Public Hospitals and Denominational Hospitals</b>	<b>46</b>
41. Powers and duties	46
42. Hospital must comply with directions of Chief General Manager	47
43. <b>Companies (Victoria) Code</b> not to apply	49
44. Trustees' power to transfer certain property	49
<b>Division 6—Community Health Centres</b>	<b>49</b>
45. Community health centres	49
46. Board of management	50
47. Terms and conditions of appointment	50
48. Resignation and removal	51
49. Validity of acts or decisions	51
50. Procedure of the board	51
51. Transitional	51
<b>Division 7—Transitional Management Agreements</b>	<b>52</b>
52. Definitions	52
53. Minister may enter into transitional management agreements	53
54. Matters to be included in agreement	53
55. Appointment of administrator	55
56. Consequences of agreement	56
57. Right of intervention in management	56
57A. Re-establishment of board of management	58
57B. Closure	58
<b>Division 8—Censure etc.</b>	<b>58</b>
57. <i>Repealed</i>	59
58. Powers of Minister	59
59. Censure	61
60. Suspension of admissions	60
61. Appointment of administrator	61
62. Closure	63
<b>Division 9—Amalgamation of Registered Funded Agencies</b>	<b>66</b>
63. <i>Repealed</i>	66
64. Proposal for amalgamation	65
64A. Voluntary amalgamations	67
65. Governor in Council may order amalgamation	67
<b>Division 9A—Aggregation of Metropolitan Hospitals</b>	<b>70</b>
65A. Definitions	70

<i>Section</i>	<i>Page</i>
65B. Extra-territorial operation	72
65C. Aggregation	72
65D. New metropolitan hospital to be successor in law	74
65E. Substitution of party to agreement	74
65F. Old instruments	74
65G. Proceedings	75
65H. Interests in land	75
65I. Amendment of Register	75
65J. Taxes	76
65K. Evidence	76
65L. Transfer of aggregated hospital staff to new hospital	77
65M. Future terms and conditions of transferred employees	78
65N. Validity of things done under this Division	78
65O. Operation of Division not subject to review	79
<b>Division 10—Compulsory Acquisition of Land</b>	<b>79</b>
66. Definition	79
67. Acquisition	79
68. Acquired land to vest in the Crown	80
69. Power to reserve and grant land to agency	81
<b>PART 3A—PUBLIC HOSPITAL PATIENT SERVICES AGREEMENTS</b>	<b>82</b>
<b>Division 1—Definitions</b>	<b>82</b>
69A. Definitions	82
<b>Division 2—Agreements</b>	<b>82</b>
69B. Minister may enter into public hospital patient services agreements	82
69C. Matters that may be included in agreement	83
69D. Agreement to run with land	85
69E. Rights of access	86
69F. Right of intervention in management	87
69G. Application of FOI Act	89
69H. Investigation of administrative actions	89
69I. Application of Land Act	90
<b>PART 4—HEALTH SERVICE ESTABLISHMENTS</b>	<b>91</b>
<b>Division 1—Approval in Principle</b>	<b>91</b>
70. Application	91
71. Criteria for grant of approval in principle	92
72. Decision on application	97

<i>Section</i>	<i>Page</i>
73. Certificate of approval in principle	95
74. Transfer or variation of certificate	96
75. Revocation of certificate	96
76. Voluntary revocation of certificate	97
<b>Division 2—<i>Repealed</i></b>	<b>99</b>
76-81. <i>Repealed</i>	99
<b>Division 3—Registration</b>	<b>97</b>
82. Application	97
83. Criteria for registration	98
84. Decision on application	99
85. Certificate of registration	100
86. Change of directors etc.	101
87. Annual fees	101
88. Renewal of registration	101
89. Criteria for renewal of registration	102
90. Decision on application	103
91. Certificate of renewal	104
92. Variation of registration	104
93. Criteria for variation of registration	105
94. Decision on application	106
95. Variation of registration without application	106
95A. Cancellation of registration	107
96. Endorsement of certificate of registration	107
97. Legal personal representatives	107
<b>Division 4—Censure etc.</b>	<b>108</b>
98. <i>Repealed</i>	110
99. Powers of Minister—supported residential services	108
100. Censure	109
101. Suspension of admissions	110
102. Revocation of registration of health service establishment	111
103. Appointment of administrator of supported residential service	112
<b>Division 5—General</b>	<b>115</b>
104. Notification of decisions by Chief General Manager	115
105. Directions of Chief General Manager	116
106. Residential statements	116
107. Sick residents of supported residential services	117
108. Medical examination or further care	117
109. Records	118
110. Appeals	121
111. Offence to carry on business if establishment or proprietor not registered	119
112. Offence to provide excess beds or accommodation	119

<i>Section</i>	<i>Page</i>
113. Offences relating to day procedure centres and private hospitals	120
114. Offence to contravene condition of registration	120
115. Offence to build etc. without approval in principle	120
<b>PART 4A—MULTI PURPOSE SERVICES</b>	<b>122</b>
115A. Declaration and incorporation	122
115B. Multi purpose services do not represent Crown	122
115C. Objects and functions of multi purpose services	123
115D. Powers	123
115E. Board of management	124
115F. Terms and conditions of appointment	125
115G. Removal and resignation	125
115H. Annual meetings	125
115I. Procedure of board	126
115J. Membership of board not office of profit	126
115K. Immunity	127
115L. Validity of acts or decisions	127
115M. Chief General Manager may give directions	127
115N. Rules of multi purpose service	127
115O. Service agreements	128
115P. Health service agreements	128
115Q. Powers of Minister	129
115R. Appointment of administrator	129
115S. Closure	131
115T. Amalgamations	132
115U. Governor in Council may order amalgamation	133
115V. Transitional	135
<b>PART 5—COMMUNITY (RESIDENTIAL SERVICES) VISITORS</b>	<b>137</b>
116. Appointment	137
116A. Definition	137
117. Functions of a visitor	137
118. Panels	138
119. Visiting designated public hospitals and supported residential services	138
120. Powers of inspection	138
121. Request to see a visitor	142
122. Record of visits	140
123. Reports by visitors	140
124. Terms and conditions of appointment	141
125. Resignation and removal from office	144
126. Secrecy provision	142
126A. Immunity of visitors	143
127. Community (Residential Services) Visitors Board	143
128. Annual report of visitors	143

<i>Section</i>	<i>Page</i>
<b>PART 6—<i>Repealed</i></b>	<b>146</b>
129–134. <i>Repealed</i>	146
<b>PART 7—MISCELLANEOUS PROVISIONS</b>	<b>145</b>
<b>Division 1—Hospitals and Charities Fund</b>	<b>145</b>
135. Definition	145
136. Hospitals and Charities Fund	145
137. Payments out of Fund to agencies	146
<b>Division 2—Payment of Fees to Certain Agencies</b>	<b>146</b>
138. Payment of fees	146
<b>Division 2A—Conditions of certain public service staff</b>	<b>147</b>
138A. Definition	147
138B. Remuneration and allowances	147
138C. No compensation payable	148
<b>Division 3—General</b>	<b>148</b>
139. Quality assurance	148
140. Proclaimed services	151
141. Confidentiality	153
142. Agencies etc. incorporated under other Acts	156
143. <i>Repealed</i>	158
144. Inquiry by Chief General Manager	156
145. Authorised officers	157
146. Identity cards	157
147. Powers of authorised officers	157
147A. Entry to unregistered premises—search warrant	158
148. Immunity	162
149. Offence to obstruct or hinder	160
150. Impersonating etc. an authorised officer	160
151. False and misleading statements	160
152. Defacing documents etc.	163
152A. Offences by bodies corporate etc.	161
153. Police assistance	161
154. Service of documents	161
155. Infringement notice	162
156. Power to bring proceedings	163
157. Evidentiary	163
157AA. Supreme Court—limitation of jurisdiction—section 138C	164
157A. Supreme Court—limitation of jurisdiction—section 126A	164
157B. Supreme Court—limitation of jurisdiction—section 18F	164
157C. Supreme Court—limitation of jurisdiction—sections 17AA, 40J or 65O	164

<i>Section</i>	<i>Page</i>
157D. Supreme Court—limitation of jurisdiction—section 115K	164
157E. Supreme Court—limitation of jurisdiction	165
158. Regulations	165
<b>PART 8—TRANSITIONAL PROVISIONS</b>	<b>169</b>
159. Saving of Hospitals and Charities (Fees) Regulations 1986	169
159A. Saving of hospital by-laws	169
160. Private hospitals etc. registered under <b>Health Act 1958</b>	169
161. Existing nursing homes and hostels not registered under the <b>Health Act 1958</b>	171
162. Applications under <b>Health Act 1958</b>	172
163. Building approval in force under <b>Health Act 1958</b>	172
164. Transitional provision for Commonwealth building approval	173
165. Residential statements	173
166. Transitional provision for public hospitals	173
166A. Peter MacCallum Cancer Institute	174
166B. Fairfield Hospital	174
167. Tweddle Baby Hospital	174
168. Transitional provision for community health centres	176
169. Transitional provision for boards of public hospitals	176
170. New boards of certain public hospitals	176
171. Transitional provisions for boards of community health centres	177
172. Transitional provision for chief executive officers	178
173. Bodies incorporated under <b>Hospitals and Charities Act 1958</b>	178
174. Administrators	179
175. Guarantees	182
<b>PARTS 9–12—<i>Repealed</i></b>	<b>183</b>
176–201. <i>Repealed</i>	183
<hr/>	
<b>SCHEDULES</b>	<b>182</b>
SCHEDULE 1—Public Hospitals	182
SCHEDULE 2—Denominational Hospitals	185
SCHEDULE 3—Metropolitan Hospitals	186
SCHEDULE 4—Privately-Operated Hospitals	187
<hr/> <hr/>	
<b>NOTES</b>	<b>188</b>
1. General Information	188
2. Table of Amendments	189



<i>Section</i>	<i>Page</i>
3. Explanatory Details	194



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**Version No. 036**  
**Health Services Act 1988**  
**Act No. 49/1988**

Version incorporating amendments as at 27 November 1997

**The Parliament of Victoria enacts as follows:**

**PART 1—PRELIMINARY**

S. 1  
amended by  
No. 88/1994  
s. 4.

**1. Purpose**

The purpose of this Act is to make provision for the development of health services in Victoria, for the carrying on of hospitals and other health care agencies and related matters.

**2. Commencement**

(1) Part 11 comes into operation on the day to be proclaimed.

(2) Section 196 is deemed to have come into operation on 1 October 1987.

S. 2(2A)  
inserted by  
No. 1/1989  
s. 4(a).

(2A) Section 199 is deemed to have come into operation on 1 October 1987.

(3) The remainder of this Act comes into operation on a day or days to be proclaimed.

**3. Definitions**

In this Act—

**"accounting records"** includes invoices, receipts, orders for the payment of money, bills of exchange, cheques, promissory notes, vouchers and other documents of prime entry and also includes such working papers and

---

other documents as are necessary to explain the methods of calculations by which accounts are made up;

**"authorised officer"** means a person appointed by the Chief General Manager for the purposes of this Act;

S. 3 def. of "authorised officer" amended by No. 68/1996 s. 19(a).

**"board"** in relation to an agency means the committee of management or governing body (by whatever name called) of the agency;

**"by-law"**—

S. 3 def. of "by-law" substituted by No. 53/1990 s. 4(a), amended by No. 99/1995 s. 5(a).

- (i) in relation to a health service establishment or registered funded agency that is a corporation with articles of association, means the corporation's articles of association; and
- (ii) in relation to any other health service establishment or registered funded agency or a multi purpose service<sup>1</sup>, means a principal regulatory instrument made by the establishment or agency or a multi purpose service but does not include rules made under a principal regulatory instrument;

**"Chief General Manager"** means the Secretary to the Department of Health and Community Services;

S. 3 def. of "Chief General Manager" substituted by No. 46/1995 s. 4(a).

**"community health centre"** means an agency—

- (a) registered under Division 2 of Part 3; and

- (b) in respect of which a declaration under section 45 is in force;

S. 3 def. of "day procedure centre" amended by No. 99/1995 s. 12.

**"day procedure centre"** means premises where—

- (a) a major activity carried on is the provision of health services of a prescribed kind or kinds and for which a charge is made; and
- (b) persons to whom treatment of that kind or those kinds is provided are reasonably expected to be admitted and discharged on the same date—

but does not include a public hospital, denominational hospital or private hospital;

**"denominational hospital"** means—

- (a) a hospital listed in Schedule 2; or
- (b) premises occupied by such a hospital—
- as the case requires;

**"dentist"** has the same meaning as in the **Dentists Act 1972**;

S. 3 def. of "Department" amended by No. 42/1993 s. 19.

**"Department"** means the Department of Health and Community Services;

S. 3 def. of "designated public hospital" amended by No. 68/1996 s. 19(b).

**"designated public hospital"** means a public hospital or privately-operated hospital in respect of which a declaration under section 7 is in force;

**"health service agreement"** means an agreement entered into under section 26;

*Health Services Act 1988*  
*Act No. 49/1988*

s. 3

**"health service establishment"** means—

- (a) a day procedure centre; or
- \* \* \* \*
- \* \* \* \*

S. 3 def. of "health service establishment" amended by No. 88/1994 s. 5(a).

- (d) a private hospital; or
- (e) a supported residential service;

**"hostel"** means premises where accommodation and special or personal care are provided or offered only to persons in respect of whom hostel benefits under an Act of the Commonwealth are provided but does not include a supported residential service;

S. 3 def. of "hostel" substituted by No. 88/1994 s. 5(b).

**"interim funding statement"** means a statement issued under section 27;

**"metropolitan hospital"** means—

- (a) a hospital listed in Schedule 3; or
  - (b) premises occupied by such a hospital—
- as the case requires;

S. 3 def. of "metropolitan hospital" inserted by No. 46/1995 s. 4(b).

<sup>2</sup>**"multi purpose service"** means—

- (a) a body referred to in section 115V(2); or
- (b) a body declared under Part 4A to be a multi purpose service;

S. 3 def. of "multi purpose service" inserted by No. 99/1995 s. 5(b).

\* \* \* \*

S. 3 def. of "medical practitioner" repealed by No. 23/1994 s. 118(Sch. 1 item 25.1(a)).

S. 3 def. of "nursing home" amended by No. 88/1994 s. 5(c).

**"nursing home"** means premises where accommodation is provided or offered to persons who—

- (a) require the exercise of nursing supervision and care with occasional attendance by a medical practitioner; and
- (b) are persons in respect of whom nursing home benefits under an Act of the Commonwealth are provided—

and includes a State funded nursing home but does not include a public hospital, denominational hospital or private hospital;

S. 3 def. of "private hospital" amended by No. 68/1996 s. 19(c).

**"private hospital"** means premises where persons are provided with health services of a prescribed kind or kinds and for which a charge is made and includes a privately-operated hospital but does not include—

- (a) a public hospital or denominational hospital; or
- (b) a day procedure centre; or
- (c) a nursing home;

S. 3 def. of "privately-operated hospital" inserted by No. 68/1996 s. 19(d).

**"privately-operated hospital"** means—

- (a) a hospital within the meaning of Part 3A listed in Schedule 4; or
- (b) premises occupied by such a hospital listed in Schedule 4—

as the case requires;

**"proprietor"** in relation to a health service establishment means—

- (a) in the case of a not-for-profit establishment, the authority or body of

persons conducting the establishment;  
and

- (b) in any other case, the owner (whether a natural person or a corporation) of the business or undertaking carried on at the establishment;

**"Public Advocate"** means the Public Advocate appointed under section 14 of the **Guardianship and Administration Board Act 1986**;

S. 3 def. of "Public Advocate" amended by No. 1/1989 s. 4(b).

**"public hospital"** means—

- (a) a hospital listed in Schedule 1; or
- (b) except in Division 4 of Part 3, a metropolitan hospital; or
- (c) premises occupied by a hospital listed in Schedule 1 or by a metropolitan hospital—

S. 3 def. of "public hospital" substituted by No. 46/1995 s. 4(c).

as the case requires;

**"region"** means a prescribed region of Victoria;

**"registered funded agency"** means—

- (a) a public hospital; or
- (b) a denominational hospital; or
- (c) a community health centre; or
- (d) any other agency registered or deemed to be registered under Division 2 of Part 3; or
- (e) a state funded nursing home;

S. 3 def. of "registered funded agency" amended by No. 88/1994 s. 5(d).



S. 3 def. of  
"registered  
medical  
practitioner"  
inserted by  
No. 23/1994  
s. 118(Sch. 1  
item 25.1(b)).

**"registered medical practitioner"** means a registered medical practitioner within the meaning of the **Medical Practice Act 1994**;

**"representative"** has the same meaning as in Part IVA of the **Medical Practitioners Act 1970**;

**"senior available next of kin"** has the same meaning as in the **Human Tissue Act 1982**;

**"special or personal care"** means—

- (a) assistance with one or more of the following—
  - (i) bathing, showering or personal hygiene;
  - (ii) toileting;
  - (iii) dressing or undressing;
  - (iv) meals; or
- (b) physical assistance for persons with mobility problems; or
- (c) assistance for persons who are mobile but require some form of supervision or assistance; or
- (d) assistance or supervision in dispensing medicine; or
- (e) the provision of substantial emotional support;

**"state funded nursing home"** means premises in respect of which a declaration under section 6 is in force;

**"supported residential service"** means premises where—

- (a) accommodation; and
- (b) special or personal care—

are provided or offered for persons (other than members of the family of the proprietor of the premises) for fee or reward but does not include a hostel;

**"visitor"** means a community (residential services) visitor appointed under Part 5.

S. 3 def. of "supported residential service" amended by No. 53/1990 s. 4(b).

**4. Interpretation: health service establishment**

A reference to the carrying on of a health service establishment is a reference to the provision of a health service by reason of the conducting of, or the carrying on of a business or undertaking at, the establishment.

**5. Interpretation: day procedure centre**

- (1) In determining for the purposes of this Act whether premises are a day procedure centre, the question whether a major activity carried on on the premises is the provision of health services of a prescribed kind or kinds shall be decided by the Chief General Manager.
- (2) The decision of the Chief General Manager under this section is final.

**6. State funded nursing home**

The Chief General Manager may, by notice published in the Government Gazette, declare premises to be a State funded nursing home if—

- (a) in the opinion of the Chief General Manager a business is carried on at those premises on a not-for-profit basis of providing accommodation to persons who—

*Health Services Act 1988*

*Act No. 49/1988*

s. 7

S. 6(a)(i)  
amended by  
No. 23/1994  
s. 118(Sch. 1  
item 25.2).

(i) require the exercise of nursing supervision and care with occasional attendance by a registered medical practitioner; and

S. 6(a)(ii)  
substituted by  
No. 88/1994  
s. 6.

(ii) are persons in respect of whom nursing home benefits under an Act of the Commonwealth are provided;

(b) the Government of Victoria provides funds directly or indirectly on a recurrent basis for the carrying on of that business.

**7. Designated public hospital**

S. 7(1)  
amended by  
Nos 88/1994  
s. 7(1),  
68/1996  
s. 20(1).

(1) The Chief General Manager may, by notice published in the Government Gazette, declare a public hospital or privately-operated hospital, or any part of a public hospital or privately-operated hospital, to be a designated public hospital for the purposes of section 106 and Part 5 if the Chief General Manager is satisfied that it is desirable so to do on account of the number of older or disabled persons or persons receiving chronic care in the public hospital or privately-operated hospital or part, being persons in respect of whom nursing home or hostel benefits under an Act of the Commonwealth are provided.

S. 7(2)  
amended by  
Nos 88/1994  
s. 7(2),  
68/1996  
s. 20(2).

(2) Where a public hospital or privately-operated hospital or any part of a public hospital or privately operated hospital is declared to be a designated public hospital, section 106 applies to that hospital or part as if it were a supported residential service.

S. 7(3)  
inserted by  
No. 68/1996  
s. 20(3).

(3) If a privately-operated hospital or any part of a privately-operated hospital is declared to be a designated public hospital, section 106 applies to that hospital or part only to the extent to which it provides health services to public hospital patients.

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**8. Amendment of Schedules**

- (1) The Governor in Council, by Order published in the Government Gazette, may amend Schedule 1, 2 or 3 by—

S. 8(1)  
amended by  
No. 46/1995  
s. 5.

(a) adding the name of a hospital; or

(b) removing the name of a hospital; or

(c) amending the name of a hospital.

- (2) The Governor in Council must not remove the name of a hospital from Schedule 2 and add the name to Schedule 1 unless the hospital has ceased to be controlled by a religious denomination.

- (3) The Governor in Council, by Order published in the Government Gazette, may amend Schedule 4 by—

S. 8(3)  
inserted by  
No. 68/1996  
s. 21.

(a) adding the name of a hospital within the meaning of Part 3A; or

(b) removing the name of a hospital if it has ceased to be a hospital within the meaning of part 3A; or

(c) amending the name of a hospital.

**9. Objectives**

The objectives of this Act are to make provision to ensure that—

(a) health services provided by health care agencies are of a high quality; and

(b) an adequate range of essential health services is available to all persons resident in Victoria irrespective of where they live or whatever their social or economic status; and

(c) public funds—

- 
- (i) are used effectively by health care agencies; and
  - (ii) are allocated according to need; and
  - (d) health care agencies are accountable to the public; and
  - (e) users of health services are provided with sufficient information in appropriate forms and languages to make informed decisions about health care; and
  - (f) health care workers are able to participate in decisions affecting their work environment; and
  - (g) users of health services are able to choose the type of health care most appropriate to their needs.

S. 10  
amended by  
No. 88/1994  
s. 8.

**10. *Principles applying to hostels, nursing homes and supported residential services***

It is the intention of the Parliament that the following principles be given effect in the administration of this Act with respect to residents in supported residential services—

S. 10(a)  
amended by  
No. 23/1994  
s. 118(Sch. 1  
item 25.3).

- (a) residents are entitled to high quality health care and personal care, to their choice of registered medical practitioner or other provider of health services and to an informed choice of appropriate treatment;
  - (b) residents should be provided with a sufficient level of nutrition, warmth, clothing and shelter in a home-like environment;
  - (c) services should be provided in a safe physical environment and the residents' right to choose to participate in activities involving a degree of risk should be recognised;
-

- 
- (d) residents should be treated with dignity and respect and are entitled to privacy;
  - (e) residents should be provided with and be encouraged to participate in activities appropriate to their interests and needs and to physical and social rehabilitation;
  - (f) residents are entitled to social independence including the right to choose and pursue friendships with members of either sex, to practise religion and cultural customs and to exercise rights as citizens;
  - (g) residents are entitled to the right to manage their own finances wherever possible;
  - (h) residents are entitled to freedom of choice to the extent that it does not unreasonably infringe the rights of others and the freedom to comment about the provision of health services.

**11. Exemptions**

- (1) The Governor in Council, by Order published in the Government Gazette, may declare that any provisions of Part 3 or Part 4 specified in the Order do not have effect in relation to a specified person or agency or class of person or agency.
- (1A) The Governor in Council, by Order published in the Government Gazette, may declare that any or all of the provisions of this Act specified in the Order do not apply to a specified health service establishment or class of establishment.
- (2) An Order under this section is subject to such terms and conditions (if any) as are specified in the Order.
- (3) An Order under this section has effect according to its tenor.

S. 11(1A)  
inserted by  
No. 53/1990  
s. 5(1).

S. 11(2)  
amended by  
No. 53/1990  
s. 5(2).

*Health Services Act 1988*

*Act No. 49/1988*

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- (4) A person to whom an Order under this section applies must comply with the terms and conditions (if any) to which the Order is subject.

Penalty applying to this sub-section: 100 penalty units.

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**PART 2—HEALTH SERVICES DEVELOPMENT  
GUIDELINES**

**12. *Preparation of draft guidelines***

The Minister, after consulting widely with any persons who may be affected, may prepare draft guidelines for all or any of the following—

- (a) the orderly development of health services in the whole or any part of Victoria;
- (aa) the adequacy of health services in any part of Victoria;
- (b) the improvement of the quality of health care and health facilities;
- (c) the improved distribution of health services and health facilities throughout Victoria or in any part of Victoria;
- (d) the avoidance of unnecessary and costly duplication of health services and health facilities;
- (e) the division of Victoria into areas for the purposes of delivery of health services.

S. 12(aa)  
inserted by  
No. 53/1990  
s. 6.

**13. *Notice of draft guidelines***

- (1) The Minister must cause a notice of draft guidelines prepared under section 12 to be published—
  - (a) in the Government Gazette; and
  - (b) in a newspaper circulating generally in Victoria; and
  - (c) if a guideline applies to a particular area of Victoria, in another newspaper circulating generally in that area.



- (2) The notice must—
- (a) state where copies of the draft guidelines can be obtained; and
  - (b) specify a period of not less than 60 days after the date of the notice for making submissions to the Minister on the draft guidelines.

**14. *Approval of guidelines***

- (1) If, after considering any submissions received, the Minister decides to proceed with the draft guidelines with or without amendments, the Minister may recommend to the Governor in Council that the guidelines be approved in the form recommended by the Minister.
- (2) The Governor in Council may—
  - (a) approve; or
  - (b) refuse to approve—the guidelines recommended by the Minister.

**15. *Publication of approved guidelines***

The Minister must cause notice of any approved guidelines to be published in the Government Gazette.

**16. *Operation of guideline***

An approved guideline—

- (a) has effect on and from the day on which it is published or if a later day is specified in the notice, that later day; and
- (b) unless sooner revoked, has effect for 3 years.

**17. *Revocation of guideline***

- (1) The Governor in Council may revoke a guideline by notice published in the Government Gazette.
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*Health Services Act 1988*

*Act No. 49/1988*

s. 17

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- (2) The revocation of a guideline has effect on and after the day specified in the notice, being a day not less than 30 days after the day on which the notice is published in the Government Gazette.
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Pt 2A  
(Heading and  
s. 17AA)  
inserted by  
No. 46/1995  
s. 6.

**PART 2A—MEDICARE PRINCIPLES AND COMMITMENTS**

S. 17AA  
inserted by  
No. 46/1995  
s. 6.

**17AA. Medicare Principles and Commitments**

- (1) The Medicare Principles and Commitments are established as guidelines for the delivery of public hospital services to eligible persons in Victoria.
- (2) The Medicare Principles and Commitments are as follows—

**MEDICARE PRINCIPLES**

The Commonwealth and the States are committed to the following principles in the provision of public hospital services:

Explanatory Note:           The Principles focus on the provision of public hospital services to eligible persons, but operate in an environment where eligible persons have the right to choose private health care in public and private hospitals supported by private health insurance.

*Choices of services*

Principle 1:           Eligible persons must be given the choice to receive public hospital services free of charge as public patients.

Explanatory Note 1:       Hospital services include in-patient, out-patient, emergency services (including primary care where appropriate) and day patient services consistent with currently acceptable medical and health service standard.

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Explanatory Note 2: At the time of admission to a hospital, or as soon as practicable after that, an eligible person will be required to elect or confirm whether he or she wishes to be treated as a public or private patient.

*Universality of services*

Principle 2: Access to public hospital services is to be on the basis of clinical need.

Explanatory Note 1: None of the following factors are to be a determinant of an eligible person's priority for receiving hospital services:

- whether or not an eligible person has health insurance;
- an eligible person's financial status or place of residence;
- whether or not an eligible person intends to elect, or elects, to be treated as a public or private patient.

Explanatory Note 2: This principle applies equally to waiting times for elective surgery.

*Equity in service provision*

Principle 3: To the maximum practicable extent, a State will ensure the provision of public hospital services equitably to all eligible persons, regardless of their geographical location.

Explanatory Note 1: This principle does not require a local hospital to be equipped to provide eligible persons with

every hospital service they may need.

Explanatory Note 2: In rural and remote areas, a State should ensure provision of reasonable public access to a basic range of hospital services which are in accord with clinical practices.

### COMMITMENTS

In order to achieve Principles 1 to 3, the Commonwealth and States make the following Commitments regarding public hospital services for eligible persons:

#### *Information about service provision*

Commitment 1: The Commonwealth and a State must make available information on the public hospital services eligible persons can expect to receive as public patients.

Explanatory Note 1: The State development of a Public Patients' Hospital Charter in consultation with the Commonwealth will be a vehicle for the public dissemination of this information.

Explanatory Note 2: The Charter will set out the public hospital services available to public patients.

#### *Efficiency and quality in service provision*

Commitment 2: The Commonwealth and the States are committed to making improvements in the efficiency, effectiveness and quality of hospital service delivery.

Explanatory Note: This includes a commitment to quality improvement, outcome measurement, management efficiency and effort to integrate

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the delivery of hospital and other  
health and health-related  
community services.

- (3) Nothing in this Part gives rise to, or can be taken into account in, any civil cause of action, and, without limiting the generality of the foregoing, nothing in this Part operates to create in any person legal rights not in existence before the commencement of section 6 of the **Health Services (Metropolitan Hospitals) Act 1995**.
- (4) In this Part, "**eligible person**" and "**public patient**" have the same meanings as they have in the Health Insurance Act 1973 of the Commonwealth.
- (5) In this Part, a reference to public hospital services includes a reference to services provided to public hospital patients by privately-operated hospitals.

S. 17AA(5)  
inserted by  
No. 68/1996  
s. 22.

**PART 3—AGENCIES**

**Division 1—Public Funding**

S. 17AB  
inserted by  
No. 68/1996  
s. 23.

**17AB. Definition**

In this Division, "agency" does not include a privately-operated hospital.

S. 17A  
inserted by  
No. 112/1993  
s. 4.

**17A. Power to fund agencies**

- (1) The Chief General Manager may provide grants, payments, subsidies or other financial assistance to agencies from funds administered by the Chief General Manager for that purpose on the terms and conditions that the Chief General Manager considers appropriate.
- (2) As part of the financial assistance under subsection (1), the Chief General Manager may fund, either wholly or in part, the provision of health services by an agency and the funding can be determined by reference to the nature and extent of the health service to be provided.

**18. Criteria for public funding of agencies**

In determining whether or not any grant, subsidy or other financial assistance should be given to an agency from money administered by the Chief General Manager or determining what terms and conditions (if any) should be imposed, consideration must be given to the following—

- (a) the arrangements made or to be made by the agency—
    - (i) for ensuring that it makes efficient use of its resources; and
    - (ii) for monitoring and improving the quality of health services provided by the agency; and
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- (iii) for making its services accessible to minority groups and disadvantaged people; and
  - (iv) for enabling users of its services to make informed decisions about health care; and
  - (v) for enabling its employees to participate in decisions about their work environment;
- (b) whether the provision of services of any kind by the agency is likely to result in more than adequate services of that kind becoming available in any area;
  - (c) whether the provision of services by the agency is consistent with any guidelines in force under Part 2;
  - (d) whether the agency has complied with any health service agreement or interim funding statement relating to it;
  - (e) if the agency has failed to comply with a health service agreement or interim funding statement, the reasons for non-compliance;
  - (ea) the terms of any agreement between the agency and the Chief General Manager under which the agency is to provide health services, and the provision of those health services is to be funded in whole or in part by the Chief General Manager;
  - (eb) in the case of an agency which is a public hospital or a denominational hospital, whether it has complied with any direction given under section 42(1)(ia), and if it has failed to comply with that direction, the reasons for non-compliance;
  - (f) any other relevant matters.
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S. 18(ea)  
inserted by  
No. 112/1993  
s. 5.

S. 18(eb)  
inserted by  
No. 112/1993  
s. 5.



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**Division 1A—Case mix funding**

Pt 3 Div. 1A  
(Heading and  
ss 18A–18F)  
inserted by  
No. 112/1993  
s. 6.  
S. 18A  
inserted by  
No. 112/1993  
s. 6, amended  
by No.  
68/1996  
s. 24(1).

**18A. Definition**

- (1) In this Division, "**case mix funding system**" means the system of funding health services provided by a public hospital or denominational hospital based on formulae that determine the relative weighting of particular classes of health services.
- (2) In this Division, "**public hospital**" includes a privately-operated hospital to the extent to which it provides health services to public hospital patients and references to patients must be construed as including public hospital patients in such a hospital.

S. 18A(2)  
inserted by  
No. 68/1996  
s. 24(2).

**18B. Case mix auditors**

- (1) The Chief General Manager may engage—
  - (a) a registered provider within the meaning of the **Health Services (Conciliation and Review) Act 1987**; or
  - (b) a person with qualifications which, in the opinion of the Chief General Manager are appropriate, and who belongs to a class of persons designated for the purpose of this paragraph by the Governor in Council by Order published in the Government Gazette—

to be a case mix auditor on any terms and conditions that the Chief General Manager thinks fit, and the **Public Sector Management Act 1992**

S. 18B  
inserted by  
No. 112/1993  
s. 6.

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does not apply to any person in respect of an appointment under this sub-section.

- (2) The Chief General Manager may designate an authorised officer to be a case mix auditor.
- (3) The Chief General Manager must issue to a case mix auditor a copy of his or her authorisation to act as a case mix auditor.

**18C. *Functions of case mix auditors***

The function of a case mix auditor is to determine whether the case mix funding system is being effectively implemented by a public hospital or denominational hospital by—

- (a) monitoring funding under the case mix formulae; and
- (b) detecting errors in the classification of patient data by random inspection of patient medical records; and
- (c) assisting a public hospital or denominational hospital to identify problems which may arise in the implementation and administration of case mix funding; and
- (d) providing information that does not identify patients or individuals to the Chief General Manager for statistical purposes.

S. 18C  
inserted by  
No. 112/1993  
s. 6.

**18D. *Powers of case mix auditors***

- (1) A case mix auditor may, at any reasonable time, enter the premises of a public hospital or denominational hospital for the purposes of ascertaining that the case mix funding system is being correctly implemented and may—
  - (a) inspect any relevant patient medical records or other relevant documents; and

S. 18D  
inserted by  
No. 112/1993  
s. 6.

- (b) extract or copy information that does not identify individuals; and
  - (c) ask questions of any person employed in the public hospital or denominational hospital to determine whether case mix data are being correctly reported.
- (2) Sub-section (1) does not apply to any information or document relating to the proceedings of or prepared for the purposes of an approved quality assurance body declared under section 139 unless that information or document does not identify, either expressly or by implication, a particular individual or particular individuals.
- (3) A case mix auditor must produce a copy of his or her authorisation to act as a case mix auditor if requested to do so.

S. 18E  
inserted by  
No. 112/1993  
s. 6.

**18E. Confidentiality requirements**

- (1) A person who is, or at any time has been, a case mix auditor must not, except to the extent necessary to perform any official duties or to perform or exercise any power or function under this Act, either directly or indirectly, make a record of or divulge or communicate to any person any information that is or was acquired by the person by reason of being, or having been, a case mix auditor or make use of any such information for any purpose other than the performance of official duties or the performance or exercise of that function or power.

Penalty: 100 penalty units.

- (2) Sub-section (1) does not preclude a person from—
- (a) producing a document to a court in the course of criminal proceedings; or
  - (b) divulging or communicating to a court in the course of any criminal proceedings any
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matter or thing coming under the notice of the person in the performance of official duties or in the performance or exercise of a power referred to in sub-section (1); or

- (c) producing a document or divulging or communicating information that is expressly authorised or permitted by any Act to be produced, divulged or communicated; or
- (d) producing a document or divulging or communicating information with the prior consent of the person to whom it relates, or if that person has died, with the consent of the senior available next of kin of that person.

- (3) In this section, "**court**" includes any board, tribunal or person authorised to receive evidence.

**18F. Immunity**

No civil or criminal proceedings lie against a case mix auditor for any thing done in the exercise of the powers under section 18D in good faith and with reasonable care.

S. 18F  
inserted by  
No. 112/1993  
s. 6.

**Division 2—Registration of Certain Agencies**

**19. Definition**

In this Division, "**agency**" does not include—

- (a) a public hospital; or
- (b) a denominational hospital; or
- (c) a privately-operated hospital.

S. 19(b)  
amended by  
No. 68/1996  
s. 25.  
S. 19(c)  
inserted by  
No. 68/1996  
s. 25.

**20. Registration as condition of funding**

- (1) The Chief General Manager may determine that an agency shall not receive, or continue to receive, any grants, subsidies or other financial assistance from money administered by the Chief General Manager for the purposes of health care unless it is registered under this Division.
- (2) Before making a determination for the purposes of sub-section (1), the Chief General Manager—
  - (a) must have regard to the following—
    - (i) the extent and nature of the health services provided by the agency;
    - (ii) whether the agency is likely to seek recurrent funding;
    - (iii) the extent to which the agency is funded from money administered by the Chief General Manager or otherwise provided by the Government; and
  - (b) if the agency is funded from money provided by the Government but not administered by the Chief General Manager, must consult with any Department that provides significant grants, subsidies or other financial assistance to the agency.
- (3) If the Chief General Manager makes a determination for the purposes of sub-section (1)—
  - (a) the Chief General Manager must give notice in writing of the determination to the agency; and
  - (b) the agency may apply to the Chief General Manager in the prescribed form for registration under this Division.

**21. *Conditions of registration***

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- (1) The Chief General Manager must not register an agency under this Division unless the Chief General Manager has approved the constitution, objects, purposes and by-laws of the agency.
  - (2) The Chief General Manager may refuse to register an unincorporated agency if he or she considers that, having regard to the services provided by the agency, the agency should be incorporated or should be managed by an incorporated body.

**22. Registration**

- (1) The Chief General Manager—
  - (a) may register; or
  - (b) may refuse to register—an agency that has applied for registration under section 20(3)(b).
- (2) The Chief General Manager may at any time cancel the registration of a registered funded agency.
- (3) The Chief General Manager must keep a register of registered funded agencies and must make the register available for inspection by the public during ordinary business hours.

**Division 3—Registered Funded Agencies**

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S. 23  
repealed by  
No. 88/1994  
s. 9.

**24. Rules of registered funded agency**

- (1) A registered funded agency must not—
  - (a) change its name; or

*Health Services Act 1988*

*Act No. 49/1988*

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S. 24(1)(c)  
amended by  
No. 53/1990  
s. 7(a).

S. 24(1)(d)  
inserted by  
No. 53/1990  
s. 7(b).

(b) change its objects or purposes; or

(c) amend or alter its constitution; or

(d) make, amend or alter its by-laws—

without the approval in writing of the Chief  
General Manager.

(2) If the Chief General Manager directs a registered  
funded agency to amend or alter its constitution,  
objects, purposes or by-laws or make by-laws  
with respect to—

(a) the management of the agency; or

(b) the provision of services by the agency; or

(c) the election of committees or office bearers  
of the agency; or

(d) except in the case of an agency to which  
Division 7 applies, the auditing of financial  
statements of the agency; or

(e) the disposition of any surplus assets on the  
dissolution of the agency; or

(f) in the case of a public hospital, the  
procedures for appointing registered medical  
practitioners and defining their clinical  
responsibilities; or

(g) in the case of a community health centre or  
other agency registered under Division 2, the  
keeping of accounts and records, the  
qualifications of auditors and reporting to the  
Minister—

S. 24(2)(f)  
amended by  
No. 23/1994  
s. 118(Sch. 1  
item 25.4).

the agency must amend or alter its constitution,  
objects or purposes or by-laws or make by-laws  
accordingly.

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- (3) A registered funded agency must not do or permit or suffer anything to be done that is inconsistent with its objects or is not otherwise authorised by or under this Act.
  - (4) Sub-sections (1) and (2) do not apply to a denominational hospital.

**25. Chief executive officer**

- (1) Each registered funded agency must appoint a person as the chief executive officer (by whatever name called) and must cause any vacancy in the office of chief executive officer to be filled as soon as possible.
- (2) A registered funded agency must not appoint a person as chief executive officer unless the appointment of that person is approved by the Chief General Manager.

**26. Health service agreements**

- (1) A registered funded agency may enter into a health service agreement in respect of each financial year with the Chief General Manager.
- (2) The terms of a health service agreement shall be in accordance with this Division and as agreed between the registered funded agency and the Chief General Manager.
- (3) An agreement shall be in respect of one year or such other period as is specified in the agreement.
- (4) An agreement may specify—
  - (a) particulars of services to be provided by the agency, including particulars of the volume, scope and standard of services; and
  - (b) particulars of changes proposed in the provision of services by the agency,



- including particulars of building work to be undertaken or equipment to be acquired; and
- (c) particulars of the organisation and management of the agency; and
  - (d) proposals of the agency for—
    - (i) ensuring the quality of services provided; and
    - (ii) handling complaints; and
    - (iii) enabling users of services to make informed decisions about the services; and
    - (iv) enabling its employees to participate in decisions about their work environment; and
    - (v) promoting industrial rights and the welfare of its employees; and
    - (vi) staff arrangements; and
    - (vii) keeping records and making reports; and
    - (viii) ensuring appropriate services are provided having regard to special needs of any ethnic or other minority groups; and
  - (e) limits or controls on expenditure or the entering into of contracts or agreements by the agency; and
  - (f) the provision of grants, subsidies or other assistance to the agency from money administered by the Chief General Manager for the purposes of health care; and
  - (g) any other relevant matters.
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- (5) If a registered funded agency or the Chief General Manager becomes aware of any circumstances affecting or likely to affect its or his or her ability to comply with a health service agreement—
    - (a) the agency or Chief General Manager must inform the other party in writing; and
    - (b) the other party must within six weeks respond in writing; and
    - (c) where appropriate, the parties may amend the agreement.
  - (6) A registered funded agency must make a copy of any health service agreement affecting it available for inspection by the public during ordinary business hours.
  - (7) The Chief General Manager must cause copies of any health service agreement in force under this section to be available for inspection by the public during ordinary business hours.

**27. *Interim funding statements***

- (1) If the Minister is satisfied that a registered funded agency and the Chief General Manager have failed to enter into a health service agreement, the Minister, after considering any submissions from the Chief General Manager or the agency must issue a statement relating to a period ending not later than 30 June after the issue of the statement, specifying, in relation to that period—
  - (a) the nature of any grant, subsidy or financial assistance provided or to be provided to the agency; and
  - (b) the terms and conditions of any such grant, subsidy or assistance; and
  - (c) the volume, scope and standard of services to be provided by the agency.

- (2) An interim funding statement relating to a registered funded agency issued under sub-section (1) is revoked upon the entering into of a health service agreement by the agency.
- (3) A registered funded agency must make a copy of any interim funding statement affecting it available for inspection by the public during ordinary business hours.
- (4) The Chief General Manager must cause copies of any interim funding statement in force under this section to be available for inspection by the public during ordinary business hours.

**28. *Limits or controls on expenditure or entering into of contracts etc.***

- (1) The Chief General Manager may in writing determine—
    - (a) limits or controls on expenditure, or expenditure of a specified kind, by a specified registered funded agency or class of registered funded agency; and
    - (b) limits or controls on the entering into of contracts or agreements by a specified registered funded agency or class of registered funded agency—and may, in writing, vary or revoke any such determination.
  - (2) A determination under sub-section (1) may be made subject to conditions.
  - (3) In making a determination under sub-section (1), the Chief General Manager must have regard to—
    - (a) the record of the agency or agencies included in the class of agency in management of resources and the provision of health services; and
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- (b) the extent to which the agency or agencies included in the class of agency receives or receive grants, subsidies or other assistance from money administered by the Chief General Manager or otherwise provided by the Government; and
  - (c) the nature of the health services provided or to be provided by the agency or agencies included in the class of agency; and
  - (d) whether or not any relevant health service agreement or interim funding statement is in force.
- (4) The Chief General Manager must cause a copy of a determination under this section to be given to each registered funded agency to which it applies.

**29. *Power to invest***

A registered funded agency may invest money in any manner authorised by law for the time being for the investment of trust funds.

**30. *Approved borrowers and guarantees***

- (1) The Minister and the Treasurer may declare a registered funded agency to be an approved borrower for the purposes of this section.
- (2) An approved borrower may, with the approval of the Minister and the Treasurer, obtain financial accommodation, whether within or outside Victoria, secured or arranged in a manner and for a period approved by the Treasurer.
- (3) The due satisfaction of amounts payable by a registered funded agency as a result of or in connection with the provision to the registered funded agency of financial accommodation to which sub-section (2) applies including, without limiting the generality of the foregoing, the payment of the expenses of enforcing or obtaining

or endeavouring to enforce or obtain such satisfaction, is guaranteed by the Government of Victoria.

- (4) An amount required by the Treasurer to satisfy a guarantee given under sub-section (3) shall be paid out of the Consolidated Fund which is hereby to the necessary extent appropriated accordingly and any amount recovered by the Treasurer in respect of an amount so paid by the Treasurer shall be paid into the Consolidated Fund.

#### **Division 4—Public Hospitals**

##### **31. *Incorporation***

Each public hospital, by operation of this Act—

- (a) is a body corporate with perpetual succession; and
- (b) shall have an official seal; and
- (c) may sue and be sued in its corporate name; and
- (d) is capable of purchasing, taking, holding, selling, leasing, taking on lease, exchanging and disposing of real and personal property; and
- (e) is capable of doing and suffering all acts and things which bodies corporate may by law do or suffer.

S. 31A  
inserted by  
No. 53/1990  
s. 8.

##### **31A. *Public hospitals do not represent Crown***

A public hospital does not represent, and shall not be taken to be part of, the Crown.

##### **32. *Objects and functions of public hospitals***

The objects of a public hospital are—

- (a) in the case of a public hospital listed in Schedule 1 at the commencement of this
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- section—the objects of the hospital as existing immediately before that commencement as altered or added to from time to time by the hospital with the approval of the Chief General Manager; and
- (b) in any other case—as approved for the time being by the hospital and the Chief General Manager.

**33. Board of management**

- (1) There shall be a board of management of each public hospital.
- (2) The functions of the board of a public hospital are—
- (a) to oversee and manage the hospital; and
- (b) to ensure that the services provided by the hospital comply with the requirements of this Act and the objects of the hospital.
- (2A) The board of a public hospital has such powers as are necessary to enable it to carry out its functions, including the power to make, amend or revoke by-laws.
- (3) The board of a public hospital shall consist of—
- (a) not less than 6 and not more than 12 natural persons—
- (i) in the case of the first board of a public hospital added to Schedule 1 after the commencement of this section, nominated by the Minister; and
- (ii) in any other case, nominated by the Minister after consideration of a name or names submitted by the board; and

**S. 33(2A)  
inserted by  
No. 53/1990  
s. 9.**

- (b) if the hospital is associated with a university and is prescribed as a clinical school of that university, a natural person nominated by the Minister from a panel of three names submitted to the board by the council of the university.
- (4) If the board does not submit a name or names for the purposes of sub-section (3)(a) within 60 days after receiving a request to do so from the Minister, the Minister may nominate a natural person or natural persons for the purposes of that sub-section.
- (5) For the purposes of sub-section (3)(a)—
  - (a) before the board submits a name or names, the board must cause a notice to be published in a newspaper circulating generally in the area where the hospital is situated inviting nominations for membership of the board; and
  - (b) if more than one name is submitted, the board must list the names in order of its preference.
- (6) For the purposes of sub-section (3)(b), where the council of a university submits names to the board of a hospital, the board must give those names to the Minister, together with any recommendations.
- (7) The members of a board shall be appointed by the Governor in Council.
- (8) The number of registered medical practitioners appointed to a board must not exceed one quarter of the number of members of the board (excluding the members referred to in sub-section (3)(b)).

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S. 33(8)  
amended by  
No. 23/1994  
s. 118(Sch. 1  
item 25.5).

S. 33(9)  
repealed by  
No. 99/1995  
s. 23.

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- (10) In nominating a person or persons for appointment to a board, the Minister must ensure that both men and women are adequately represented on the board.
- (11) A member of a board is not, in respect of the office of member, subject to the **Public Service Act 1974**.

**34. Terms and conditions of appointment**

- (1) A member of a board of a public hospital holds office for the term, not exceeding three years, specified in the instrument of appointment and is eligible for re-appointment.
- (2) A member of a board is entitled to be paid—
- (a) expenses incurred in holding office as a member of the board; and
  - (b) such remuneration as is specified in the instrument of appointment.
- (3) Despite sub-section (2)(b), a member of a board who is also a member of the Legislative Council or a member of the Legislative Assembly is not entitled to be paid remuneration as a member of the board.

S. 34(2)  
substituted by  
No. 68/1996  
s. 26.

S. 34(3)  
inserted by  
No. 68/1996  
s. 26.

**35. Removal and resignation**

- (1) A member of a board of a public hospital may resign by writing signed by that person and delivered to the Governor in Council.
- (2) The Governor in Council, on the recommendation of the Minister, may remove a member of a board from office.

**36. Annual meetings**

- (1) The chief executive officer of a public hospital must convene an annual meeting of the hospital to be held on or after 1 July and on or before 31



October (or, if the Chief General Manager in writing approves a later date, on or before that later date) in each year.

- (2) The chief executive officer of the hospital must cause notice of the annual meeting to be published in a newspaper circulating generally in the area where the public hospital is situated giving notice—
  - (a) of the date, time and place of the meeting; and
  - (b) that the meeting is open to the public.
- (3) At each annual meeting of a public hospital, the board—
  - (a) must submit the report of operations and financial statements prepared in accordance with Part 7 of the **Financial Management Act 1994**;
  - (b) must report on the health services provided to the community in the preceding year and on health services proposed to be provided in the following year; and
  - (c) must report on such other matters as are prescribed.

S. 36(3)(a)  
substituted by  
No. 46/1995  
s. 7.

### **37. Procedure of board**

Subject to this Part, the procedure of a board of a public hospital is in the discretion of the board.

### **38. Membership of board not office of profit**

A member of a board of a public hospital shall not be taken to hold an office or place of profit under the Crown which would—

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- (a) prevent the member sitting or voting as a member of the Legislative Council or Legislative Assembly; or
  - (b) make void the member's election to the Council or the Assembly; or
  - (c) prevent the member continuing to be a member of the Council or the Assembly; or
  - (d) subject the member to liability to a penalty under the **Constitution Act 1975**.

**39. Immunity**

A member of a board of a public hospital is not liable to an action or other proceedings for damages for or in relation to an act done or omitted to be done in good faith in performance or purported performance of any function or the exercise or purported exercise of any power conferred on the board.

**40. Validity of acts or decisions**

An act or decision of a board of a public hospital is not invalid by reason only of—

- (a) a defect or irregularity in or in connection with the appointment or election of a member of the board; or
- (b) a vacancy in the membership of the board.

**Division 4A—Metropolitan Hospitals**

**40A. Incorporation**

- (1) Each metropolitan hospital, by operation of this Act—

Pt 3 Div. 4A  
(Heading and  
ss 40A–40L)  
inserted by  
No. 46/1995  
s. 8.

S. 40A  
inserted by  
No. 46/1995  
s. 8.

- (a) is a body corporate with perpetual succession; and
  - (b) shall have an official seal; and
  - (c) may sue and be sued in its corporate name; and
  - (d) is capable of purchasing, taking, holding, selling, leasing, taking on lease, exchanging and disposing of real and personal property; and
  - (e) is capable of doing and suffering all acts and things which bodies corporate may by law do or suffer.
- (2) A metropolitan hospital listed in Schedule 3 at the commencement of section 8 of the **Health Services (Metropolitan Hospitals) Act 1995** continues to be the same body after that commencement as it was before that commencement.

S. 40B  
inserted by  
No. 46/1995  
s. 8.

**40B. *Metropolitan hospitals do not represent Crown***

A metropolitan hospital does not represent, and shall not be taken to be part of, the Crown.

S. 40C  
inserted by  
No. 46/1995  
s. 8.

**40C. *Objects of metropolitan hospitals***

The objects of a metropolitan hospital are—

- (a) in the case of a metropolitan hospital listed in Schedule 3 at the commencement of section 8 of the **Health Services (Metropolitan Hospitals) Act 1995**, the objects of the hospital as existing immediately before that commencement as altered or added to from time to time by the hospital with the approval of the Chief General Manager; and

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- (b) in any other case, as approved for the time being by the board of the hospital and the Chief General Manager.

**40D. Board of directors**

S. 40D  
inserted by  
No. 46/1995  
s. 8.

- (1) There shall be a board of directors of each metropolitan hospital.
- (2) The functions of the board of a metropolitan hospital are—
- (a) to establish the objects of the hospital;
  - (b) to establish the organisational structure of the hospital;
  - (c) to appoint a person to fill a vacancy in the position of chief executive officer;
  - (d) to appoint senior management staff in consultation with the chief executive officer;
  - (e) to oversee the management of the hospital by the chief executive officer;
  - (f) to develop a business plan for the operation of the hospital; and
  - (g) to develop plans, strategies and budgets to ensure the provision of health services by the hospital and the long term financial viability of the hospital;
  - (h) to monitor the performance of the hospital;
  - (i) to monitor the performance of the chief executive officer of the hospital.
- (3) The board of a metropolitan hospital has such powers as are necessary to enable it to carry out its functions, including the power to make, amend or revoke by-laws.

**40E. Directors**

S. 40E  
inserted by  
No. 46/1995  
s. 8.

- (1) The board of a metropolitan hospital shall consist
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of not less than 6 and not more than 9 persons appointed by the Governor in Council on the recommendation of the Minister.

- (2) The **Public Sector Management Act 1992** (including Part 9) does not apply to a director of a board of a metropolitan hospital in respect of the office of director.
- (3) The board of a hospital that, on the commencement of section 8 of the **Health Services (Metropolitan Hospitals) Act 1995**, becomes a metropolitan hospital continues as the board of the metropolitan hospital until the appointment of a board under sub-section (1) of this section.
- (4) Sections 34, 35, 38, 39 and 40 continue to apply to a board that continues in existence under sub-section (3) and to the members of such a board.

S. 40F  
inserted by  
No. 46/1995  
s. 8.

#### **40F. *Terms and conditions***

- (1) A director of a board of a metropolitan hospital holds office for the term, not exceeding 3 years, specified in the instrument of appointment and is eligible for re-appointment.
- (2) A director of a board is entitled to be paid—
  - (a) expenses incurred in holding office as a director of the board; and
  - (b) such remuneration as is specified in the instrument of appointment.

S. 40G  
inserted by  
No. 46/1995  
s. 8.

#### **40G. *Removal and resignation***

- (1) A director of a board of a metropolitan hospital may resign by writing signed by that person and delivered to the Governor in Council.
- (2) The Governor in Council, on the recommendation of the Minister, may remove a director of a board from office.

- (3) The Minister may not recommend the removal of a director of a board from office unless the Minister is satisfied that—
- (a) the director is physically or mentally unable to fulfil the role of a director of a board; or
  - (b) the director has been convicted or found guilty of an offence, the commission of which, in the opinion of the Minister, makes the director unsuitable to be a director of a board; or
  - (c) the director has been absent, without leave of the board, from all meetings of the board held during a period of 6 months; or
  - (d) the director is an insolvent under administration within the meaning of the Corporations Law.

**40H. Annual meetings**

- (1) The board of a metropolitan hospital must ensure that the chief executive officer convenes an annual meeting of the hospital to be held on or after 1 July and on or before 31 October (or, if the Chief General Manager in writing approves a later date, on or before that later date) in each year.
- (2) Nothing in sub-section (1) requires an annual meeting of a metropolitan hospital to be held before the hospital has been a metropolitan hospital for 12 months.
- (3) The chief executive officer of the hospital must cause notice of the annual meeting to be published in a newspaper circulating generally in the area where the metropolitan hospital is situated giving notice—
  - (a) of the date, time and place of the meeting; and

**S. 40H  
inserted by  
No. 46/1995  
s. 8.**

- (b) that the meeting is open to the public.
- (4) At each annual meeting of a metropolitan hospital, the board—
  - (a) must submit the report of operations and financial statements prepared in accordance with Part 7 of the **Financial Management Act 1994**; and
  - (b) must report on the health services provided to the community in the preceding year and on health services proposed to be provided in the following year; and
  - (c) must report on such other matters as are prescribed.

S. 40I  
inserted by  
No. 46/1995  
s. 8.

**40I. Procedure of board**

Subject to this Part, the procedure of a board of a metropolitan hospital is in the discretion of the board.

S. 40J  
inserted by  
No. 46/1995  
s. 8.

**40J. Immunity**

A director of a board of a metropolitan hospital is not liable to an action or other proceedings for damages for or in relation to an act done or omitted to be done in good faith in performance or purported performance of any function or the exercise or purported exercise of any power conferred on the board.

S. 40K  
inserted by  
No. 46/1995  
s. 8.

**40K. Validity of acts or decisions**

An act or decision of a board of a metropolitan hospital is not invalid by reason only of—

- (a) a defect or irregularity in or in connection with the appointment or election of a director of the board; or
  - (b) a vacancy in the directorship of the board.
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**40L. Advisory committees**

S. 40L  
inserted by  
No. 46/1995  
s. 8.

The board of a metropolitan hospital—

- (a) must appoint an advisory committee consisting of such number of representatives of the community nominated by the board as the board determines; and
- (b) must appoint an advisory committee consisting of such number of persons nominated by the board as the board determines, being persons qualified in the provision of health services; and
- (c) may appoint such other advisory committees as it determines.

**Division 5—Public Hospitals and Denominational Hospitals**

**41. Powers and duties**

- (1) The powers of a public hospital or denominational hospital include all such powers as are necessary to enable the hospital to carry out its objects and do all things it is required or permitted to do under this Act and, without limiting the generality of the foregoing, power—
  - (a) to undertake commercial exploitation of any research or intellectual property rights undertaken by or belonging to the hospital for any purpose relating to the carrying on of the hospital; and
  - (b) to be a member of or form or participate in the formation of a company, association, trust or partnership, the objects or purposes of which include one or more objects or purposes that are incidental or conducive to the exercise of any other powers of the hospital; and



S. 41(2)  
amended by  
No. 23/1994  
s. 118(Sch. 1  
item 25.6).

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- (c) to enter into a joint venture with another person or other persons if the objects or purposes of the joint venture include one or more objects or purposes that are incidental or conducive to the exercise of the powers of the hospital; and
  - (d) in the case of a denominational hospital, to do such other things as are consistent with this Act and are conferred on the hospital under its constitution.
- (2) The board of a public hospital or denominational hospital must not dismiss or suspend any registered medical practitioner employed or engaged by the hospital unless the board—
- (a) where there has been an allegation against the registered medical practitioner, inquires into any matter alleged; and
  - (b) gives the registered medical practitioner an opportunity to be heard.

**42. *Hospital must comply with directions of Chief General Manager***

- (1) The Chief General Manager, for the purpose of carrying out functions and powers under this Act or for carrying out the objectives of this Act, may in writing give directions to a public hospital or denominational hospital in relation to all or any of the following matters—
- (a) the purposes which the hospital should serve or refrain from serving and those to which it should give priority;
  - (b) the manner in which and extent to which the hospital should provide training for persons engaged or intending to engage in health care;
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*Health Services Act 1988*

*Act No. 49/1988*

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- (c) the number and type of persons which the hospital should employ or from whom it should obtain services and their conditions of employment or service;
- (d) the number and types of patients the hospital should treat;
- (e) the facilities which the hospital should employ or should refrain from employing;
- (f) the extent to which and the conditions on which the hospital should make use of facilities or services provided by another hospital or should allow another hospital to make use of its facilities or services;
- (g) the manner in which, and extent to which, the admission of patients, patient care and treatment should be co-ordinated between hospitals, registered funded agencies and health service establishments;
- (h) the accounts and records which should be kept by the hospital and the returns and other information which should be supplied to the Chief General Manager;
- (i) the inspection of its facilities and its accounts and records by the Chief General Manager;
- (ia) the carrying out of audits for case mix funding purposes;
- (j) on to be taken or avoided to enable the State to comply with the terms of any agreement made between it and the Commonwealth of Australia or any other State.

S. 42(1)(ia)  
inserted by  
No. 112/1993  
s. 7.

- (2) A direction may be given generally or in relation to public hospitals, denominational hospitals or a specified hospital or class of hospitals.
- (3) The Chief General Manager must give a copy of a direction under this section to each public hospital or denominational hospital to which it applies.
- (4) The board of a public hospital or denominational hospital must comply with a direction under this section that applies to that hospital.
- (5) A direction applying to a hospital under this section has effect despite anything to the contrary in any health service agreement or interim funding statement having effect in relation to that hospital.

#### **43. *Companies (Victoria) Code not to apply***

The **Companies (Victoria) Code** does not apply to a public hospital or denominational hospital, other than a denominational hospital that is a company or recognised company within the meaning of that Code.

#### **44. *Trustees' power to transfer certain property***

- (1) The trustees of any real or personal property held on trust for the general purposes of a hostel or nursing home may enter into agreements to enable the whole or any part of that real or personal property to vest in a public hospital or denominational hospital.
- (2) An agreement entered into under sub-section (1) has no effect unless it has been approved by the Governor in Council.

### **Division 6—Community Health Centres**

#### **45. *Community health centres***

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- (1) If the Chief General Manager is satisfied—
- (a) that an agency registered under Division 2 is an agency that serves a particular area; and
  - (b) that in the circumstances it is appropriate so to do—
- the Chief General Manager may, by notice published in the Government Gazette, declare—
- (c) the agency to be a community health centre; and
  - (d) the area specified in the notice to be the area served by the community health centre.
- (2) The Chief General Manager may, by notice published in the Government Gazette—
- (a) after consultation with a community health centre, vary the area specified to be the area served by the centre; or
  - (b) revoke the declaration of an agency as a community health centre.

**46. Board of management**

- (1) There shall be a board of management of each community health centre.
- (2) The board of a community health centre shall consist of not less than 7 and not more than 9 natural persons aged 18 years or more.
- (3) The members of the board shall be appointed by the Governor in Council on the nomination of the Minister and, except in the case of the first members, shall be so nominated after consultation with the board.
- (4) The **Public Sector Management Act 1992** (including Part 9) does not apply to a member of a board in respect of the office of member.

S. 46  
amended by  
Nos 53/1990  
s. 10(1),  
23/1994  
s. 118(Sch. 1  
item 25.7),  
substituted by  
No. 17/1997  
s. 3.

S. 47  
amended by  
No. 53/1990  
s. 10(2)(3),  
substituted by  
No. 17/1997  
s. 3.

**47. Terms and conditions of appointment**

- (1) A member of a board of a community health centre holds office for the term, not exceeding 3 years, specified in the instrument of appointment and is eligible for re-appointment.
- (2) The term of office of a member must be fixed so that, as nearly as possible, one third of the membership of the board is or becomes vacant each year.
- (3) A person appointed to fill a vacancy on a board which arises otherwise than by expiry of a member's term of office holds office for the remainder of that member's term.

S. 48  
substituted by  
No. 17/1997  
s. 3.

**48. Resignation and removal**

- (1) A member of a board of a community health centre may resign by writing delivered to the Governor in Council.
- (2) The Governor in Council, on the recommendation of the Minister, may remove a member of a board from office.

S. 49  
substituted by  
No. 17/1997  
s. 3.

**49. Validity of acts or decisions**

An act or decision of a board of a community health centre is not invalid by reason only of—

- (a) a defect or irregularity in or in connection with the appointment of a member of the board; or
- (b) a vacancy in the membership of the board.

**50. Procedure of the board**

- (1) A majority of members of the board for the time being constitutes a quorum of the board.
- (2) Subject to this Division, the procedure of a board of a community health centre is in the discretion of the board.

S. 50 amended by No. 1/1989 s. 4(1), substituted by No. 17/1997 s. 3.

**51. Transitional**

A member of a board of a community health centre holding office immediately before the commencement of section 3 of the **Health Services (Community Health Centres) Act 1997** ceases to hold office on that commencement.

S. 51 amended by No. 53/1990 s. 10(4), substituted by No. 17/1997 s. 3.

Pt 3 Div. 7 (Heading and ss 52–56) repealed by No. 31/1994 s. 4(Sch. 2 item 40), new Pt 3 Div. 7 (Heading and ss 52–57B) inserted by No. 68/1996 s. 27.

**Division 7—Transitional Management Agreements**

**52. Definitions**

In this Division—

**"administrator"**, in relation to a public hospital, means the administrator appointed under section 55(3);

New s. 52 inserted by No. 68/1996 s. 27.

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**"manager"** means a party to an agreement with the Minister under section 53(1), other than the public hospital that is the subject of that agreement.

New s. 53  
inserted by  
No. 68/1996  
s. 27.

**53. Minister may enter into transitional management agreements**

- (1) The Minister may, for and on behalf of the Crown, enter into an agreement with a person or body and a specified public hospital for the management by that person or body of that public hospital.
- (2) The Minister may only enter into an agreement under sub-section (1) in relation to a public hospital providing services that are to be replaced by services to be provided by a privately-operated hospital in accordance with an agreement previously entered into by the Minister under section 69B(1) or being then entered into by him or her.
- (3) The Minister must obtain the written approval of the Treasurer before entering into an agreement under sub-section (1).
- (4) Nothing in this section—
  - (a) limits, or takes away, any other power of the Minister, whether under this or any other Act or otherwise, to enter into agreements for the provision of health services; or
  - (b) limits, or takes away, any power of the Chief General Manager under this Act to enter into health service agreements.

New s. 54  
inserted by  
No. 68/1996  
s. 27.

**54. Matters to be included in agreement**

- (1) An agreement under section 53(1) may—
  - (a) provide for the management and operation of the hospital;

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- (b) provide for the maintenance and repair of the hospital;
  - (c) provide for the services to be provided by the manager to hospital patients;
  - (d) provide for the fees, costs and charges to be paid to the manager;
  - (e) provide for objectives and performance standards in relation to the manager's operations under the agreement;
  - (f) provide for consultation by the manager, as specified in the agreement, with a body representative of community views identified, or appointed or selected in the manner specified, in the agreement;
  - (g) provide for the submission of periodic reports in relation to the manager's operations under the agreement;
  - (h) provide for the extent of indemnities by parties to the agreement;
  - (i) deal with financial arrangements;
  - (j) specify liabilities, risks and insurances;
  - (k) deal with the handover to the privately-operated hospital that is to replace the hospital as a service provider;
  - (l) leave any matter to be determined, approved or dispensed with by a specified person or body;
  - (m) provide for the assignment to the Minister, the Crown or any other person of any right or interest;
  - (n) provide for the creation of any security over property;



- (o) provide for the Minister to delegate powers and functions under the agreement;
- (p) provide for sub-contracting;
- (q) provide for the suspension of obligations under the agreement in specified circumstances, except the obligation referred to in paragraph (h);
- (r) provide for the Minister, the Crown or any other person or body to take over, or nominate any other person or body to take over, rights or obligations under the agreement or any other agreement or under any transaction;
- (s) provide for rights of access to the hospital;
- (t) contain any other provisions that are not inconsistent with this Act or the regulations.

New s. 55  
inserted by  
No. 68/1996  
s. 27.

#### **55. *Appointment of administrator***

- (1) If the Minister proposes to enter into an agreement under section 53(1) with respect to a public hospital, the Minister may appoint an administrator to enter into the agreement for and on behalf of the public hospital.
- (2) A public hospital is bound by an agreement entered into by an administrator for and on its behalf in accordance with sub-section (1) to the same extent as if it had been entered into by the public hospital under its official seal.
- (3) If an agreement is entered into under section 53(1) with respect to a public hospital, the Minister must before the coming into effect of that agreement appoint an administrator of the hospital for the period and subject to the terms and conditions specified in the instrument of appointment.

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- (4) An administrator appointed under sub-section (3) may be the same person as was appointed administrator under sub-section (1) in relation to the public hospital or may be a different person.

**56. Consequences of agreement**

New s. 56  
inserted by  
No. 68/1996  
s. 27.

- (1) On the coming into effect of an agreement under section 53(1)—
- (a) the members of the board of management of the public hospital that is the subject of the agreement cease to hold office; and
  - (b) except as otherwise provided by the agreement, the administrator has and may exercise all the powers and is subject to all the duties of the board of the hospital under, and comprises that board for the purposes of, this Act and the by-laws; and
  - (c) sections 33(3) to (10), 34 and 35 cease to apply in relation to the board of that hospital and continue not to so apply during the period of appointment of the administrator.
- (2) Despite anything to the contrary in Division 8 of Part 3, that Division does not apply to a public hospital that is the subject of an agreement under section 53(1) while the agreement continues in force.
- (3) A public hospital continues to be the same body after as before the coming into effect of an agreement under section 53(1) with respect to it.

**57. Right of intervention in management**

New s. 57  
inserted by  
No. 68/1996  
s. 27.

- (1) The Minister may intervene in the management of a hospital that is the subject of an agreement under section 53(1) if he or she considers that it is necessary to do so for the protection of the health

*Health Services Act 1988*

*Act No. 49/1988*

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or safety of patients receiving or requiring services at the hospital.

- (2) If the Minister intervenes in the management of a hospital, he or she may appoint the administrator appointed under section 55(3) to manage the hospital until the Minister determines that the health or safety of patients receiving or requiring services at the hospital no longer requires the administrator to manage the hospital.
- (3) If an administrator is appointed under sub-section (2), then for the period of that appointment—
  - (a) the manager must act in relation to the management or operation of the hospital in accordance with the directions of the administrator; or
  - (b) the manager must as directed by the administrator, cease to act in relation to the management or operation of the hospital completely or to the extent specified in the direction.

Penalty: 50 penalty units.

- (4) A person engaged or employed by the manager to act in relation to the management or operation of the hospital must comply with the directions of the administrator in doing so.

Penalty: 50 penalty units.

- (5) An administrator appointed under sub-section (2) has and may carry out or exercise for the period of the appointment all of the functions or powers of the manager, in relation to the management or operation of the hospital, under this Act or the regulations or the agreement under section 53(1).
  - (6) Without limiting sub-section (5), the administrator has power to do anything necessary for the protection of the health or safety of patients
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receiving or requiring health services at the hospital.

- (7) The Chief General Manager must provide the administrator with any assistance necessary to the carrying out of his or her functions or exercise of his or her powers under this section.
- (8) Nothing in this section limits, or takes away, any function or power conferred on a person (including a person on whom a function or power is conferred by this section), whether under this or any other Act or otherwise including the agreement under section 53(1).

**57A. Re-establishment of board of management**

- (1) Members may again be appointed in accordance with Division 4 to a board of management of the public hospital that is the subject of an agreement under section 53(1) if the agreement is terminated or the obligations of the manager under the agreement are suspended.
- (2) On the re-establishment under sub-section (1) of the board of management, the appointment of the administrator is revoked.
- (3) Nothing in sub-section (2) limits, or takes away, any power of the Minister under section 41 of the **Interpretation of Legislation Act 1984** in relation to the appointment of the administrator.

S. 57A  
inserted by  
No. 68/1996  
s. 27.

**57B. Closure**

The public hospital that is the subject of an agreement under section 53(1) may be closed in accordance with section 62 on the termination or expiry of the agreement.

S. 57B  
inserted by  
No. 68/1996  
s. 27.

**Division 8—Censure etc.**

S. 57  
repealed by  
No. 88/1994  
s. 10.

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**58. Powers of Minister**

- (1) If the Minister is satisfied that a registered funded agency—
- (a) is inefficiently or incompetently managed; or
  - (b) is failing to provide an effective health service; or
  - (c) has negligently failed to comply with a health service agreement or interim funding statement; or
  - (d) in the case of a public hospital or denominational hospital has failed to comply with a direction of the Chief General Manager—

the Minister may do any one or more of the following—

- (e) censure the agency in accordance with section 59;
- (f) except in the case of a denominational hospital—
  - (i) direct that the admission of patients to the agency be suspended in accordance with section 60; or
  - (ii) recommend to the Governor in Council that an administrator of the agency be appointed in accordance with section 61; or
  - (iii) recommend to the Governor in Council that the agency be closed in accordance with section 62.

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- (2) If the Minister is of the opinion that the closure of a registered funded agency is desirable for the purposes of implementing a scheme for the improvement of any local or State-wide health service, the Minister may recommend to the Governor in Council that the agency be closed in accordance with section 62.

**59. Censure**

- (1) If the Minister proposes to censure a registered funded agency, the Minister—
- (a) must give notice in writing to the agency of his or her proposal; and
  - (b) must consider any submissions, whether oral or in writing, made to the Minister by the agency within 7 days after the giving of the notice; and
  - (c) may consider any other submissions and any matters the Minister considers appropriate—
- before deciding whether or not to censure the agency.
- (2) If the Minister decides to censure the agency, the Minister must—
- (a) give notice in writing of the censure to the agency; and
  - (b) cause to be tabled in each House of the Parliament within 7 sitting days of the House after the notice is given to the agency—
    - (i) a copy of the notice; and
    - (ii) a report of the circumstances leading to the censure; and
    - (iii) a copy of any written submissions made by the agency.

**60. Suspension of admissions**

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- (1) If the Minister decides that the admission of patients or any class of patients to a registered funded agency should be suspended, the Minister—
  - (a) may in writing direct the agency to suspend such admissions forthwith or on and after a specified date; and
  - (b) must consider any submissions, whether oral or in writing, made to the Minister by the agency within 7 days after the giving of the direction and may consider any other submissions and any matters the Minister considers appropriate; and
  - (c) must decide whether or not the suspension should be withdrawn or confirmed and, if confirmed, the period for which the suspension should operate; and
  - (d) must give notice of his or her decision to the agency.
- (2) Sub-section (1) does not apply to a denominational hospital.

**61. *Appointment of administrator***

- (1) If the Minister proposes that a registered funded agency should be administered by an administrator, the Minister—
    - (a) must give notice in writing to the agency of his or her proposal; and
    - (b) must consider any submissions, whether oral or in writing, made to the Minister by the agency within 7 days after the giving of the notice; and
    - (c) may consider any other submissions and any other matters the Minister considers appropriate—
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*Health Services Act 1988*

*Act No. 49/1988*

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before deciding whether or not to recommend the appointment of an administrator.

- (2) If the Minister decides to recommend the appointment of an administrator, the Governor in Council, on the recommendation of the Minister, may appoint an administrator of the agency for such period and subject to such terms and conditions as are specified in the appointment.
- (3) An administrator of an agency appointed under this section has and may exercise all the powers and is subject to all the duties of the board of the agency.
- (4) On the appointment of an administrator, the members of the board of the agency cease to hold office.
- (5) If the Minister recommends to the Governor in Council that the appointment of the administrator of an agency should be revoked, the Governor in Council may by notice published in the Government Gazette declare that the appointment will be revoked on the date specified in the notice, being a date not less than 28 days after the publication of the notice.
- (6) If a notice is published under sub-section (5) in relation to an agency—
  - (a) members of the board of the agency shall be elected or appointed in accordance with this Part, the regulations or the rules of the agency, as the case requires; and
  - (b) on the date specified in the notice—
    - (i) the appointment of the administrator is revoked; and
    - (ii) the board of the agency is re-established.



- (7) This section does not apply to a denominational hospital.

**62. Closure**

- (1) If the Minister proposes that a registered funded agency should be closed, the Minister must cause a report of the proposal to be prepared and made available to persons who request it.
- (2) A report under sub-section (1) must include—
- (a) a statement of the circumstances giving rise to the proposal; and
  - (b) a statement of any other available options in relation to continuing the services of the agency.
- (3) If a report under sub-section (1) relates to a registered funded agency that is an incorporated association under the **Associations Incorporation Act 1981** or a company within the meaning of the **Companies (Victoria) Code**, the Minister must cause a copy of the report to be given to the Registrar of Incorporated Associations or the Commissioner for Corporate Affairs, as the case requires.
- (4) The Minister, after consideration of any submissions made on a report under sub-section (1) within 90 days after the report is made available to interested persons—
- (a) must decide whether or not to recommend the closure of the agency; and
  - (b) must give notice in writing of his or her decision to—
    - (i) the agency; and
    - (ii) in a case to which sub-section (3) applies, to the Registrar of Incorporated
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*Health Services Act 1988*

*Act No. 49/1988*

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Associations or the Commissioner for  
Corporate Affairs, as the case requires.

- (5) The Governor in Council, on the recommendation of the Minister, may by Order published in the Government Gazette direct that the registered funded agency be closed on and after the date fixed in the Order.
- (6) If an Order is published under sub-section (5)—
- (a) in the case of an agency that is an incorporated association, the Order has effect as if it were an order of the Supreme Court for the winding up of the association under Part VIII of the **Associations Incorporation Act 1981**; and
  - (b) in the case of an agency that is a company within the meaning of the **Companies (Victoria) Code**, the Order has effect as if it were an order of the Supreme Court for the winding up of the company under Part XII of the Code; and
  - (c) in the case of an agency that is incorporated in any other manner, the Order has effect in the manner specified in the Order; and
  - (d) in any other case—
    - (i) the agency shall be closed subject to and in accordance with the directions contained in the Order; and
    - (ii) the property of the agency becomes the property of the Crown and may be dealt with or disposed of accordingly; and
    - (iii) the liabilities of the agency become liabilities of the Crown.
- (7) This section does not apply to a denominational hospital.
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**Division 9—Amalgamation of Registered Funded Agencies**

S. 63  
repealed by  
No. 88/1994  
s. 11.

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**64. Proposal for amalgamation**

- (1) If the Chief General Manager considers that the provision of health services by two or more registered funded agencies (none of which is a denominational hospital) may be more effective if the agencies were amalgamated, the Chief General Manager must cause to be prepared a report outlining proposals and options for the more effective provision of health services, including the proposal for amalgamation.
- (2) A proposal for amalgamation under sub-section (1) may be made in respect of—
  - (a) two or more registered funded agencies of the kind mentioned in a paragraph of sub-section (3); or
  - (b) a combination of two or more agencies of any kind mentioned in sub-section (3).
- (3) For the purposes of sub-section (2), the kinds of registered funded agencies are—
  - (a) an agency which is an unincorporated body;
  - (b) an agency which is incorporated under this Act;
  - (c) an agency which is an incorporated association under the **Associations Incorporation Act 1981**;
  - (d) an agency which is a company within the meaning of the **Companies (Victoria) Code**.
- (4) The Chief General Manager must cause copies of each report under sub-section (1)—

*Health Services Act 1988*

*Act No. 49/1988*

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- (a) to be given to each registered funded agency concerned; and
  - (b) to be made available on request to members of the public.
- (5) Any person may make submissions to the Chief General Manager on the report before the expiration of the period specified in the report (not being less than 60 days after a copy is given to each registered funded agency concerned).
- (6) If, after considering any submissions made to the Chief General Manager on the report during the period referred to in sub-section (5), the Chief General Manager considers the proposal for amalgamation should be implemented in whole or in part, the Chief General Manager must advise the Minister accordingly.
- (7) The Chief General Manager must not advise the Minister to implement the proposal for amalgamation in whole or in part unless the Chief General Manager is satisfied that the amalgamation is likely to result in the more effective provision of health services having regard to—
- (a) the possible benefits to Victoria in the form of improved health services throughout Victoria or in any part of Victoria; and
  - (b) the possible economic consequences of amalgamation.
- (8) During the year beginning on the day on which section 9 of the **Health Services (Metropolitan Hospitals) Act 1995** comes into operation, the Chief General Manager must not cause to be prepared a report under sub-section (1), or give advice to the Minister under sub-section (6), in relation to a proposal for the amalgamation of a

**S. 64(8)**  
inserted by  
No. 46/1995  
s. 9.

metropolitan hospital with another registered funded agency.

S. 64A  
inserted by  
No. 112/1993  
s. 8.

**64A. *Voluntary amalgamations***

- (1) The governing bodies of 2 or more registered funded agencies (including denominational hospitals) may agree to amalgamate under this Division only if—
  - (a) the bodies and the agencies are authorised to do so by any Acts or other documents creating them and the amalgamation is made in accordance with those Acts or other documents; and
  - (b) apart from this Division, there is no law of the Commonwealth or the State under which they could amalgamate.
- (2) The agencies must submit the agreement to the Chief General Manager.
- (3) The Chief General Manager, must not advise the Minister to approve an agreement under subsection (4), unless the Chief General Manager is satisfied that—
  - (a) the amalgamation will result in the provision of better health services throughout Victoria or in any part of Victoria; and
  - (b) the amalgamation is otherwise in the public interest.
- (4) The Minister, on the Chief General Manager's advice, may approve the agreement.

**65. *Governor in Council may order amalgamation***

S. 65(1)  
amended by  
No. 112/1993  
s. 9(1).

- (1) The Governor in Council, on the recommendation of the Minister made after receiving advice from the Chief General Manager under section 64(6) or section 64A, may by Order published in the

*Health Services Act 1988*

*Act No. 49/1988*

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Government Gazette direct that two or more registered funded agencies be amalgamated.

- (2) Where an Order is made under sub-section (1)—
- (a) on a date specified in the Order—
    - (i) the incorporation of each registered funded agency to which the Order relates that is an incorporated body shall be cancelled; or
    - (ii) each registered funded agency to which the Order relates that is an unincorporated body shall cease to exist—as the case requires; and
  - (b) on that date a new registered funded agency of the kind specified in the Order having a board or committee of management constituted as specified in the Order shall come into existence by operation of the Order as if on that date—
    - (i) it had been incorporated under this Act; or
    - (ii) a certificate of incorporation had been granted under the **Associations Incorporation Act 1981**; or
    - (iii) an unincorporated body had been formed; and
  - (c) on that date, the property of each registered funded agency that is the subject of the Order vests in the new registered funded agency without the necessity for any conveyance, transfer or assignment and so vests subject to—
    - (i) any trust; and
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(ii) any restriction, limitation, mortgage, charge, encumbrance, lien, lease, covenant, contract or liability—

to which the property was subject immediately before that date; and

(d) on that date, all debts and liabilities, whether certain or contingent, of a registered funded agency that is the subject of the Order existing at that date become the debts and liabilities of the new registered funded agency.

S. 65(3)  
amended by  
No. 112/1993  
s. 9(2).

(3) An Order under sub-section (1) may include such other provisions not inconsistent with this Division as are necessary or expedient, including—

S. 65(3)(a)  
inserted by  
No. 112/1993  
s. 9(2).

(a) provisions giving effect to any agreement under section 64A; and

S. 65(3)(b)  
inserted by  
No. 112/1993  
s. 9(2).

(b) provisions relating to the construction of references in documents to any amalgamated denominational hospitals.

(4) An Order under sub-section (1) must declare the new registered funded agency to be either a public hospital or an incorporated association if the Order relates to the amalgamation of two or more agencies all of which are agencies of any of the following kinds—

(a) a public hospital;

(b) an incorporated association under the **Associations Incorporation Act 1981**;

S. 65(4)(c)  
amended by  
No. 112/1993  
s. 9(3).

(c) a company within the meaning of the **Companies (Victoria) Code**; or

(d) a denominational hospital referred to in section 64A that is a body corporate.

S. 65(4)(d)  
inserted by  
No. 112/1993  
s. 9(3).

(5) In the case of a denominational hospital, an Order under sub-section (1) has effect despite anything to the contrary in any Act or subordinate instrument.

S. 65(5)  
inserted by  
No. 112/1993  
s. 9(4).

### Division 9A—Aggregation of Metropolitan Hospitals

Pt 3 Div. 9A  
(Heading and  
ss 65A–65O)  
inserted by  
No. 46/1995  
10.

#### 65A. Definitions

S. 65A  
inserted by  
No. 46/1995  
s. 10.

In this Division—

**"aggregated hospital"**, in relation to an Order under section 65C, means a metropolitan hospital the incorporation of which is cancelled under the Order;

**"effective date"**, in relation to an Order under section 65C, means the date on which the aggregation is effected, being a date specified in the Order;

**"instrument"** means a document and an oral agreement;

**"liabilities"** means all liabilities, duties and obligations, whether actual, contingent or prospective;



*Health Services Act 1988*

*Act No. 49/1988*

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**"new hospital"**, in relation to an Order under section 65C, means the metropolitan hospital that comes into existence under the Order;

**"old instrument"** means an instrument subsisting immediately before the effective date of an Order under section 65C—

(a) to which an aggregated hospital was a party; or

(b) that was given to or in favour of an aggregated hospital; or

(c) that refers to an aggregated hospital; or

(d) under which—

(i) money is, or may become, payable to or by an aggregated hospital; or

(ii) other property is to be, or may become liable to be, transferred to or by an aggregated hospital;

**"property"** means a legal or equitable estate or interest (whether present or future and whether vested or contingent) in real or personal property of any description;

**"rights"** means all rights, powers, privileges and immunities, whether actual, contingent or prospective;

**"transferred aggregated hospital employee"** means a person who, by reason of section 65L(1), is regarded as being employed by a new hospital with effect from the effective date of an Order under section 65C.

S. 65A def. of  
"transferred  
aggregated  
hospital  
employee"  
amended by  
No. 99/1995  
s. 20(a).

**65B. *Extra-territorial operation***

**S. 65B**  
**inserted by**  
**No. 46/1995**  
**s. 10.**

It is the intention of the Parliament that the operation of this Division should, as far as possible, include operation in relation to the following—

- (a) land situated outside Victoria, whether in or outside Australia;
- (b) things situated outside Victoria, whether in or outside Australia;
- (c) acts, transactions and matters done, entered into or occurring outside Victoria, whether in or outside Australia;
- (d) things, acts, transactions and matters (wherever situated, done, entered into or occurring) that would, apart from this Division, be governed or otherwise affected by the law of the Commonwealth, another State, a Territory or a foreign country.

**65C. *Aggregation***

**S. 65C**  
**inserted by**  
**No. 46/1995**  
**s. 10.**

- (1) If the Minister considers that the provision of health services by 2 or more metropolitan hospitals may be more effective if the hospitals were aggregated, the Minister may recommend that an Order be made under sub-section (2).
- (2) The Governor in Council, by Order published in the Government Gazette, may, on the recommendation of the Minister, direct that 2 or more metropolitan hospitals be aggregated.
- (3) An Order under sub-section (2), may not be made on or after the first anniversary of the date on which section 10 of the **Health Services (Metropolitan Hospitals) Act 1995** comes into operation.

*Health Services Act 1988*

*Act No. 49/1988*

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- (4) If an Order is made under sub-section (2), on a date specified in the Order—
  - (a) the incorporation of each metropolitan hospital to which the Order relates is cancelled;
  - (b) a new hospital with the name specified in the Order comes into existence;
  - (c) Schedule 3 is amended—
    - (i) by the omission of the name of each metropolitan hospital the incorporation of which is cancelled by the Order; and
    - (ii) by the addition of the name of the new hospital, in the appropriate alphabetical position.
- (5) The board of a metropolitan hospital that comes into existence under an Order under sub-section (2) consists of the persons (being not less than 6 and not more than 9) named in the Order and, for the purposes of Division 4A, the Order constitutes the instrument of appointment and may include terms and conditions of appointment.
- (6) If an Order under sub-section (2) specifies by-laws of the metropolitan hospital that comes into existence under the Order, the by-laws have effect as if made by the board of the hospital.
- (7) The Governor in Council, in an Order under sub-section (2) or in another Order published in the Government Gazette on the recommendation of the Minister, may appoint a person to act as the first chief executive officer of a new metropolitan hospital that comes into existence in accordance with this section.
- (8) A person appointed to act as chief executive officer of a metropolitan hospital appointed in

accordance with sub-section (7) is deemed to have been appointed by the board of the hospital.

- (9) An Order under sub-section (2) may include such other provisions not inconsistent with this Division as are necessary or expedient.

**65D. *New metropolitan hospital to be successor in law***

S. 65D  
inserted by  
No. 46/1995  
s. 10.

On the coming into existence of a metropolitan hospital under an Order under section 65C—

- (a) all property and rights of the aggregated hospitals, wherever located, vest in the new hospital; and
- (b) all liabilities of the aggregated hospitals, wherever located, become liabilities of the new hospital; and
- (c) the new hospital becomes the successor in law of the aggregated hospitals.

**65E. *Substitution of party to agreement***

S. 65E  
inserted by  
No. 46/1995  
s. 10.

Where, under section 65D, the rights and liabilities of an aggregated hospital under an agreement vest in, or become liabilities of, the new hospital—

- (a) the new hospital becomes, on the effective date of the Order, a party to the agreement in place of the aggregated hospital; and
- (b) on and after the effective date of the Order, the agreement has effect as if the new hospital had always been a party to the agreement.

**65F. *Old instruments***

S. 65F  
inserted by  
No. 46/1995  
s. 10.

Each old instrument continues to have effect according to its tenor on and after the effective

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date of an Order under section 65C as if a reference in the instrument to an aggregated hospital were a reference to the new hospital.

S. 65G  
inserted by  
No. 46/1995  
s. 10.

#### **65G. Proceedings**

If, immediately before the effective date of an Order under section 65C, proceedings (including arbitration proceedings) to which an aggregated hospital was a party were pending or existing in any court or tribunal, then, on and after the publication of the Order, the new hospital is substituted for the aggregated hospital as a party to the proceedings and has the same rights in the proceedings as the aggregated hospital had.

S. 65H  
inserted by  
No. 46/1995  
s. 10.

#### **65H. Interests in land**

Without prejudice to the generality of this Division and despite anything to the contrary in any other Act or law, if, immediately before the effective date of an Order under section 65C, an aggregated hospital is the registered proprietor of an interest in land under the **Transfer of Land Act 1958**, on and after that date—

- (a) the new hospital is to be taken to be the registered proprietor of that interest in land; and
- (b) the new hospital has the same rights and remedies in respect of that interest as the aggregated hospital had.

S. 65I  
inserted by  
No. 46/1995  
s. 10.

#### **65I. Amendment of Register**

- (1) The Registrar of Titles, on being requested to do so and on delivery of any relevant certificate of title or instrument, must make any amendments in the Register that are necessary because of the operation of this Division.
- (2) The Registrar-General must make all entries on the records of enrolment of any Crown grant and

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on any memorial relating to land that are necessary because of the operation of this Division.

- (3) If any land vested under this Division is not Crown land and is not under the operation of the **Transfer of Land Act 1958**, the new hospital must, as soon as practicable after the land vests in it in accordance with this Division, cause a memorial of the certificate of the chief executive officer of the new hospital (that complies with Part 1 of the **Property Law Act 1958**) to be delivered to the office of the Registrar-General and, for the purposes of that Part, that certificate must be taken to be an instrument affecting land.

**65J. Taxes**

No stamp duty or other tax is chargeable under any Act in respect of anything effected by or done under this Division or in respect of any act or transaction connected with or necessary to be done by reason of this Division, including a transaction entered into or an instrument made, executed, lodged or given.

S. 65J  
inserted by  
No. 46/1995  
s. 10.

**65K. Evidence**

- (1) Documentary or other evidence that would have been admissible for or against the interests of an aggregated hospital if an Order had not been made under section 65C, is admissible for or against the interests of the new hospital.
- (2) Division 3A of Part III of the **Evidence Act 1958** continues to apply with respect to the books of account of an aggregated hospital and to entries made in those books of account before the effective date of an Order under section 65C.

S. 65K  
inserted by  
No. 46/1995  
s. 10.

*Health Services Act 1988*

*Act No. 49/1988*

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- (3) In sub-section (2), "**books of account**" has the same meaning as in Division 3A of Part III of the **Evidence Act 1958**.

S. 65L  
inserted by  
No. 46/1995  
s. 10.

**65L. *Transfer of aggregated hospital staff to new hospital***

- (1) A person who, immediately before the effective date of an Order under section 65C, was an employee of an aggregated hospital is to be regarded as—
- (a) having been employed by the new hospital with effect from that date; and
  - (b) having been so employed on the same terms and conditions as those that applied to the person, immediately before that date, as an employee of the aggregated hospital; and
  - (c) having accrued an entitlement to benefits, in connection with that employment by the new hospital, that is equivalent to the entitlement that the person had accrued, as an employee of the aggregated hospital immediately before that date.
- (2) The service of a transferred aggregated hospital employee as an employee of the new hospital is to be regarded for all purposes as having been continuous with the service of the employee, immediately before the effective date of the Order under section 65C, as an employee of the aggregated hospital.
- (3) A transferred aggregated hospital employee is not entitled to receive any payment or other benefit by reason only by having ceased to be an employee of the aggregated hospital because of this Division.
- (4) A certificate purporting to be signed by the chief executive officer of the new hospital certifying that a person named in the certificate was, with

S. 65L(4)  
amended by  
No. 99/1995  
s. 20(b).

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effect from the effective date of the Order under section 65C, employed, by virtue of this section by the new hospital is admissible in evidence in any proceedings and is conclusive proof of the matters stated in it.

**65M. Future terms and conditions of transferred employees**

Nothing in section 65L prevents—

S. 65M  
inserted by  
No. 46/1995  
s. 10.

- (a) any of the terms and conditions of employment of a transferred aggregated hospital employee from being altered by or under any law, award or agreement with effect from any time after the effective date of the Order under section 65C; or
- (b) a transferred aggregated hospital employee from resigning, or the termination of a transferred aggregated hospital employee's employment, at any time after the effective date of the Order in accordance with the then existing terms and conditions of the employee's employment by the new hospital.

S. 65M(a)  
amended by  
No. 99/1995  
s. 20(c).

**65N. Validity of things done under this Division**

Nothing effected by this Division or suffered under this Division—

S. 65N  
inserted by  
No. 46/1995  
s. 10.

- (a) is to be regarded as placing any person in breach of contract or confidence or as otherwise making any of them guilty of a civil wrong; or
- (b) is subject to compliance with or is to be regarded as placing any person in breach of or as constituting a default under any Act or other law or any provision in any agreement, arrangement or understanding including, without limiting the generality of the foregoing, any provision prohibiting,



- restricting or regulating the assignment or transfer of any property or right or the disclosure of any information; or
- (c) is to be regarded as fulfilling any condition which allows a person to exercise a power, right or remedy in respect of or to terminate any agreement or obligation; or
  - (d) is to be regarded as giving rise to any remedy for a party to a contract or an instrument or as causing or permitting the termination of any contract or instrument because of a change in the beneficial or legal ownership of any property, right or liability; or
  - (e) is to be regarded as causing any contract or instrument to be void or otherwise unenforceable; or
  - (f) is to be regarded as frustrating any contract; or
  - (g) releases any surety or other obligee wholly or in part from any obligation.

S. 650  
inserted by  
No. 46/1995  
s. 10.

**650. Operation of Division not subject to review**

Nothing done under this Division gives rise to any cause or right of action or application before any court or tribunal.

**Division 10—Compulsory Acquisition of Land**

**66. Definition**

In this Division, "registered funded agency" includes a State funded nursing home.

**67. Acquisition**

- (1) The Minister may purchase or compulsorily acquire land for the purposes of a registered

S. 67(1)  
substituted by  
No. 75/1994  
s. 14(1).

funded agency if, after inquiry and report by the Chief General Manager, the Minister considers it necessary or desirable to do so.

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S. 67(2)  
repealed by  
No. 75/1994  
s. 14(2)(a).

(3) The **Land Acquisition and Compensation Act 1986** applies to this Act and for that purpose—

(a) the **Health Services Act 1988** is the special Act; and

(b) the Minister is the Authority.

S. 67(3)(b)  
amended by  
No. 75/1994  
s. 14(2)(b).

(4) The agency—

(a) in the case of a disputed claim—

(i) must pay the undisputed amount to the Land Valuation division of the Administrative Appeals Tribunal or the Supreme Court (as the case requires); and

S. 67(4)(a)(i)  
amended by  
No. 91/1994  
s. 25(a).

(ii) must pay to the Minister within the period specified by the Minister, any further amount which the Tribunal or the Court orders to be paid to the claimant; and

S. 67(4)(a)(ii)  
amended by  
No. 91/1994  
s. 25(b).

(b) in any other case, must pay to the Minister before the acquisition is made any amount required to pay compensation under this Division.

**68. Acquired land to vest in the Crown**

Any land acquired under this Act by the Minister—

S. 68  
amended by  
No. 75/1994  
s. 14(3).

(a) vests in the Crown under section 24 of the **Land Acquisition and Compensation Act**

**1986** despite anything to the contrary in that section; and

- (b) may be dealt with as unalienated land of the Crown.

**69. Power to reserve and grant land to agency**

Any land vested in the Crown under this Division—

- (a) may be reserved in accordance with the **Crown Land (Reserves) Act 1978**; and
  - (b) subject to such terms (if any) and subject to such covenants, conditions, exceptions and reservations as the Governor in Council thinks fit, may be vested by the Governor in Council in the registered funded agency for its purposes.
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**PART 3A—PUBLIC HOSPITAL PATIENT SERVICES  
AGREEMENTS**

Pt 3A  
(Heading and  
ss 69A–69I)  
inserted by  
No. 68/1996  
s. 28.

**Division 1—Definitions**

**69A. Definitions**

S. 69A  
inserted by  
No. 68/1996  
s. 28.

In this Part—

**"contractor"** means a party to an agreement with the Minister under section 69B(1);

**"hospital"** means any premises where persons are provided with or offered health services as public hospital patients in accordance with an agreement with the Minister under section 69B(1);

**"sub-contractor"** means a sub-contractor of a contractor or of a sub-contractor.

**Division 2—Agreements**

**69B. Minister may enter into public hospital patient services agreements**

S. 69B  
inserted by  
No. 68/1996  
s. 28.

- (1) The Minister may, for and on behalf of the Crown—
  - (a) enter into an agreement with a person or body for the provision by that person or body of health services to public hospital patients from premises which, under the agreement, will be required to become a privately-operated hospital; or
  - (b) enter into an agreement with a person or body which is ancillary to an agreement entered into under paragraph (a), including an agreement with any person or body providing financial accommodation (within the meaning of the **Borrowing and**

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**Investment Powers Act 1987)** or a guarantee in respect of an agreement entered into under paragraph (a).

- (2) The Minister must obtain the written approval of the Treasurer before entering into an agreement under sub-section (1).
- (3) Nothing in this section—
  - (a) limits, or takes away, any other power of the Minister, whether under this or any other Act or otherwise, to enter into agreements for the provision of health services; or
  - (b) limits, or takes away, any power of the Chief General Manager under this Act to enter into health service agreements.

S. 69C  
inserted by  
No. 68/1996  
s. 28.

**69C. *Matters that may be included in agreement***

- (1) An agreement under section 69B(1)(a) may provide for—
    - (a) the design, construction, commissioning and ownership of the hospital;
    - (b) the management and operation of the hospital;
    - (c) the maintenance and repair of the hospital;
    - (d) the services to be provided by the contractor to public hospital patients;
    - (e) the fees, costs and charges to be paid to the contractor;
    - (f) objectives and performance standards in relation to the provision of health services;
    - (g) consultation by the contractor, as specified in the agreement, with a body representative of community views identified, or appointed or selected in the manner specified, in the agreement;
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- (h) the submission of periodic reports in relation to the contractor's operations under the agreement;
  - (i) the extent of indemnities by parties to the agreement;
  - (j) the office the holder of which is to be the principal officer for the purposes of the application of the **Freedom of Information Act 1982** to the contractor as a provider of health services to public hospital patients;
  - (k) the office the holder of which is to be the principal officer for the purposes of the application of the **Ombudsman Act 1973** to the contractor as a provider of health services to public hospital patients.
- (2) An agreement under section 69B(1), including an agreement under section 69B(1)(a), may contain—
- (a) a provision dealing with financial arrangements;
  - (b) a provision specifying liabilities, risks and insurances;
  - (c) a provision leaving any matter to be determined, approved or dispensed with by a specified person or body;
  - (d) a provision providing for the assignment to the Minister, the Crown or any other person of any right or interest;
  - (e) a provision providing for the creation of any security over property;
  - (f) a provision providing for the Minister to delegate powers and functions under the agreement;
  - (g) a provision providing for sub-contracting;
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- (h) a provision requiring the provision by the contractor of a performance bond;
- (i) a provision providing for the suspension of obligations under the agreement in specified circumstances, except the obligations referred to in sub-section (1)(i), (j) and (k);
- (j) a provision providing for—
  - (i) the Minister, the Crown or any other person or body to take over, or nominate any other person or body to take over, rights or obligations under the agreement or any other agreement or under any transaction;
  - (ii) the transfer of land to the Minister, the Crown or any other person or body in the circumstances set out in the agreement;
- (k) a provision providing for rights of access to the hospital;
- (l) any other provisions that are not inconsistent with this Act or the regulations.

S. 69D  
inserted by  
No. 68/1996  
s. 28.

**69D. Agreement to run with land**

- (1) An agreement entered into under section 69B(1) under which the owner of land covenants to transfer that land to the Minister, the Crown or any other person or body in the circumstances set out in the agreement must be under seal and must bind the owner of the land to those covenants.
- (2) Sections 181, 182 and 183 of the **Planning and Environment Act 1987** apply to that agreement as if a reference in those sections to the responsible authority were a reference to the transferee of the land.

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- (3) Land which is transferred to the Minister or the Crown in accordance with an agreement under section 69B(1) is deemed to be unalienated land of the Crown freed and discharged from all trusts, limitations, reservations, restrictions, encumbrances, estates and interests.
  - (4) No compensation is payable by the Crown in respect of the transfer of land to the Minister or the Crown in accordance with an agreement under section 69B(1) except compensation (if any) which is expressly provided for in that agreement.

**69E. Rights of access**

S. 69E  
inserted by  
No. 68/1996  
s. 28.

- (1) A contractor or sub-contractor must give the Minister, the Chief General Manager and any authorised officer free and unfettered access at all times, together with any assistants and equipment that the Minister, the Chief General Manager or authorised officer considers necessary—
  - (a) to the hospital; and
  - (b) to all public hospital patients receiving health services at the hospital; and
  - (c) to all documents in the possession of the contractor or sub-contractor relating to the provision of health services to public hospital patients at the hospital—

for the purpose of ensuring compliance with this Act or the regulations or the agreement under section 69B(1).

Penalty: 50 penalty units.

- (2) A contractor or sub-contractor must give an administrator appointed under section 69F free and unfettered access at all times, together with any assistants and equipment that the administrator considers necessary—



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- (a) to the hospital; and
  - (b) to all public hospital patients receiving health services at the hospital; and
  - (c) to all documents in the possession of the contractor or sub-contractor relating to the provision of health services to public hospital patients at the hospital—

for the purpose of enabling the administrator to carry out his or her functions and exercise his or her powers under that section.

Penalty: 50 penalty units.

- (3) Nothing in this section limits, or takes away, any function or power conferred on a person (including a person on whom a function or power is conferred by this section), whether under this or any other Act or otherwise including the agreement under section 69B(1).

S. 69F  
inserted by  
No. 68/1996  
s. 28.

#### **69F. *Right of intervention in management***

- (1) The Minister may intervene in the management of a hospital if he or she considers that it is necessary to do so for the protection of the health or safety of public hospital patients receiving or requiring services at the hospital.
- (2) If the Minister intervenes in the management of a hospital, he or she may appoint an administrator to manage the hospital until the Minister determines that the health or safety of public hospital patients receiving or requiring services at the hospital no longer requires the appointment of an administrator.
- (3) If an administrator is appointed under sub-section (2), then for the period of that appointment—
  - (a) the contractor or a sub-contractor must act in relation to the management or operation of

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the hospital in accordance with the directions of the administrator; or

- (b) the contractor or a sub-contractor must as directed by the administrator, cease to act in relation to the management or operation of the hospital completely or to the extent specified in the direction.

Penalty: 50 penalty units.

- (4) A person engaged or employed by the contractor or a sub-contractor to act in relation to the management or operation of the hospital must comply with the directions of the administrator in doing so.

Penalty: 50 penalty units.

- (5) An administrator appointed under sub-section (2) has and may carry out or exercise for the period of the appointment all of the functions or powers of the contractor or any sub-contractor, in relation to the management or operation of the hospital, under this Act or the regulations or the agreement under section 69B(1).
- (6) Without limiting sub-section (5), the administrator has power to do anything necessary for the protection of the health or safety of public hospital patients receiving or requiring health services at the hospital in accordance with the agreement under section 69B(1).
- (7) The Chief General Manager must provide the administrator with any assistance necessary to the carrying out of his or her functions or exercise of his or her powers under this section.
- (8) Nothing in this section limits, or takes away, any function or power conferred on a person (including a person on whom a function or power is conferred by this section), whether under this or

any other Act or otherwise including the agreement under section 69B(1).

S. 69G  
inserted by  
No. 68/1996  
s. 28.

**69G. Application of FOI Act**

- (1) The **Freedom of Information Act 1982** applies to a contractor or a sub-contractor in its capacity as a provider of health services to public hospital patients at the hospital in accordance with an agreement under section 69B(1) or a sub-contract agreement as if—
  - (a) the contractor or sub-contractor were an agency within the meaning of that Act; and
  - (b) the holder of the office specified in the agreement under section 69B(1) or in the sub-contract agreement for the purposes of the application of the **Freedom of Information Act 1982** were the principal officer of that agency; and
  - (c) the Minister were the responsible Minister of that agency; and
  - (d) the persons employed by the contractor or sub-contractor were officers of that agency.
- (2) Nothing in this section applies the **Freedom of Information Act 1982** to a contractor or sub-contractor—
  - (a) in any capacity other than that mentioned in sub-section (1); or
  - (b) with respect to any period during which health services were not actually being provided by the contractor or sub-contractor to public hospital patients at the hospital.

S. 69H  
inserted by  
No. 68/1996  
s. 28.

**69H. Investigation of administrative actions**

- (1) The **Ombudsman Act 1973** applies to a contractor or a sub-contractor in its capacity as a provider of health services to public hospital
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patients at the hospital in accordance with an agreement under section 69B(1) or a sub-contract agreement as if—

- (a) the contractor or sub-contractor were a public statutory body within the meaning of that Act; and
  - (b) the holder of the office specified in the agreement under section 69B(1) or in the sub-contract agreement for the purposes of the application of the **Ombudsman Act 1973** were the principal officer of that public statutory body; and
  - (c) the persons employed by the contractor or sub-contractor were employees of that public statutory body.
- (2) Nothing in this section applies the **Ombudsman Act 1973** to a contractor or sub-contractor—
- (a) in any capacity other than that mentioned in sub-section (1); or
  - (b) with respect to any period during which health services were not actually being provided by the contractor or sub-contractor to public hospital patients at the hospital.

**69I. Application of Land Act**

Section 137 of the **Land Act 1958** does not apply to a proposed lease of Crown land for the purpose of a hospital.

S. 69I  
inserted by  
No. 68/1996  
s. 28.

**PART 4—HEALTH SERVICE ESTABLISHMENTS**

**Division 1—Approval in Principle**

**70. Application<sup>3</sup>**

S. 70(1)(a)  
substituted by  
No. 53/1990  
s. 11.

S. 70(1)(b)  
substituted by  
No. 99/1995  
s. 14(1).

S. 70(1)(ba)  
inserted by  
No. 99/1995  
s. 14(1).

- (1) A person may apply to the Chief General Manager for approval in principle of—
- (a) the use of particular land or premises as a specified kind of health service establishment; or
  - (b) premises proposed to be constructed for use as a health service establishment of a particular kind; or
  - (ba) alterations or extensions to premises used or proposed to be used as a health service establishment; or
  - (c) a variation of the registration of a health service establishment being either or both of the following—
    - (i) an alteration in the number of beds to which the registration relates;
    - (ii) in the case of a day procedure centre or private hospital, a variation—
      - (A) of the kinds of prescribed health services that may be carried on on the premises; or
      - (B) of the number of beds that may be used for specified kinds of prescribed health services.
- (2) An application under sub-section (1)—
- (a) must be in the prescribed form; and
  - (b) must be accompanied by the prescribed fee.

(3) A person making application for approval in principle must, at the time of the application, give notice in writing of the application to any other person who has an interest in the land as owner or lessee.

(4) An applicant for approval in principle must give the Chief General Manager—

S. 70(4)  
amended by  
No. 99/1995  
s. 14(2)(a)(b).

(a) any further information relating to the application that the Chief General Manager requests including information about any proposed proprietor of and, if the proposed proprietor is a body corporate, any director or officer of the body corporate who may exercise control over the health service establishment to which the application relates; and

(b) any design sketches and construction drawings, plans or specifications relating to the premises proposed to be constructed, altered or extended that the Chief General Manager requests.

S. 70(4)(b)  
inserted by  
No. 99/1995  
s. 14(2)(b).

**71. Criteria for grant of approval in principle**

(1) In determining whether to grant or refuse to grant approval in principle relating to a health service establishment, the Chief General Manager must consider—

(a) in the case of an application for approval of the use of land or premises—

(i) any relevant guidelines under Part 2; and

(ii) the suitability of the location of the land or premises for the carrying on of the establishment having regard to the availability of other community

*Health Services Act 1988*

*Act No. 49/1988*

s. 71

services and the safety and amenity of the environment; and

(iii) whether the carrying on of an establishment may result in more than adequate health services of any kind becoming available in an area as defined in the guidelines under Part 2; and

S. 71(1)(a)(iv) inserted by No. 99/1995 s. 14(3)(a).

(iv) if design sketches have been supplied, whether the design of the premises to be constructed, or of the alterations or extensions, are satisfactory having regard to the type of health service establishment to be carried on in the premises; and

S. 71(1)(b) repealed by No. 99/1995 s. 14(3)(b).

\* \* \* \* \*

(c) in the case of an application for variation of the registration of the health service establishment—

(i) any relevant guidelines under Part 2; and

(ii) the suitability of the location of the land or premises for the carrying on of the establishment having regard to the availability of other community services and the safety and amenity of the environment; and

S. 71(1)(c)(iii) amended by No. 99/1995 s. 14(3)(c).

(iii) whether variation of the registration may result in more than adequate health services of any kind becoming available in an area as defined in the guidelines under Part 2; and

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- (iv) if design sketches have been supplied, whether the design of the premises to be constructed, or of the alterations or extensions, are satisfactory having regard to the type of health service establishment to be carried on in the premises.
- (2) The Chief General Manager must not grant approval in principle for the use of land or premises as a health service establishment or for the variation of the registration of a health service establishment if the Chief General Manager considers that the person who is or is likely to be the proprietor of the establishment or, if the person is a body corporate, any director or other officer of the body corporate who exercises or may exercise control over the establishment—
- (a) is not a fit and proper person to be such a proprietor, or to be a proprietor of the establishment if the registration is varied, or to exercise such control; or
- (b) is not likely to have, or to continue to have, the financial capacity to carry on the establishment, or to carry on the establishment if the registration is varied.
- (3) If construction drawings, plans or specifications have been supplied, in determining whether to grant or refuse to grant approval in principle relating to a health service establishment, the Chief General Manager must consider whether the standard and style of construction work proposed is satisfactory having regard to the type of health service establishment to be carried on in the premises.

S. 71(1)(c)(iv)  
inserted by  
No. 99/1995  
s. 14(3)(c).

S. 71(3)  
inserted by  
No. 99/1995  
s. 14(4).

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**72. *Decision on application***



- (1) The Chief General Manager must decide whether to grant (whether or not subject to conditions) or to refuse to grant an application under section 70.
- (2) The Chief General Manager must give notice in writing to the applicant of his or her decision within the period determined under section 104.

**73. Certificate of approval in principle**

If the Chief General Manager approves an application under section 70, he or she must issue a certificate of approval in principle stating—

- (a) the name of the person to whom it is issued; and
  - (b) any conditions to which it is subject; and
  - (c) in the case of the approval of land or premises—
    - (i) the kind of establishment for which the approval is granted; and
    - (ii) the number of beds (if any) for which the approval is granted; and
    - (iii) if the approval relates to use of land or premises for a day procedure centre or private hospital—
      - (A) the kinds of health care; and
      - (B) the number of beds for particular kinds of prescribed health services—
- for which the approval is granted; and

S. 73(d)  
repealed by  
No. 99/1995  
s. 14(5).

\* \* \* \* \*

- (e) in the case of the approval in principle of a variation of registration, particulars of the variation; and

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- (f) the period during which the approval continues in force (being one year or, if the Chief General Manager considers it appropriate that the period be longer or shorter, the period specified by the Chief General Manager).

**74. *Transfer or variation of certificate***

- (1) The Chief General Manager, on the application of the person who is the holder for the time being of a certificate of approval in principle relating to a health service establishment may—
  - (a) vary the certificate or any condition to which it is subject; or
  - (b) approve the transfer of the certificate to another person.
- (2) Sections 70 and 71 apply to an application for variation or transfer of a certificate as if the application were an application for approval in principle.
- (3) The person who is the holder for the time being of a certificate of approval in principle must produce the certificate to the Chief General Manager for endorsement by the Chief General Manager of the particulars of—
  - (a) the variation of the certificate or variation of any condition to which it is subject; or
  - (b) the transfer of the certificate to that person.

S. 74(3)  
inserted by  
No. 53/1990  
s. 12.

**75. *Revocation of certificate***

- (1) If the Chief General Manager is satisfied that—
  - (a) a person to whom an approval in principle relates has ceased to be a fit and proper person to carry on, or to have the financial capacity to carry on, an establishment of the kind to which the approval relates; or

(b) where an approval in principle relates to a body corporate, any director or other officer of the body corporate who exercises or may exercise control over the body corporate has ceased to be a fit and proper person to exercise control over an establishment of the kind to which the approval relates—

the Chief General Manager, by notice in writing given to the person or body corporate, may revoke the certificate.

S. 75(2)  
amended by  
No. 99/1995  
s. 14(6).

(2) Except as provided in sub-section (1) or section 76, the Chief General Manager cannot revoke a certificate of approval in principle.

S. 76  
inserted by  
No. 99/1995  
s. 15.

**76. Voluntary revocation of certificate**

- (1) If a certificate of approval in principle relating to a health service establishment has been issued, the proprietor of the establishment may apply to the Chief General Manager for revocation of the certificate.
- (2) On an application under sub-section (1), the Chief General Manager must, by notice in writing given to the proprietor, revoke the certificate.

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Pt 4 Div. 2  
(Heading and  
ss 76–81)  
amended by  
No. 53/1990  
ss 13, 14(1)(2),  
repealed by  
No. 99/1995  
s. 14(7).<sup>4</sup>

**Division 3—Registration**

**82. Application**

- (1) A person who intends to be the proprietor of a health service establishment may apply to the Chief General Manager for registration of

premises as a health service establishment of a particular kind.

- (2) An application under sub-section (1)—
  - (a) must be in the prescribed form; and
  - (b) must be accompanied by the prescribed fee.
- (3) An applicant for registration must give the Chief General Manager any further information relating to the application that the Chief General Manager requests.

**83. *Criteria for registration***

- (1) In determining whether to register or refuse to register premises as a health service establishment, the Chief General Manager must consider—
  - (a) any relevant guidelines under Part 2; and
  - (b) whether the carrying on of the establishment may result in more than adequate health services of any kind becoming available in the area; and
  - (c) whether the applicant—
    - (i) is a fit and proper person to carry on the establishment; and
    - (ii) has and is likely to continue to have the financial capacity to carry on the establishment;
  - (d) if the applicant is a body corporate, whether each director or other officer of the body corporate who exercises or may exercise control over the body corporate is a fit and proper person to carry on or exercise control over the establishment;
  - (e) the suitability of the location of the premises for the carrying on of the establishment

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having regard to the availability of other community services and the safety and amenity of the environment; and

- (f) the suitability of the design and construction of the premises for the particular kind of establishment; and
- (g) the suitability of the fittings and equipment of the premises for the particular kind of establishment; and
- (h) whether the proposed arrangements for the management and staff of the establishment are suitable; and
- (i) whether appropriate arrangements have been or will be made for maintaining the quality of health services provided by the establishment; and
- (j) whether appropriate arrangements have been or will be made for evaluating, monitoring and improving the quality of health services provided by the establishment; and
- (k) if the applicant is not the owner in fee simple of the premises, whether the arrangements under which the premises are or are to be occupied are satisfactory for the proper carrying on by the proprietor of the establishment; and
- (l) whether all conditions to which the approval in principle is subject have been met.

S. 83(1)(k)  
amended by  
No. 99/1995  
s. 16(1).

S. 83(1)(l)  
inserted by  
No. 99/1995  
s. 16(1).

S. 83(2)  
amended by  
No. 99/1995  
s. 16(2)(a)(b).

- (2) The Chief General Manager must not refuse to register premises as a health service establishment on any ground that is inconsistent with any approval in principle in force under Division 1.

#### **84. Decision on application**

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- (1) The Chief General Manager must decide whether to register (whether or not subject to conditions) or to refuse to register premises to which an application under section 82 relates.
- (2) The Chief General Manager must notify the applicant of his or her decision within the period determined under section 104.

**85. Certificate of registration**

If the Chief General Manager decides to register premises to which an application under section 82 relates, he or she must issue a certificate of registration stating—

- (a) the kind of health service establishment that may be carried on on the premises; and
- (b) the name of the proprietor; and
- (c) any conditions to which the registration is subject; and

\* \* \* \* \*

S. 85(d)(e)  
repealed by  
No. 88/1994  
s. 12.

- (f) the number of beds (if any) to which the registration relates; and
- (g) if the premises are registered as a day procedure centre or private hospital—
  - (i) the kinds of prescribed health services that may be carried on on the premises; and
  - (ii) the number of beds that may be used for specified kinds of prescribed health services; and
- (h) the period for which the registration is granted (being two years or, if the Chief General Manager considers it appropriate that the period be longer or shorter, the

period specified by the Chief General Manager).

**86. *Change of directors etc.***

If a person ceases to be, or is appointed as, a director of or other officer having control of a proprietor that is a body corporate, the proprietor must within 30 days after the change occurs give the Chief General Manager particulars of the change.

Penalty: 50 penalty units.

**87. *Annual fees***

- (1) The proprietor of a registered health service establishment must—
  - (a) not later than 7 days after the date of issue of the certificate of registration of the establishment or, if the registration has been renewed, of renewal of registration; and
  - (b) not later than 7 days after each anniversary of that date—

pay to the Chief General Manager the prescribed annual fee payable in respect of establishments of that class.

- (2) If the proprietor of a registered health service establishment fails to comply with sub-section (1), the proprietor is liable to pay—
  - (a) the prescribed annual fee payable in respect of establishments of that class; and
  - (b) an additional fee of one half of the prescribed annual fee.

**88. *Renewal of registration***

- (1) The proprietor of a health service establishment registered under this Division may apply to the Chief General Manager for the renewal of the

S. 88(1)  
amended by  
No. 53/1990  
s. 15(1).

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registration of the establishment before the expiration of the registration.

- (2) An application under sub-section (1)—
- (a) must be in the prescribed form; and
  - (b) must be accompanied—
    - (i) if the application is made at least three months before the expiration of the registration, by the prescribed fee; or
    - (ii) if the application is made within the period of three months before the expiration of the registration, by the prescribed fee and an additional fee of one half of the prescribed fee.
- (3) A person making application for renewal of the registration of a health service establishment must, at the time of the application, give notice in writing of the application to any other person who has an interest in the land as owner or lessee.
- (4) The proprietor must give to the Chief General Manager any further information relating to the application that the Chief General Manager requests.
- (5) A health service establishment in respect of which an application is made under this section, is deemed to continue to be registered under this Division despite the expiry of its registration until the Chief General Manager makes a decision in relation to the application.

S. 88(2)(b)  
substituted by  
No. 53/1990  
s. 15(2).

**89. *Criteria for renewal of registration***

In determining whether to renew or refuse to renew the registration of a health service establishment, the Chief General Manager must consider whether—



- (a) the quality of the health services provided at the establishment since it was last registered is satisfactory; and
- (b) the proprietor—
  - (i) is a fit and proper person to continue to be the proprietor of the establishment; and
  - (ii) has and is likely to continue to have the financial capacity to carry on the establishment; and
- (c) if the proprietor is a body corporate, each director or other officer of the body corporate who exercises or may exercise control over the body corporate is a fit and proper person to continue to exercise or to have power to exercise control over the establishment; and
- (d) the establishment is carried on in conformity with any Act or law relating to or affecting the carrying on of health service establishments; and
- (e) the conditions to which the registration is subject have been complied with; and
- (f) in the case of a supported residential service, the arrangements relating to residential statements have been satisfactory.

S. 89(f)  
amended by  
No. 53/1990  
s. 18(a).

**90. *Decision on application***

- (1) The Chief General Manager must decide whether to approve (whether or not subject to conditions) or to refuse to approve an application under section 88 for renewal of the registration of a health service establishment.

- (2) The Chief General Manager must notify the proprietor of his or her decision within the period determined under section 104.

**91. *Certificate of renewal***

If the Chief General Manager renews the registration of a health service establishment, he or she must issue a certificate of renewal of registration stating—

- (a) the name of the proprietor; and
- (b) any conditions to which the renewal is subject; and
- (c) the period for which the renewal is granted (being two years or, if the Chief General Manager considers it appropriate that the period be longer or shorter, the period specified by the Chief General Manager).

**92. *Variation of registration***

- (1) The proprietor of a health service establishment registered under this Division may apply to the Chief General Manager for the variation of the registration of the establishment.
- (2) An application under sub-section (1)—
  - (a) must be in the prescribed form; and
  - (b) must be accompanied by the prescribed fee; and
  - (c) may be an application for—
    - (i) change of the kind of establishment to which the registration applies; or
    - (ii) transfer of the certificate to another person who intends to become the proprietor of that establishment; or

S. 92(2)(c)(ii)  
amended by  
No. 53/1990  
s. 16.

- (iii) variation of any condition to which the registration is subject; or
  - (iv) an alteration in the number of beds to which the registration relates; or
  - (v) if the registration relates to a day procedure centre or private hospital, for variation—
    - (A) of the kinds of prescribed health services that may be carried on on the premises; or
    - (B) of the number of beds that may be used for specified kinds of prescribed health services.
- (3) A person making application for variation of the registration of a health service establishment must, at the time of making the application, give notice in writing of the application to any other person who has an interest in the land as owner or lessee.
- (4) The proprietor must give to the Chief General Manager any further information relating to the application that the Chief General Manager requests.

**93. *Criteria for variation of registration***

- (1) In determining whether to vary or to refuse to vary the registration of a health service establishment, the Chief General Manager must consider any relevant criteria that the Chief General Manager would be required to consider in determining any application under this Part.
- (2) If an application under section 92 relates to any matter for which an approval in principle under Division 1 is in force, the Chief General Manager must not refuse to vary the registration on any

S. 93(2)  
amended by  
No. 99/1995  
s. 17(a)–(c).

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ground inconsistent with that approval in principle.

**94. *Decision on application***

- (1) The Chief General Manager must decide whether to approve (whether or not subject to conditions) or to refuse to approve an application under section 92 for the variation of the registration of a health service establishment.
- (2) The Chief General Manager must give notice in writing to the proprietor of his or her decision within the period determined under section 104.

**95. *Variation of registration without application***

If the Chief General Manager considers that the registration of a health service establishment should be varied by—

- (a) altering the number of beds for which it is registered; or
- (b) in the case of a day procedure centre or private hospital—
  - (i) altering the kinds of prescribed health services; or
  - (ii) altering the number of beds for kinds of prescribed health services—for which it is registered; or
- (c) altering or adding to the conditions of registration—

the Chief General Manager may, after consultation with the proprietor, vary the registration accordingly by giving to the proprietor notice in writing of his or her decision.

S. 95A  
inserted by  
No. 99/1995  
s. 13.

**95A. Cancellation of registration**

- (1) The proprietor of a health service establishment registered under this Division may apply to the Chief General Manager for the cancellation of the registration of the establishment.
- (2) A person making application under sub-section (1) must, at the time of the application, give notice in writing of the application to any other person who has an interest in the land as owner or lessee.
- (3) If an application is made under sub-section (1)—
  - (a) the Chief General Manager must cancel the registration of the health service establishment; and
  - (b) the proprietor must produce the certificate of registration to the Chief General Manager for cancellation.

**96. Endorsement of certificate of registration**

If the Chief General Manager varies the registration of a health service establishment—

- (a) the proprietor must produce the certificate of registration to the Chief General Manager for endorsement; and
- (b) the Chief General Manager must cause the certificate to be endorsed with particulars of the variation, including any conditions to which it is subject.

**97. Legal personal representatives**

- (1) If a proprietor of a health service establishment dies, a person who is, or persons who are, named as, or intends or intend to make application to become, the legal personal representative or representatives of the proprietor may, within 28

*Health Services Act 1988*

*Act No. 49/1988*

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days after the death or such longer period as the Chief General Manager allows, make application to the Chief General Manager to carry on the establishment until the expiration of the period of one year after the death.

- (2) The Chief General Manager must grant an application under sub-section (1) unless he or she has any reason to believe that if the applicant, or any of the applicants, were to make an application for variation of the registration of the establishment to transfer the certificate to the applicant or applicants, the Chief General Manager would refuse the application.
- (3) The granting of an application under this section has effect as the variation of the certificate of registration for the period to which the application relates.

**Division 4—Censure etc.**

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**99. Powers of Minister—supported residential services**

If the Minister is satisfied that the proprietor of a supported residential service—

- (a) has failed to carry on the service in accordance with this Act, the regulations or any conditions applying to the registration of the service; or
- (b) has been convicted of an offence against this Act or the regulations; or

S. 98  
repealed by  
No. 88/1994  
s. 13.

S. 99  
amended by  
No. 88/1994  
s. 14(a).

S. 99(a)  
amended by  
No. 88/1994  
s. 14(b).

S. 99(b)  
amended by  
Nos 53/1990  
s. 17(1),  
88/1994  
s. 14(b).

*Health Services Act 1988*

*Act No. 49/1988*

**s. 100**

S. 99(ba)  
inserted by  
No. 53/1990  
s. 17(1).

(ba) in the case of a proprietor who is a natural person, has ceased to be a fit and proper person to carry on the service; or

S. 99(bb)  
inserted by  
No. 53/1990  
s. 17(1),  
amended by  
No. 88/1994  
s. 14(b).

(bb) in the case of a proprietor who is a body corporate, any director or other officer of the body corporate who exercises or may exercise control over the service has ceased to be or is not a fit and proper person to carry on or exercise control over the service—

the Minister may do either or both of the following—

(c) censure the proprietor in accordance with section 100;

S. 99(d)  
amended by  
Nos 53/1990  
s. 18(b),  
88/1994  
s. 14(b).

(d) direct that the admission of patients to the service be suspended in accordance with section 101.

**100. Censure**

S. 100(1)  
amended by  
No. 88/1994  
s. 14(a).

(1) If the Minister proposes to censure the proprietor of a supported residential service, the Minister must—

(a) give notice in writing to the proprietor of his or her proposal; and

(b) consider any submissions, whether oral or in writing, made to the Minister by the proprietor within 7 days after the giving of the notice—

before deciding whether or not to censure the proprietor.

(2) If the Minister decides to censure the proprietor, the Minister must—

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- (a) give notice in writing of the censure to the proprietor; and
  - (b) cause to be tabled in each House of the Parliament within 7 sitting days of the House after the notice is given to the proprietor—
    - (i) a copy of the notice; and
    - (ii) a report of the circumstances leading to the censure; and
    - (iii) a copy of any written submissions made by the proprietor.

**101. Suspension of admissions**

- (1) If the Minister decides that the admission of patients to a supported residential service should be suspended, the Minister—
  - (a) may in writing direct the proprietor of the service to suspend admissions forthwith or on and after a specified date; and
  - (b) must—
    - (i) consider any submissions, whether oral or in writing, made to the Minister by the proprietor within 7 days after the giving of the direction; and
    - (ii) decide whether or not the suspension should be withdrawn or confirmed and if confirmed, the period for which the suspension should operate; and
    - (iii) give notice of his or her decision to the proprietor.
- (2) An order to suspend admissions has effect forthwith or on and after the specified date, as the case requires, and continues in force until—
  - (a) if an application is made to the Administrative Appeals Tribunal and that

S. 101(1) amended by No. 88/1994 s. 14(a).

S. 101(1)(a) amended by No. 88/1994 s. 14(b).



Tribunal determines that the order cease to have effect—the date fixed by the Tribunal;  
or

(b) the Minister revokes the order.

S. 101(3)  
amended by  
No. 88/1994  
s. 14(a).

(3) A proprietor of a supported residential service must comply with a direction under sub-section (1).

Penalty applying to this sub-section: 100 penalty units.

**102. *Revocation of registration of health service establishment***

(1) If the Minister is satisfied that the proprietor of a health service establishment—

(a) has failed to carry on the establishment in accordance with this Act, the regulations or any conditions of registration; or

(b) is not likely to continue to carry on the establishment in accordance with this Act, the regulations or any conditions applying to the registration of the establishment; or

(c) has been convicted of an offence against this Act or the regulations; or

S. 102(1)(c)  
amended by  
No. 53/1990  
s. 17(2).

(ca) in the case of a proprietor who is a natural person, has ceased to be a fit and proper person to carry on the establishment; or

S. 102(1)(ca)  
inserted by  
No. 53/1990  
s. 17(2).

(cb) in the case of a proprietor who is a body corporate, any director or other officer of the body corporate who exercises or may exercise control over the establishment has ceased to be or is not a fit and proper person to carry on or exercise control over the establishment—

S. 102(1)(cb)  
inserted by  
No. 53/1990  
s. 17(2).

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the Minister may give notice in writing to the proprietor—

- (d) revoking the registration on the expiration of 28 days after the day on which the notice is given; or
  - (e) in a case to which paragraph (a) or (b) applies stating an intention to revoke the registration unless within a period (not being less than 28 days) specified in the notice satisfactory arrangements are made to remedy any failure to comply, or to be able to continue to comply, with this Act, the regulations or any conditions of registration.
- (2) In determining whether to give a notice under subsection (1), the Minister must consider—
- (a) the conduct of the proprietor; and
  - (b) the seriousness of any breaches of this Act, the regulations or any conditions applying to registration; and
  - (c) whether any such breaches could have been avoided by the exercise of reasonable care; and
  - (d) any circumstances that may prevent the proprietor from being able to continue to carry on the health service establishment in accordance with this Act, the regulations or any conditions of registration.

**103. *Appointment of administrator of supported residential service***

(1) If—

- (a) the Minister revokes, or serves notice of intention to revoke, the registration of a supported residential service; or

**S. 103(1)**  
**amended by**  
**No. 88/1994**  
**s. 14(b).**

**S. 103(1)(a)**  
**amended by**  
**No. 88/1994**  
**s. 14(a).**

*Health Services Act 1988*

*Act No. 49/1988*

**s. 103**

**S. 103(1)(b)**  
amended by  
**No. 88/1994**  
s. 14(a).

- (b) the proprietor of a supported residential service does not apply for renewal of registration; or
- (c) the Chief General Manager refuses to approve an application for renewal of the registration—

the Minister—

- (d) after consultation with the proprietor, unless, reasonable efforts to consult the proprietor have been unsuccessful; and
- (e) if he or she is satisfied that it is necessary to appoint an administrator to ensure that health services continue to be provided to residents of the establishment in accordance with this Act or the regulations, whether or not by the relocation of the residents—

may, in writing, appoint a person to be the administrator of the service.

**S. 103(2)**  
amended by  
**No. 88/1994**  
s. 14(a).

- (2) The Minister may appoint an administrator of a supported residential service at the request of the proprietor.
- (3) The appointment of an administrator under this section has effect—
  - (a) if the administrator is appointed at the request of the proprietor, for the period agreed by the Minister and the proprietor; and
  - (b) in any other case, for the period not exceeding 90 days determined by the Minister.

**S. 103(4)**  
amended by  
**No. 88/1994**  
s. 14(a)(b).

- (4) A person appointed under this section as administrator of a supported residential service may enter the service and do such things as are

*Health Services Act 1988*

*Act No. 49/1988*

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necessary or desirable to maintain the provision of health services to residents of the service.

- (5) If a person is appointed as administrator of a supported residential service any contract, agreement or arrangement for the provision of equipment or services for the purposes of carrying on the service continues in force despite the appointment.

**S. 103(5)  
amended by  
No. 88/1994  
s. 14(a)(b).**

- (6) If a person is appointed as administrator of a supported residential service, a person must not, without the consent of the administrator, remove from the service any equipment or other property (whether or not owned by the proprietor) which is reasonably necessary for the proper and efficient functioning of the service.

**S. 103(6)  
amended by  
No. 88/1994  
s. 14(a)(b).**

Penalty: 100 penalty units.

- (7) A person who suffers loss as a result of—
- (a) the appointment of an administrator; and
  - (b) the operation of sub-section (5) or (6)—
- is entitled to be paid such compensation as the Minister, on the recommendation of the Chief General Manager, determines.
- (8) Any liability of the Chief General Manager under this section shall be paid from the Consolidated Fund which is hereby to the necessary extent appropriated accordingly.
- (9) A person who is or has been the proprietor of a supported residential service of which an administrator has been appointed is liable to pay to the Chief General Manager the amount determined by the Chief General Manager as the amount of costs incurred—
- (a) in connection with the appointment of the administrator; or

**S. 103(9)  
amended by  
No. 88/1994  
s. 14(a).**

- (b) by the administrator in connection with the carrying on of the establishment.

#### **Division 5—General**

#### **104. Notification of decisions by Chief General Manager**

- (1) Where, under this Part, the Chief General Manager is required to give notice of a decision within the period determined under this section, the Chief General Manager must give the notice—
- (a) within 60 days after receiving the application to which the decision relates, being an application in accordance with the requirements of this Part; or
  - (b) if the Chief General Manager has requested the applicant to give further information, within 28 days after the information last requested is given to the Chief General Manager—

whichever is the later.

- (2) If—
- (a) the Chief General Manager has made two or more requests for further information from the applicant; and
  - (b) not less than four months have elapsed since the applicant made the application—
- the applicant may give notice in writing to the Chief General Manager requiring that a decision be made.
- (3) If the Chief General Manager does not make a decision within 28 days after a request is made under sub-section (2), the Chief General Manager shall be deemed to have refused the application.
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**105. *Directions of Chief General Manager***

- (1) The Chief General Manager may in writing direct the proprietor of a health service establishment to comply with a prescribed standard relating to establishments of that kind or to the type of health care provided in the establishment.
- (2) The proprietor of an establishment to whom a direction under sub-section (1) applies must comply with the direction.

Penalty: 50 penalty units.

**106. *Residential statements***

- (1) The proprietor of a supported residential service must cause to be prepared in consultation with the resident and where appropriate, his or her relative or guardian, a written statement in an appropriate language of the nature of health services to be provided to that resident in the service, including nursing care, personal care and rehabilitation and other programs.

Penalty: 2 penalty units.

- (2) The statement prepared under sub-section (1) must include the prescribed information as well as the statement of matters referred to in that sub-section.

Penalty: 2 penalty units.

- (3) The statement prepared under this section must be given to the resident within 30 days after he or she becomes a resident and, if appropriate, to any relative or guardian of the resident or to any other person having an interest in the care of the resident.

S. 106(1)  
amended by  
Nos 53/1990  
s. 18(c)(i)(ii),  
68/1996  
s. 29(1)(a).

S. 106(2)  
amended by  
No. 68/1996  
s. 29(1)(b).

*Health Services Act 1988*

*Act No. 49/1988*

**s. 108**

Penalty: 2 penalty units.

S. 106(4)  
amended by  
No. 53/1990  
s. 18(d).

- (4) If any dispute arises between the proprietor and a resident or guardian or relative of a resident of a supported residential service, the Chief General Manager may offer assistance in the resolution of the dispute.

S. 107  
amended by  
Nos 88/1994  
s. 15(1)(2),  
68/1996  
s. 29(2).

**107. *Sick residents of supported residential services***

If the proprietor of a supported residential service is, or ought reasonably to be, aware that a resident of the service is in need of more health care than can be provided at the service, the proprietor—

- (a) must take all reasonable steps to ensure that the appropriate health care is provided to the resident; and
- (b) if unsuccessful in securing the provision of that care, must notify the Chief General Manager without delay of the needs of the resident.

Penalty: 100 penalty units.

**108. *Medical examination or further care***

If the Chief General Manager—

- (a) receives a notice from a proprietor under section 107; or
- (b) receives a report from an authorised officer that a resident of a supported residential service appears to be in need of health care that the service is unable to provide—

the Chief General Manager must—

S. 108(b)  
amended by  
No. 88/1994  
s. 15(1).

*Health Services Act 1988*

*Act No. 49/1988*

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- (c) cause the resident to be medically examined;  
and
- (d) if the Chief General Manager considers that further care should be provided, make appropriate arrangements for the provision of that care.

**109. Records**

- (1) The proprietor of a health service establishment must cause to be kept in the prescribed manner and to be retained for the prescribed period the prescribed particulars of—
  - (a) persons who receive care in the establishment and the type of care received;  
and
  - (b) staff employed in the establishment.
- (2) A person must not during the prescribed period destroy or damage any record kept for the purposes of sub-section (1).

Penalty: 50 penalty units.

**110. Appeals**

A person may apply to the Administrative Appeals Tribunal for review of a decision of the Minister or the Chief General Manager under this Part—

- (a) to approve or refuse to approve an application; or
- (b) to impose conditions on the approval of an application; or
- (c) to vary the registration of a supported residential service; or

S. 110(c)  
amended by  
No. 88/1994  
s. 16.



*Health Services Act 1988*

*Act No. 49/1988*

**s. 112**

S. 110(d)  
amended by  
No. 88/1994  
s. 16.

(d) to suspend admissions to a supported residential service; or

(e) to revoke the registration of a health service establishment; or

S. 110(f)  
amended by  
No. 88/1994  
s. 16.

(f) to appoint an administrator of a supported residential service; or

S. 110(g)  
amended by  
No. 1/1989  
s. 4(d).

(g) to determine the amount payable to the Chief General Manager by way of costs incurred under section 103(9).

**111. *Offence to carry on business if establishment or proprietor not registered***

The proprietor of a health service establishment must not carry on the establishment if—

- (a) the establishment is not registered under this Part; or
- (b) the proprietor is not the holder for the time being of the certificate of registration of the establishment.

Penalty: 100 penalty units and 20 penalty units for each day the offence continues after conviction or service by the Chief General Manager on the proprietor of notice of contravention of this section, whichever first occurs.

**112. *Offence to provide excess beds or accommodation***

The proprietor of a health service establishment must not provide in the establishment more beds, or accommodation for more persons, than the number of beds for which the establishment is registered.

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Penalty: 50 penalty units and 15 penalty units for each day the offence continues after conviction or service by the Chief General Manager on the proprietor of notice of contravention of this section, whichever first occurs.

**113. *Offences relating to day procedure centres and private hospitals***

The proprietor of a day procedure centre or private hospital must not provide in the centre or hospital—

- (a) any kind of prescribed health services for the provision of which the centre or hospital is not registered; or
- (b) more beds for any kind of prescribed health services than the number for which the centre or hospital is registered in respect of that kind of care.

Penalty: 50 penalty units and 15 penalty units for each day the offence continues after conviction or service by the Chief General Manager on the proprietor of notice of contravention of this section, whichever first occurs.

**114. *Offence to contravene condition of registration***

The proprietor of a health service establishment must not contravene a condition to which registration of the establishment is subject.

Penalty: 100 penalty units.

**115. *Offence to build etc. without approval in principle***

*Health Services Act 1988*

*Act No. 49/1988*

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**S. 115(1)**  
amended by  
No. 99/1995  
s. 18(a).

- (1) A person must not enter into an agreement or arrangement for the construction, alteration or extension of a health service establishment unless an approval in principle under this Part is in force in respect of that construction, alteration or extension.

Penalty: 50 penalty units.

**S. 115(2)**  
amended by  
No. 99/1995  
s. 18(b).

- (2) The proprietor of a health service establishment must not authorise or permit the construction, alteration or extension of any part of the establishment unless an approval in principle under this Part is in force in respect of that construction, alteration or extension.

Penalty: 50 penalty units.

**S. 115(3)**  
inserted by  
No. 53/1990  
s. 19,  
amended by  
No. 99/1995  
s. 18(c).

- (3) A person must not enter into an agreement or arrangement for the alteration or extension of premises proposed to be used as a health service establishment unless an approval in principle under this Part is in force in respect of that alteration or extension.

Penalty: 50 penalty units.

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**PART 4A—MULTI PURPOSE SERVICES<sup>5</sup>**

Pt 4A  
(Heading and  
ss 115A–  
115V) inserted  
by No.  
99/1995 s. 6.

**115A. Declaration and incorporation**

S. 115A  
inserted by  
No. 99/1995  
s. 6.

- (1) The Governor in Council may, by Order published in the Government Gazette, declare a body that provides, or proposes to provide, services of a kind referred to in section 115C(2) and that is not a privately-operated hospital to be a multi purpose service.
- (2) Each multi purpose service, by operation of this Act—
  - (a) is a body corporate with perpetual succession; and
  - (b) shall have an official seal; and
  - (c) may sue and be sued in its corporate name; and
  - (d) is capable of purchasing, taking, holding, selling, leasing, taking on lease, exchanging and disposing of real and personal property; and
  - (e) is capable of doing and suffering all acts and things which bodies corporate may by law do or suffer.

S. 115A(1)  
amended by  
No. 68/1996  
s. 30.

**115B. Multi purpose services do not represent Crown**

A multi purpose service does not represent, and shall not be taken to be part of, the Crown.

S. 115B  
inserted by  
No. 99/1995  
s. 6.

S. 115C  
inserted by  
No. 99/1995  
s. 6.

**115C. *Objects and functions of multi purpose services***

- (1) The objects of a multi purpose service are as approved for the time being by the board of the multi purpose service.
- (2) The functions of a multi purpose service are the provision of any or a combination of the following—
  - (a) public hospital services;
  - (b) health services;
  - (c) aged care services;
  - (d) community care services.

S. 115D  
inserted by  
No. 99/1995  
s. 6.

**115D. *Powers***

The powers of a multi purpose service include all such powers as are necessary to enable the service to carry out its objects and do all things it is required or permitted to do under this Act, its by-laws and any agreement to which it is a party and, without limiting the generality of the foregoing, include power—

- (a) to undertake commercial exploitation of any research or intellectual property rights undertaken by or belonging to the service for any purpose relating to the carrying on of the service; and
- (b) to be a member of or form or participate in the formation of a company, association, trust or partnership, the objects or purposes of which include one or more objects or purposes that are incidental or conducive to the exercise of any other powers of the service; and
- (c) to enter into a joint venture with another person or other persons if the objects or purposes of the joint venture include one or

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more objects or purposes that are incidental or conducive to the exercise of the powers of the service.

**115E. Board of management**

**S. 115E  
inserted by  
No. 99/1995  
s. 6.**

- (1) There shall be a board of management of each multi purpose service.
- (2) The functions of the board of a multi purpose service are—
  - (a) to oversee and manage the service; and
  - (b) to ensure that the services provided by the service comply with the requirements of this Act, the objects of the service, its by-laws and any agreement entered into by the service.
- (3) The board of a multi purpose service has such powers as are necessary to enable it to carry out its functions, including the power to make, amend or revoke by-laws.
- (4) The board of a multi purpose service shall consist of not less than 6 and not more than 12 natural persons—
  - (a) in the case of the first board of a multi purpose service, nominated by the Minister; and
  - (b) in any other case, nominated by the Minister after consideration of a name or names submitted by the board.
- (5) If the board does not submit a name or names for the purposes of sub-section (4) within 60 days after receiving a request to do so from the Minister, the Minister may nominate a natural person or natural persons for the purposes of that sub-section.

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- (6) The members of a board shall be appointed by the Governor in Council.
  - (7) The **Public Sector Management Act 1992** (including Part 9) does not apply to a member of a board in respect of the office of member.

S. 115F  
inserted by  
No. 99/1995  
s. 6.

**115F. Terms and conditions of appointment**

- (1) A member of a board of a multi purpose service holds office for the term, not exceeding 3 years, specified in the instrument of appointment and is eligible for re-appointment.
- (2) A member of a board is entitled to be paid expenses incurred in holding office as a member of the board.
- (3) A person appointed to a board of a multi purpose service to fill a vacancy which arises otherwise than by expiry of a member's term of office holds office for the remainder of that member's term.

S. 115G  
inserted by  
No. 99/1995  
s. 6.

**115G. Removal and resignation**

- (1) A member of a board of a multi purpose service may resign by writing signed by that person and delivered to the Governor in Council.
- (2) The Governor in Council, on the recommendation of the Minister, may remove a member of a board from office.

S. 115H  
inserted by  
No. 99/1995  
s. 6.

**115H. Annual meetings**

- (1) The board of a multi purpose service must ensure that the chief executive officer convenes an annual meeting of the multi purpose service to be held on or after 1 July and on or before 31 October (or, if the Chief General Manager in writing approves a later date, on or before that later date) in each year.
- (2) The chief executive officer of the multi purpose service must cause notice of the annual meeting to

be published in a newspaper circulating generally in the area where the multi purpose service is situated giving notice—

- (a) of the date, time and place of the meeting; and
  - (b) that the meeting is open to the public.
- (3) At each annual meeting of a multi purpose service, the board—
- (a) must submit the report of operations and financial statements prepared in accordance with Part 7 of the **Financial Management Act 1994**; and
  - (b) must report on the services provided to the community in the preceding year and on services proposed to be provided in the following year; and
  - (c) must report on such other matters that are prescribed.

**115I. Procedure of board**

Subject to this Part, the procedure of a board of a multi purpose service is in the discretion of the board.

S. 115I  
inserted by  
No. 99/1995  
s. 6.

**115J. Membership of board not office of profit**

A member of a board of a multi purpose service shall not be taken to hold an office or place of profit under the Crown which would—

- (a) prevent the member sitting or voting as a member of the Legislative Council or Legislative Assembly; or
- (b) make void the member's election to the Council or the Assembly; or
- (c) prevent the member continuing to be a member of the Council or the Assembly; or

S. 115J  
inserted by  
No. 99/1995  
s. 6.



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- (d) subject the member to liability to a penalty under the **Constitution Act 1975**.

S. 115K  
inserted by  
No. 99/1995  
s. 6.

**115K. Immunity**

A member of a board of a multi purpose service is not liable to an action or other proceedings for damages for or in relation to an act done or omitted to be done in good faith in performance or purported performance of any function or the exercise or purported exercise of any power conferred on the board.

S. 115L  
inserted by  
No. 99/1995  
s. 6.

**115L. Validity of acts or decisions**

An act or decision of a board of a multi purpose service is not invalid by reason only of—

- (a) a defect or irregularity in or in connection with the appointment of a member of the board; or
- (b) a vacancy in the membership of the board.

S. 115M  
inserted by  
No. 99/1995  
s. 6.

**115M. Chief General Manager may give directions**

The Chief General Manager, for the purpose of carrying out functions and powers under this Act or for carrying out the objectives of this Act, may in writing give directions to a multi purpose service in relation to action to be taken or avoided to enable the State to comply with the terms of any agreement made between it and the Commonwealth or any other State.

S. 115N  
inserted by  
No. 99/1995  
s. 6.

**115N. Rules of multi purpose service**

A multi purpose service must not—

- (a) change its name; or
- (b) change its objects; or
- (c) make, amend or alter its by-laws—

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without the approval in writing of the Chief General Manager.

**1150. Service agreements**

S. 1150  
inserted by  
No. 99/1995  
s. 6.

- (1) A multi purpose service may enter into a service agreement for the provision of services in respect of each financial year with the Commonwealth and the State.
- (2) The terms of a service agreement shall be in accordance with this Part and as agreed between the multi purpose service and the Commonwealth and the State.
- (3) A service agreement shall be in respect of one year or such other period as is specified in the agreement.
- (4) A service agreement may specify—
  - (a) particulars of services to be provided by the multi purpose service, including particulars of the type, frequency, scope and standard of services; and
  - (b) particulars of the organisation and management of the multi purpose service; and
  - (c) limits or controls on expenditure or the entering into of contracts or agreements by the multi purpose service; and
  - (d) particulars of grants, subsidies or other assistance provided or to be provided to the multi purpose service by the Commonwealth or the State during or in respect of a financial year; and
  - (e) any other relevant matters.

**115P. Health service agreements**

S. 115P  
inserted by  
No. 99/1995  
s. 6.

A multi purpose service may enter into a health

service agreement under section 26 as if the multi purpose service were a registered funded agency.

S. 115Q  
inserted by  
No. 99/1995  
s. 6.

**115Q. Powers of Minister**

If the Minister is satisfied that a multi purpose service—

- (a) is inefficiently or incompetently managed; or
- (b) is failing to carry out its functions, or failing to carry them out effectively; or
- (c) has negligently failed to comply with an agreement entered into under section 115O or 115P—

the Minister may do either or both of the following—

- (d) recommend to the Governor in Council that an administrator of the service be appointed in accordance with section 115R; or
- (e) recommend to the Governor in Council that the service be closed in accordance with section 115S.

S. 115R  
inserted by  
No. 99/1995  
s. 6.

**115R. Appointment of administrator**

(1) If the Minister proposes that a multi purpose service should be administered by an administrator, the Minister—

- (a) must give notice in writing to the service of his or her proposal; and
  - (b) must consider any submissions, whether oral or in writing, made to the Minister by the service within 7 days after the giving of the notice; and
  - (c) may consider any other submissions and any other matters the Minister considers appropriate—
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before deciding whether or not to recommend the appointment of an administrator.

- (2) If the Minister decides to recommend the appointment of an administrator, the Governor in Council, on the recommendation of the Minister, may by notice published in the Government Gazette appoint an administrator of the multi purpose service for such period and subject to such terms and conditions as are specified in the appointment.
- (3) An administrator of a multi purpose service appointed under this section has and may exercise all the powers and is subject to all the duties of the board of the service.
- (4) On the appointment of an administrator, the members of the board of the multi purpose service cease to hold office.
- (5) If the Minister recommends to the Governor in Council that the appointment of the administrator of a multi purpose service should be revoked, the Governor in Council may by notice published in the Government Gazette declare that the appointment will be revoked on the date specified in the notice, being a date not less than 28 days after the publication of the notice.
- (6) If a notice is published under sub-section (5) in relation to a multi purpose service—
  - (a) members of the board of the service shall be appointed in accordance with this Part; and
  - (b) on the date specified in the notice—
    - (i) the appointment of the administrator is revoked; and

- (ii) the board of the service is re-established.

S. 115S  
inserted by  
No. 99/1995  
s. 6.

### **115S. Closure**

- (1) If the Minister proposes that a multi purpose service should be closed, the Minister must cause a report of the proposal to be prepared and made available to persons who request it.
- (2) A report under sub-section (1) must include—
  - (a) a statement of the circumstances giving rise to the proposal; and
  - (b) a statement of any other available options in relation to continuing the services of the multi purpose service.
- (3) The Minister, after consideration of any submissions made on a report under sub-section (1) within 90 days after the report is made available to interested persons—
  - (a) must decide whether or not to recommend the closure of the multi purpose service; and
  - (b) must give notice in writing of his or her decision to the service.
- (4) The Governor in Council, on the recommendation of the Minister, may by Order published in the Government Gazette direct that the multi purpose service be closed on and after the date fixed in the Order.
- (5) If an Order is published under sub-section (4)—

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- (a) the multi purpose service shall be closed subject to and in accordance with the directions contained in the Order; and
  - (b) except as otherwise provided in any service agreement—
    - (i) the property of the service becomes the property of the State and may be dealt with or disposed of accordingly; and
    - (ii) the liabilities of the service become liabilities of the State.

**115T. *Amalgamations***

S. 115T  
inserted by  
No. 99/1995  
s. 6.

- (1) The governing bodies of 2 or more bodies, each being a registered funded agency or a multi purpose service, may agree that the bodies should amalgamate under this Part only if—
  - (a) the bodies and the agencies or the services, as the case may be, are not prohibited from doing so by any Acts or other documents creating them and the amalgamation is made in accordance with those Acts or other documents; and
  - (b) apart from this Part, there is no law of the Commonwealth or the State under which they could amalgamate.
- (2) The governing bodies of the agencies or multi purpose services must submit the agreement to the Chief General Manager.
- (3) The Chief General Manager must not advise the Minister to approve the agreement unless the Chief General Manager is satisfied that—
  - (a) the amalgamation will result in the provision of better health services in any part of Victoria; and

(b) the amalgamation is otherwise in the public interest.

(4) The Minister, on the advice of the Chief General Manager, may approve the agreement.

S. 115U  
inserted by  
No. 99/1995  
s. 6.

**115U. Governor in Council may order amalgamation**

(1) The Governor in Council, on the recommendation of the Minister made after receiving advice from the Chief General Manager under section 115T, may by Order published in the Government Gazette direct that—

(a) 2 or more registered funded agencies be amalgamated and declare the amalgamated body to be a multi purpose service; or

(b) a multi purpose service and one or more registered funded agencies, or 2 or more multi purpose services, be amalgamated and declare the amalgamated body to be—

(i) a multi purpose service; or

(ii) a public hospital; or

(iii) an incorporated association.

(2) If an Order is made under sub-section (1)—

(a) on a date specified in the Order—

(i) the incorporation of each registered funded agency to which the Order relates that is an incorporated body shall be cancelled; or

(ii) each registered funded agency to which the Order relates that is an unincorporated body shall cease to exist; or

(iii) each multi purpose service to which the Order relates shall cease to exist—

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- as the case requires; and
- (b) on that date a new body of the kind specified in the Order having a board or committee of management constituted as specified in the Order shall come into existence by operation of the Order as if on that date—
- (i) in the case of a multi purpose service or public hospital, it had been incorporated under this Act; or
  - (ii) in the case of an incorporated association, a certificate of incorporation had been granted under the **Associations Incorporation Act 1981**; and
- (c) on that date the property of each registered funded agency and multi purpose service that is the subject of the Order vests in the new body without the necessity for any conveyance, transfer or assignment and so vests subject to—
- (i) any trust; and
  - (ii) any restriction, limitation, mortgage, charge, encumbrance, lien, lease, covenant, contract or liability—
- to which the property was subject immediately before that date; and
- (d) on that date all debts and liabilities, whether certain or contingent, of a registered funded agency or multi purpose service that is the subject of the Order existing at that date become the debts and liabilities of the new body.
- (3) An Order under sub-section (1) may include such other provisions not inconsistent with this Part or, in the case of a public hospital or an incorporated
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association, Part 3 as are necessary or expedient, including provisions giving effect to any agreement under section 115T.

S, 115V  
inserted by  
No. 99/1995  
s. 6.

### 115V. *Transitional*

(1) In this section—

**"liabilities"** means all liabilities, duties and obligations, whether actual, contingent or prospective;

**"property"** means a legal or equitable estate or interest (whether present or future and whether vested or contingent) in real or personal property of any description;

**"rights"** means all rights, powers, privileges and immunities, whether actual, contingent or prospective;

**"the appointed day"** means the day on which the **Miscellaneous Acts (Health and Justice) Amendment Act 1995** comes into operation.

(2) On the appointed day the following public hospitals are deemed to have been declared under section 115A(1) to be multi purpose services—

Far East Gippsland Health and Support Service

The Otway Health and Community Services

Upper Murray Health and Community Services.

(3) The objects of a multi purpose service referred to in sub-section (2) are its objects as existing immediately before the appointed day as altered or added to from time to time by the board of the service.

(4) The by-laws of a multi purpose service referred to in sub-section (2) are its by-laws as existing immediately before the appointed day as amended from time to time.

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- (5) Each member of the board of a public hospital that on the appointed day becomes a multi purpose service continues as a member of the board of the multi purpose service for the remainder of the term of office specified in the instrument of his or her appointment.
- (6) On the coming into existence of a multi purpose service under this section—
- (a) all property and rights of the body it was before the appointed day, wherever located, vest in the multi purpose service; and
  - (b) all liabilities of the body it was before the appointed day, wherever located, become liabilities of the multi purpose service; and
  - (c) the multi purpose service becomes the successor in law of the body it was before the appointed day.
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**PART 5—COMMUNITY (RESIDENTIAL SERVICES)  
VISITORS**

**116. Appointment**

The Governor in Council may appoint persons nominated by the Minister as community (residential services) visitors for each region.

S. 116A  
inserted by  
No. 68/1996  
s. 31.

**116A. Definition**

In this Part, "**resident**", in relation to a privately-operated hospital that is a designated public hospital, means a public hospital patient who is a resident of that hospital.

**117. Functions of a visitor**

The functions of a visitor appointed for a region are—

S. 117(a)  
amended by  
No. 53/1990  
s. 20(a)(i).

(a) to visit any designated public hospital or supported residential service in the region; and

S. 117(b)(i)  
amended by  
No. 53/1990  
s. 20(a)(ii).

(b) to inquire into—

(i) the appropriateness and standard of facilities for the accommodation, physical well-being and welfare of residents of the hospital or service; and

S. 117(b)(ii)  
amended by  
No. 53/1990  
s. 20(a)(ii).

(ii) the adequacy of opportunities and facilities for the recreation, occupation, education and training of residents of the hospital or service; and

S. 117(b)(iii)  
amended by  
No. 53/1990  
s. 20(a)(ii).

(iii) whether services are being provided for the hospital or service in accordance with the principles specified in section 10; and

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| (iv) any failure by the proprietor of the hospital or service to comply with the provisions of this Act; and | S. 117(b)(iv) amended by No. 53/1990 s. 20(a)(ii). |
| (v) any complaint made to a visitor by a resident of the hospital or service.                                | S. 117(b)(v) amended by No. 53/1990 s. 20(a)(ii).  |

**118. Panels**

Any two visitors for a region constitute a panel of visitors for that region.

**119. Visiting designated public hospitals and supported residential services**

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| (1) A visitor or a panel of visitors for a region may visit a designated public hospital or supported residential service in the region with or without any previous notice at such times and for such periods as the visitor or panel thinks fit. | S. 119(1) amended by No. 53/1990 s. 20(b). |
| (2) The Minister may direct a visitor or a panel of visitors for a region to visit a designated public hospital or supported residential service in the region at such times as the Minister directs.  | S. 119(2) amended by No. 53/1990 s. 20(b). |

**120. Powers of inspection**

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| (1) A visitor when visiting a designated public hospital or supported residential service in the region may— | S. 120(1) amended by No. 53/1990 s. 20(e)(i).     |
| (a) inspect any part of the premises of the hospital or service; and   | S. 120(1)(a) amended by No. 53/1990 s. 20(c)(ii). |
| (b) ask questions of any resident of the hospital or service; and  | S. 120(1)(b) amended by No. 53/1990 s. 20(c)(ii). |
| (c) make enquiries of any employee of the hospital or service relating to the admission                      | S. 120(1)(c) amended by No. 53/1990 s. 20(c)(ii). |

and care of residents; and

(d) inspect any records required to be kept on the premises by or under this Act.

S. 120(2)  
substituted by  
No. 53/1990  
s. 20(d).

(2) Sub-section (1)(d) does not authorise a visitor to inspect—

(a) a resident's medical records unless the resident consents; or

(b) personnel records unless the member of staff consents.

S. 120(3)  
amended by  
No. 53/1990  
s. 20(e).

(3) The person in charge and members of the staff or management of a designated public hospital or service must give a visitor any reasonable assistance that the visitor requires to perform or exercise any powers or functions effectively.

Penalty: 2 penalty units.

S. 120(4)  
amended by  
No. 53/1990  
s. 20(f)(i).

(4) A person in charge or member of the staff or management of a designated public hospital or service must not—

S. 120(4)(a)  
amended by  
No. 53/1990  
s. 20(f)(ii).

(a) unreasonably refuse or neglect to give assistance when required to do so under sub-section (3); or

(b) refuse or fail to give full and true answers to the best of that person's knowledge to any questions asked by a visitor in the performance or exercise of any power or function under this Act; or

(c) assault, obstruct or threaten a visitor in the performance or exercise of any power or function under this Act.

Penalty applying to this sub-section: 25 penalty units.

### 121. *Request to see a visitor*

*Health Services Act 1988*

*Act No. 49/1988*

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(1) A resident in a designated public hospital or supported residential service or any person on behalf of such a resident may request the person in charge to arrange for the resident to be seen by a visitor.

S. 121(1)  
amended by  
No. 53/1990  
s. 20(g).

(2) The person in charge, within 7 days after receiving a request under sub-section (1), must advise one of the visitors for the region that a request has been made.

Penalty: 2 penalty units.

(3) After seeing a resident requesting to be seen, the visitor may submit a report to the Chief General Manager and the Public Advocate containing such recommendations as he or she considers appropriate.

**122. Record of visits**

The person in charge of a designated public hospital or supported residential service must keep a record in the prescribed form of visits by visitors.

S. 122  
amended by  
No. 53/1990  
s. 20(h).

Penalty: 2 penalty units.

**123. Reports by visitors**

(1) The visitors for a region at least twice a year must submit a joint report to the Public Advocate on visits made by them to designated public hospitals or supported residential services since the last report under this section.

S. 123(1)  
amended by  
No. 53/1990  
s. 20(i).

(2) The Minister may require a panel of visitors to report to the Minister on any matter specified by the Minister at the time and in the manner directed by the Minister.

(3) A visitor, panel of visitors or the visitors for a region may submit a report to the Minister at any

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time if the visitor or visitors consider that the Minister should consider any matter personally.

**124. Terms and conditions of appointment**

- (1) Each visitor—
  - (a) holds office for a period of 3 years from the date of appointment; and
  - (b) is eligible for re-appointment; and
  - (c) is entitled to be paid fees and travelling and other allowances as are from time to time fixed by the Governor in Council; and
  - (d) is not, in respect of the office of visitor, subject to the provisions of the **Public Service Act 1974**.
- (2) The Governor in Council, in the instrument of appointment of a person as a visitor, may specify terms and conditions of appointment.
- (3) A person must not be appointed as a visitor for a region if the person—
  - (a) is an officer or employee of the Department or a person who holds any other appointment with the Department; or
  - (b) has any interests which conflict or may conflict with the best interests of residents of a designated public hospital or supported residential service in that region; or
  - (c) resides outside the region.
- (4) In nominating persons for appointment as visitors for a region, the Minister must ensure that both men and women are adequately represented.

S. 124(3)(b)  
amended by  
No. 53/1990  
s. 20(j).

**125. Resignation and removal from office**

- (1) The Governor in Council, on the recommendation of the Minister, may remove a visitor from office.

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- (2) A person may resign from the office of visitor by writing signed by that person and delivered to the Governor in Council.

**126. Secrecy provision**

- (1) A person who is or has at any time been a visitor must not, except to the extent necessary to perform any official duties or to perform or exercise any function or power under this Act, either directly or indirectly, make a record of, or divulge or communicate to any person, any information that is or was acquired by the person by reason of being or having been a visitor or make use of any such information, for any purpose other than the performance of official duties or the performance or exercise of that function or power.

Penalty: 50 penalty units.

- (2) Sub-section (1) does not preclude a person from—
- (a) producing a document to a court in the course of criminal proceedings or in the course of any proceedings under this Act; or
  - (b) divulging or communicating to a court in the course of any proceedings referred to in paragraph (a) any matter or thing coming under the notice of the person in the performance of official duties or in the performance of a function or the exercise of a power referred to in that sub-section; or
  - (c) producing a document or divulging or communicating information that is expressly authorised or permitted by any Act to be produced, divulged or communicated; or
  - (d) producing a document or divulging or communicating information with the prior consent of the person to whom it relates or, if



that person has died, with the consent of the senior available next of kin of that person.

- (3) In this section, "**court**" includes any board, tribunal or person authorised to receive evidence.

S. 126A  
inserted by  
No. 42/1993  
s. 20(1).

**126A. Immunity of visitors**

No civil or criminal proceedings lie against a visitor for anything done in good faith and with reasonable care in reliance on any authority or document apparently given or made in accordance with the requirements of this Act.

**127. Community (Residential Services) Visitors Board**

- (1) There is established a Board to be known as the Community (Residential Services) Visitors Board.
- (2) The Community (Residential Services) Visitors Board consists of—
- (a) the Public Advocate; and
  - (b) two visitors elected by visitors in accordance with the regulations.
- (3) The functions of the Board are—
- (a) to represent visitors; and
  - (b) to prepare and circulate publications explaining the role of visitors; and
  - (c) to supervise the training of visitors; and
  - (d) to prepare an annual report.

**128. Annual report of visitors**

- (1) The Community (Residential Services) Visitors Board must as soon as practicable after the end of each financial year and not later than the following 30 September submit to the Minister a report on the activities of visitors during the financial year.
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*Health Services Act 1988*

*Act No. 49/1988*

s. 128

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(2) The Minister must cause the annual report of the visitors to be laid before the Legislative Council and the Legislative Assembly before the expiration of the fourteenth sitting day of the Legislative Council or the Legislative Assembly, as the case may be, after the annual report has been received by the Minister.

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**Pt 6 (Heading and ss 129–134) amended by No. 88/1994 s. 17(1)(a)(b) (2), repealed by No. 11/1995 s. 3(2)(Sch. 2).**

**PART 7—MISCELLANEOUS PROVISIONS**

**Division 1—Hospitals and Charities Fund**

**135. Definition**

In this Division, "**agency**" includes an ambulance service and the Ambulance Officers Training Centre under the **Ambulance Services Act 1986**.

**136. Hospitals and Charities Fund**

(1) There shall be established in the Public Account as part of the Trust Fund an account to be known as the Hospitals and Charities Fund.

(2) There shall be paid into the Fund—

(a) all money standing to the credit of the Hospitals and Charities Fund under the **Hospitals and Charities Act 1958** immediately before the commencement of this Act; and

S. 136(2)(b) repealed by No. 31/1994 s. 3(Sch. 1 item 33(a)).

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S. 136(2)(c) amended by No. 31/1994 s. 3(Sch. 1 item 33(b)).

(c) all money authorised under this Act, the **Racing Act 1958**, the **Tattersall Consultations Act 1958** or any other Act to be paid, or otherwise made available for payment, into the Fund.

(3) There shall be paid out of the Fund—

(a) all liabilities of the Hospitals and Charities Fund under the **Hospitals and Charities Act 1958** that have not been met before the commencement of this section; and

- (b) amounts determined by the Minister as payable under this Act to or on behalf of an agency;
- (c) amounts determined by the Minister administering the **Community Services Act 1970** as payable under this Act to or on behalf of an agency; and
- (d) any other money authorised under this Act, the **Racing Act 1958** or any other Act to be paid out of the Fund.

S. 136(3)(c)  
amended by  
No. 42/1993  
s. 23(1).

**137. Payments out of Fund to agencies**

In making determinations under section 136(3)(b) or (c), the Minister or the Minister administering the **Community Services Act 1970** must have regard to—

S. 137  
amended by  
Nos 1/1989  
s. 4(e),  
42/1993  
s. 23(1).

- (a) the services provided by the agency and the extent to which the agency has provided or promoted or will provide or promote health or community services;
- (b) any prescribed matters—

and may have regard to such other matters as the Minister or the Minister administering the **Community Services Act 1970** thinks fit.

**Division 2—Payment of Fees to Certain Agencies**

**138. Payment of fees**

- (1) A person who is accommodated in, or receives health care or other services from, a public hospital, privately-operated hospital, denominational hospital or multi purpose service<sup>6</sup> is liable to pay to the agency—
  - (a) the fee (if any) prescribed in respect of that accommodation, care or service; or

S. 138(1)  
amended by  
Nos 88/1994  
s. 18(a),  
99/1995  
s. 7(a),  
68/1996 s. 32.

*Health Services Act 1988*

*Act No. 49/1988*

s. 138A

S. 138(1)(b)  
amended by  
No. 88/1994  
s. 18(b),  
substituted by  
No. 99/1995  
s. 7(b).

- (b) <sup>7</sup>if no such fee is prescribed, the fee (if any)—
- (i) determined by the hospital; or
  - (ii) subject to any agreement under section 26 or 115O and any by-laws, determined by the multi purpose service—
- in respect of that accommodation, care or service.

- (2) A person is not liable to pay a fee under subsection (1) in respect of accommodation, health care or other service if, under the regulations, the person is not liable to pay a fee in respect of that accommodation, care or service.

Pt 7 Div. 2A  
(Heading and  
ss 138A–  
138C)  
inserted by  
No. 124/1993  
s. 27.

**Division 2A—Conditions of certain public service staff**

S. 138A  
inserted by  
No. 124/1993  
s. 27.

**138A. Definition**

In this Division "**Public Service Determinations**" means the Public Service Determinations 1985 as in force under the **Public Service Act 1974** immediately before its repeal.

S. 138B  
inserted by  
No. 124/1993  
s. 27.

**138B. Remuneration and allowances**

- (1) On and from the commencement of this section, the terms and conditions applying to a person whose remuneration is determined by reference to Schedule 5 of the Public Service Determinations and set out in regulation 4.5(2) of the Public Service Regulations 1985 and determinations 2.9 and 5.10 of the Public Service Determinations cease to form part of an individual employment

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agreement referred to in clause 22(4) of Schedule 6 of the **Public Sector Management Act 1992**.

- (2) Nothing in sub-section (1) affects—
- (a) any rights accrued under the terms and conditions set out in regulation 4.5(2) of the Public Service Regulations 1985 or determinations 2.9 and 5.10 of the Public Service Determinations immediately before the commencement of this section; or
  - (b) an election made under determination 5.10(2) of the Public Service Determinations before the commencement of this section or any rights accruing as a result of that election.
- (3) This section has effect despite anything to the contrary in the **Public Sector Management Act 1992**.

**138C. *No compensation payable***

No compensation is payable to any person because of a term or condition ceasing to form part of an individual employment agreement pursuant to section 138B(1).

S. 138C  
inserted by  
No. 124/1993  
s. 27.

**Division 3—General**

**139. *Quality assurance***

- (1) The Minister, by notice published in the Government Gazette, may declare that a specified committee, council or other body (whether corporate or unincorporate) established by one or more registered funded agencies, health service establishments, multi purpose services<sup>8</sup>, psychiatric services or professional associations is an approved quality assurance body for the purposes of this Part and, by like notice, may revoke the declaration.

S. 139(1)  
amended by  
Nos 53/1990  
s. 21(a),  
99/1995  
s. 8(1).

*Health Services Act 1988*

*Act No. 49/1988*

s. 139

(2) The Minister must not approve a committee, council or other body unless he or she is satisfied—

S. 139(2)(a)  
amended by  
Nos 53/1990  
s. 21(b)(i)(ii),  
42/1993  
s. 21(1),  
99/1995  
s. 8(2)(a).

(a) that, in the case of a committee, council or body which is not a psychiatric service owned or managed by the Department, it is established under the by-laws or constitution of one or more registered funded agencies, health service establishments, multi purpose services<sup>9</sup>, psychiatric services or professional associations; and

S. 139(2)(b)  
amended by  
Nos 53/1990  
s. 21(b)(iii),  
99/1995  
s. 8(2)(b).

(b) that its functions include the assessment and evaluation of the quality of health services provided by the registered funded agencies, health service establishments, multi purpose services<sup>10</sup>, psychiatric services or members of a professional association, including the review of clinical practices or clinical competence of persons providing those services; and

(c) that the carrying out of its functions and powers would be facilitated by the provision of certain immunities in respect of proceedings; and

(d) that it is in the public interest that persons be prohibited from disclosing information given to it in the course of the carrying out of its functions.

S. 139(2A)  
inserted by  
No. 53/1990  
s. 21(c).

(2A) In sub-sections (1) and (2)—

S. 139(2A)  
def. of  
"professional  
association"  
amended by  
No. 42/1993  
s. 21(2).

**"professional association"** means an association, society, college or other body, membership of which consists principally of health care providers, whether or not of a particular class or classes;

**"psychiatric service"** has the same meaning as in section 106 of the **Mental Health Act 1986**.

- (3) A person who is or has been a member, officer or employee of a committee, council or other body in respect of which a declaration under sub-section (1) has been made must not either directly or indirectly—

S. 139(3) amended by No. 53/1990 s. 21(d)(i)(iii).

- (a) make a record of or divulge or communicate to any person any information gained by or conveyed to that person by reason only of being such a member, officer or employee while the declaration was in force; or

S. 139(3)(a) amended by No. 53/1990 s. 21(d)(ii).

- (b) make use of any such information—

except to the extent necessary for the performance of the functions of that committee, council or body or of the person as such a member, officer or employee.

Penalty: 50 penalty units.

- (3A) Sub-section (3) has effect despite anything to the contrary in section 12 of the **Audit Act 1994**.

S. 139(3A) inserted by No. 42/1993 s. 21(3), amended by No. 2/1994 s. 26.

- (4) A person who is or has been a member, officer or employee of a committee, council or other body in respect of which a declaration under sub-section (1) has been made shall not be required by reason only of being such a member, officer or employee—

S. 139(4) amended by No. 53/1990 s. 21(e)(i)(ii).

- (a) to produce before any court, tribunal, board, agency or person any document in his or her possession or under his or her control by reason only of being such a member, officer or employee while the declaration was in force; or

S. 139(4)(a) amended by No. 53/1990 s. 21(e)(iii).



*Health Services Act 1988*

*Act No. 49/1988*

s. 140

S. 139(4)(b)  
amended by  
No. 53/1990  
s. 21(e)(iii).

(b) to divulge or communicate to any court, tribunal, board, agency or person any matter or thing coming under his or her notice by reason only of being such a member, officer or employee while the declaration was in force.

S. 139(4A)  
inserted by  
No. 42/1993  
s. 21(4).

(4A) Sub-sections (3) and (4) do not apply to information that does not identify, either expressly or by implication, a particular individual or particular individuals.

S. 139(4B)  
inserted by  
No. 42/1993  
s. 21(4).

(4B) Sub-section (4) does not apply to a document that does not identify, either expressly or by implication, a particular individual or particular individuals.

S. 139(5)  
amended by  
No. 53/1990  
s. 21(f)(i)(ii).

(5) Evidence of any information or document concerning the proceedings or prepared for the purposes of a committee, council or other body at any time when a declaration under this section was in force in respect of it is not admissible in any action or proceedings before any court, tribunal, board, agency or person.

S. 139(6)  
inserted by  
No. 53/1990  
s. 21(g).

(6) If there is an inconsistency between this section and a provision of any other Act or law, this section prevails to the extent of the inconsistency.

**140. *Proclaimed services***

- (1) If the Minister considers that a person or body other than the proprietor of a health service establishment or a registered funded agency providing a service for use solely or mainly by persons who are—
- (a) chronically ill, senile or mentally ill; or
  - (b) suffering brain damage; or

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- (c) alcoholic or dependent on drugs—  
is abusing or exploiting persons using the service,  
the Minister may recommend to the Governor in  
Council that the service be declared a proclaimed  
service.
- (2) On the recommendation of the Minister, the  
Governor in Council, by proclamation—
- (a) may declare a service specified in the  
proclamation to be a proclaimed service; and
  - (b) may impose conditions or requirements on  
the carrying on of that proclaimed service.
- (3) The Minister must not make a recommendation  
under this section unless the Minister—
- (a) has given notice in writing to the person or  
body stating—
    - (i) the reason why it is intended to make a  
proclamation under this section; and
    - (ii) that the person or body may object in  
writing to the Minister within 14 days  
after the notice is given to the person or  
body and may request to be heard; and
  - (b) has considered any such objection and,  
where requested, given the objector an  
opportunity to be heard.
- (4) A person must not carry on a proclaimed service  
in contravention of any conditions or requirements  
specified in the proclamation.

Penalty applying to this sub-section: 100 penalty  
units.

**141. Confidentiality**

(1) In this section—

S. 141(1) def. of "person to whom this section applies" amended by No. 112/1993 s. 10(1).

**"person to whom this section applies"** means—

- (a) a relevant health service; or
- (b) the board of a relevant health service; or
- (c) a person who is or has been a member of the board of a relevant health service; or
- (d) a person who is or has been the proprietor of a relevant health service; or
- (e) a person who is or has been engaged or employed in or by a relevant health service, or performs work for a relevant health service;

S. 141(1) def. of "relevant health service" amended by Nos 88/1994 s. 19, 99/1995 s. 9.

**"relevant health service"** means—

- (a) a public hospital or denominational hospital; or
- (b) a private hospital; or
- (c) <sup>11</sup>a multi purpose service; or
- (d) a day procedure centre; or
- (e) a community health centre.

(2) A person to whom this section applies must not, except to the extent necessary—

- (a) to carry out functions under this or any other Act; or
- (b) to exercise powers under this or any other Act in relation to a relevant health service; or

- (c) to give any information he or she is expressly authorised, permitted or required to give under this or any other Act—

S. 141(2)(c)  
amended by  
No. 53/1990  
s. 22.

give to any other person, whether directly or indirectly, any information acquired by reason of being a person to whom this section applies if a person who is or has been a patient in, or has received health services from, a relevant health service could be identified from that information.

Penalty: 50 penalty units.

- (3) Sub-section (2) does not apply—

- (a) to the giving of information with the prior consent of the person to whom it relates or, if that person has died, with the consent of the senior available next of kin of that person; or
- (b) to the giving of information to a court in the course of criminal proceedings; or
- (c) to the giving of information concerning the condition of a person who is a patient in, or is receiving health services from, a relevant health service if the information—
- (i) is communicated in general terms; or
  - (ii) is communicated by a member of the medical staff of a relevant health service to the next of kin or a near relative of the patient in accordance with the recognised customs of medical practice; or
- (d) to the giving of information to the Australian Red Cross Society for the purpose of tracing blood, or blood products derived from blood, infected with any disease or the donor or recipient of any such blood; or

*Health Services Act 1988*

*Act No. 49/1988*

**s. 141**

**S. 141(3)(ea)**  
inserted by  
**No. 68/1996**  
**s. 33.**

(e) to the giving of information required in connection with the further treatment of a patient; or

(ea) to the giving of information in accordance with an agreement under section 53(1) or 69B(1); or

(f) to the giving of information to the Australian Statistician; or

(g) to the giving of information acquired by an agency concerning a person's medical condition or treatment for the purposes of medical or social research if—

(i) the use to which the information will be put and the research methodology have been approved by an ethics committee established under the by-laws of the agency; and

(ii) the giving of information does not conflict with any prescribed requirements; or

**S. 141(3)(ga)**  
inserted by  
**No. 112/1993**  
**s. 10(2).**

(ga) the giving of information to a case mix auditor under Division 1A of Part 3 of this Act;

(h) to the giving of information to a person to whom in the opinion of the Minister it is in the public interest that the information be given.

(4) A person who receives information by reason of the giving of information under sub-section (3)(g) must not give to any other person, whether directly or indirectly, any information so received unless the giving of the information—

(a) has been approved by the ethics committee referred to in sub-section (3); and

(b) does not conflict with any prescribed requirements.

Penalty: 50 penalty units.

**142. Agencies etc. incorporated under other Acts**

If a registered funded agency or health service establishment is incorporated under any other Act or law, any provisions of this Act that are inconsistent with any provisions of the other Act or law apply to the agency or establishment despite the inconsistency in addition to, or in substitution for, as the case requires, the provisions of the other Act or law.

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S. 143  
repealed by  
No. 88/1994  
s. 20.

**144. Inquiry by Chief General Manager**

- (1) The Chief General Manager may at any time make or cause to be made such inquiries as he or she thinks fit as to any matter arising in the performance of any of the functions imposed or powers conferred on the Chief General Manager.
- (2) For the purposes of an inquiry under this Act—
  - (a) the Chief General Manager has the powers conferred by sections 14 to 16, 20 and 20A of the **Evidence Act 1958** upon a board appointed by the Governor in Council; and
  - (b) the board of a registered funded agency or health service establishment must permit the Chief General Manager or an authorised officer to have access to any document in the possession or under the control of the agency or establishment; and

S. 144(2)(c)  
amended by  
No. 35/1996  
s. 453(Sch. 1  
item 38).

- (c) the board of an agency or establishment and any officer of an agency or establishment may be represented by a legal practitioner or any other person authorised in writing by the agency or establishment.

#### **145. *Authorised officers***

The Chief General Manager may in writing appoint a person who is an officer or employee of the public service or employed in the Department as an authorised officer for the purposes of this Act and may, in like manner, revoke any such appointment.

#### **146. *Identity cards***

- (1) The Chief General Manager must issue an identity card to each authorised officer.
- (2) An identity card issued to an officer must—
  - (a) contain a photograph of the officer; and
  - (b) contain the signature of the officer; and
  - (c) be signed by the Chief General Manager.
- (3) An authorised officer must—
  - (a) carry an identity card whenever the officer is exercising his or her functions under this Act; and
  - (b) show the identity card upon being requested to do so.

Penalty applying to this sub-section: 2 penalty units.

#### **147. *Powers of authorised officers***

- (1) An authorised officer may at any time, with such assistance as he or she reasonably requires, for the purpose of ascertaining—

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- (a) whether this Act and the regulations are being complied with; and
  - (b) whether the agency or establishment is ensuring the well-being of persons accommodated in or receiving care from the agency or establishment—

enter the premises of a registered funded agency or health service establishment and may—

- (c) inspect the premises; and
- (d) inspect, take possession of, make copies of or take extracts from any document; and
- (e) examine or seize any thing relevant to that purpose; and
- (f) ask questions of any person accommodated in or receiving health care from the agency or establishment for the purpose of ascertaining whether the person's well-being is being adequately cared for by the agency or establishment.

(2) If any thing is seized by an authorised officer under sub-section (1)—

- (a) the authorised officer must give notice of the seizure in the prescribed form to the person apparently in charge of it or, if there is no such person, to the proprietor of the premises; and
- (b) return the thing or document to the agency or establishment within 48 hours after it is seized.

**147A. Entry to unregistered premises—search warrant**

- (1) An authorised officer may apply to a magistrate for the issue of a search warrant in relation to particular premises if the officer believes on reasonable grounds that a person is carrying on

S. 147A  
inserted by  
No. 99/1995  
s. 19.



business at those premises as a health service establishment in contravention of section 111.

- (2) If the magistrate to whom the application is made is satisfied by evidence on oath, whether oral or by affidavit, that there are reasonable grounds for suspecting that a person is carrying on business at the premises as a health service establishment in contravention of section 111, the magistrate may issue a search warrant.
  - (3) A search warrant issued under this section must be directed to the applicant for it and must authorise him or her, and any assistants he or she reasonably requires, to enter the premises, or the part of the premises, named or described in the warrant to search for any article, thing or material of a kind named or described in the warrant which there is reasonable ground to believe will afford evidence as to the commission of an offence against section 111.
  - (4) In addition to any other requirement, a search warrant issued under this section must state—
    - (a) any conditions to which the warrant is subject; and
    - (b) whether entry is authorised to be made any time of the day or night or during stated hours of the day or night; and
    - (c) a date, not being later than 7 days after the date of issue of the warrant, on which the warrant ceases to have effect.
  - (5) A search warrant must be issued in accordance with the **Magistrates' Court Act 1989** and in the form prescribed under that Act.
  - (6) The rules to be observed with respect to search warrants mentioned in the **Magistrates' Court**
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**Act 1989** extend and apply to warrants under this section.

**148. Immunity**

An authorised officer is not liable for any loss or damage arising from the exercise in good faith of the powers under this Part.

**149. Offence to obstruct or hinder**

A person must not obstruct or hinder an authorised officer in the exercise of the authorised officer's powers under this Act.

Penalty: 50 penalty units.

**150. Impersonating etc. an authorised officer**

A person must not—

- (a) impersonate an authorised officer in the exercise of powers under this Act; or
- (b) falsely hold himself or herself out to be an authorised officer.

Penalty: 50 penalty units.

**151. False and misleading statements**

- (1) A person must not, in purported compliance with this Act, give information or make a statement that is false or misleading in a material particular.

Penalty: 50 penalty units.

- (2) A person must not make a false or misleading entry in a document required by this Act to be kept by a registered funded agency or health service establishment.

Penalty: 50 penalty units.

- (3) It is a defence in proceedings under this section to prove that the person did not know that the information statement or entry was false or misleading.

**152. Defacing documents etc.**

A person must not, without lawful authority, destroy or damage any notice or document given or prepared or kept in accordance with this Act.

Penalty: 50 penalty units.

S. 152A  
inserted by  
No. 68/1996  
s. 34.

**152A. Offences by bodies corporate etc.**

If a body corporate is guilty of an offence against this Act or the regulations made under this Act, any person who is concerned or takes part in the management of the body corporate who was in any way, by act or omission, directly or indirectly knowingly concerned in or party to the commission of the offence is also guilty of the offence.

**153. Police assistance**

A member of the police force must on the request of an authorised officer assist the authorised officer in the performance of the duties of the authorised officer.

**154. Service of documents**

- (1) A notice or other document required or authorised by this Act or the regulations to be served on or given to a person shall be deemed to have been duly served on or given to the person—
    - (a) if delivered personally to or left with an adult person at the last known place of abode or business of the person on or to whom the notice or document is to be served or given or, if there is no adult person present, by affixing the notice or document to a conspicuous part of the premises; or
    - (b) if sent to the person by post.
  - (2) A notice or other document required or authorised by this Act or the regulations to be served or given
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to the proprietor of an agency may be served or given in accordance with this section—

- (a) without the name of the proprietor, if it is addressed to the proprietor;
  - (b) if there are two or more proprietors by being so served on or given to one of them.
- (3) The provisions of this section are in addition to and not in derogation of any other provisions of this Act relating to the service of documents or the provisions of sections 528, 529 and 530 of the **Companies (Victoria) Code**.

**155. *Infringement notice***

- (1) An authorised officer may serve an infringement notice in the prescribed form on a person whom the officer believes has committed a prescribed offence against the regulations requiring the person to pay the prescribed penalty for that infringement, being an amount not exceeding one-fifth of the maximum penalty applicable to the offence.
- (2) The authorised officer may withdraw the infringement notice within 28 days after serving it by sending a notice in the prescribed form to the person on whom the infringement notice was served.
- (3) If the person pays the penalty before the infringement notice is withdrawn, the person is entitled to a refund of the penalty.
- (4) If the person pays the penalty within the time specified in the notice or, if the authorised officer allows, before a summons is served on the person in respect of the infringement—
  - (a) further proceedings are not to be taken against the person; and

S. 155(5)  
amended by  
No. 57/1989  
s. 5(3).

- (b) a conviction must not be recorded against that person for the infringement.
- (5) A penalty paid under this section must be applied as if the person who paid it was convicted of the infringement in the Magistrates' Court on a charge filed by the authorised officer.
- (6) If—
  - (a) a person served with an infringement notice has not paid the penalty within the time specified in the notice; or
  - (b) an infringement notice is withdrawn—proceedings may still be taken or continued for the infringement.

#### **156. Power to bring proceedings**

An authorised officer of the Department or a member of the police force may bring proceedings for an offence against this Act.

#### **157. Evidentiary**

- (1) In proceedings under this Act, no proof is required—
  - (a) of an order or authority to bring proceedings; or
  - (b) of the appointment of an authorised officer of the Department.
- (2) A copy of an order, direction, authority, decision or notice made or given under this Act by the Minister or the Chief General Manager and signed and certified by the Minister or the Chief General Manager to be a true copy and to have been so made or given is evidence of the making or giving of the order, direction, authority, decision or notice.

**157AA. Supreme Court—limitation of jurisdiction—section 138C**

S. 157AA  
inserted by  
No. 124/1993  
s. 28.

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the extent necessary to prevent the Supreme Court from entertaining an action for compensation in circumstances where section 138C provides that no compensation is payable.

**157A. Supreme Court—limitation of jurisdiction—section 126A**

S. 157A  
inserted by  
No. 42/1993  
s. 20(2).

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the extent necessary to prevent the bringing before the Supreme Court of an action of the kind referred to in section 126A.

**157B. Supreme Court—limitation of jurisdiction—section 18F**

S. 157B  
inserted by  
No. 112/1993  
s. 11.

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the extent necessary to prevent the bringing of an action before the Supreme Court of the kind referred to in section 18F.

**157C. Supreme Court—limitation of jurisdiction—sections 17AA, 40J or 65O**

S. 157C  
inserted by  
No. 46/1995  
s. 11.

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the extent necessary to prevent the Supreme Court entertaining an action, proceedings or an application referred to in section 17AA, 40J or 65O.

**157D. Supreme Court—limitation of jurisdiction—section 115K<sup>12</sup>**

S. 157D  
inserted by  
No. 99/1995  
s. 10.

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the

extent necessary to prevent the bringing before the Supreme Court of an action or other proceedings of the kind referred to in section 115K.

S. 157E  
inserted by  
No. 68/1996  
s. 35.

**157E. Supreme Court—limitation of jurisdiction**

It is the intention of section 69D(4) to alter or vary section 85 of the **Constitution Act 1975**.

**158. Regulations**

- (1) The Governor in Council may make regulations for or with respect to prescribing—
  - (a) the kind or kinds of care which may be provided to persons in private hospitals or day procedure centres;
  - (b) maximum fees for accommodation in, or health care or any other services provided by, a public hospital, denominational hospital or supported residential service;
  - (c) circumstances in which or persons by whom a fee is not chargeable or payable for accommodation in or health care or other services provided by a public hospital or denominational hospital;
  - (d) requirements to be complied with for safety, cleanliness and hygiene and the standards of care in health service establishments;
  - (e) requirements to be complied with for the welfare of persons accommodated in or receiving health care or other services from health service establishments, including but not limited to matters of personal hygiene, nutrition, comfort, privacy and respectful treatment;
  - (f) fire precautions to be complied with in health service establishments, including

S. 158(1)(b)  
amended by  
No. 88/1994  
s. 21(a)(i).

S. 158(1)(d)  
substituted by  
No. 53/1990  
s. 23(a).

*Health Services Act 1988*

*Act No. 49/1988*

s. 158

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- emergency procedures and the provision of equipment, access and fire escapes;
- (g) requirements for staffing of health service establishments, including but not limited to appointments, numbers, qualifications, rostering and staffing arrangements; **S. 158(1)(g) substituted by No. 53/1990 s. 23(b).**
- (h) requirements for the provision and maintenance of facilities, equipment, furnishings and fittings in health service establishments;
- (i) requirements for suitable storage facilities for food and medicines in health service establishments; **S. 158(1)(i) amended by No. 53/1990 s. 23(c).**
- (j) requirements for meal arrangements and for the supervision of medication in health service establishments;
- (k) requirements for or prohibiting advertising of private hospitals and supported residential services, including prohibiting or regulating the use of the words "private hospital" and "supported residential service"; **S. 158(1)(k) amended by Nos 53/1990 s. 23(d), 88/1994 s. 21(a)(ii).**
- (l) requirements to be complied with in relation to advising next of kin or other responsible persons concerned with the condition of a person accommodated in or receiving health care or other services from health service establishments;
- (m) requirements for the provision of and the display of information and documents in health service establishments; **S. 158(1)(m) amended by No. 53/1990 s. 23(e).**
- (n) records to be kept by registered funded agencies and proprietors of health service establishments, including the form of records, the time when or period within which entries are to be made in the records
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and the period for which records are to be retained;

- (o) returns to be made to the Chief General Manager by proprietors of health service establishments;
- (p) penalties not exceeding 100 penalty units for breaches of the regulations;
- (q) any matter or thing required or permitted by this Act to be prescribed or necessary to be prescribed to give effect to this Act.

(2) The regulations—

- (a) may be of general or limited application; and
- (b) may differ according to differences in time, place or circumstances; and

S. 158(2)(ba) inserted by No. 53/1990 s. 23(f).

- (ba) may leave any matter or thing to be from time to time determined, applied, dispensed with or regulated by the Chief General Manager, a municipal council or public authority or an officer of such a council or authority; and

S. 158(2)(bb) inserted by No. 53/1990 s. 23(f), amended by No. 88/1994 s. 21(b).

- (bb) may prescribe fees payable for accommodation in, or health care or any other service provided by a public hospital or denominational hospital in terms of being a percentage of the pension and rental allowance under any Commonwealth law as payable from time to time; and

S. 158(2)(c) repealed by No. 42/1993 s. 22(1).

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S. 158(2A) inserted by No. 42/1993 s. 22(2).

- (2A) The regulations may apply adopt or incorporate any matter contained in any document, code, standard, rule, specification or method (including

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any document fixing a fee) formulated, issued, prescribed or published by any person whether—

- (a) wholly or partially or as amended by the regulations; and
  - (b) as formulated, issued, prescribed or published at the time the regulations are made or at any time before then; and
  - (c) as formulated, issued, prescribed or published from time to time.
- (3) Regulations made under this section may be disallowed, in whole or in part, by resolution of either House of Parliament in accordance with the requirements of section 6(2) of the **Subordinate Legislation Act 1962**.
- (4) Disallowance of a regulation under sub-section (3) must be taken to be disallowance by Parliament for the purposes of the **Subordinate Legislation Act 1962**.
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## PART 8—TRANSITIONAL PROVISIONS

**159. *Saving of Hospitals and Charities (Fees) Regulations 1986***

Despite the repeal of the **Hospitals and Charities Act 1958**, the Hospitals and Charities (Fees) Regulations 1986 continue in force (except insofar as they are inconsistent with this Act) as if they had been made under this Act and may be amended or repealed as if they had been so made.

S. 159A  
inserted by  
No. 53/1990  
s. 24.

**159A. *Saving of hospital by-laws***

- (1) Despite the repeal of the **Hospitals and Charities Act 1958**, any by-law made under section 62 of that Act and existing as at 14 May 1989 continues in force as if it were a by-law under this Act and may be amended or revoked accordingly.
- (2) A by-law purporting to have been made on or after 14 May 1989 by the board of a public hospital is deemed to be and always to have been as valid as if, when it was made, section 33(2A) had been in operation.

**160. *Private hospitals etc. registered under Health Act 1958***

- (1) A private hospital within the meaning of Division 3 of Part X of the **Health Act 1958** registered under that Division immediately before the commencement of this section—
  - (a) if it is classed as a hospital under that Division, is deemed to be—
    - (i) a private hospital registered under this Act; or

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- (ii) a day procedure centre registered under this Act—  
as the Chief General Manager determines; or
- (b) if it is classed as a nursing home under that Division, is deemed to be registered under this Act as a nursing home.
- (2) A special accommodation house within the meaning of Division 3A of Part XII of the **Health Act 1958** registered under that Division immediately before the commencement of this section is deemed to be a supported residential service registered under this Act.
- (3) Where, by reason of this section, premises are deemed to be registered under this Act as a private hospital, nursing home, day procedure centre or supported residential service—
- (a) the premises are deemed to be registered for the period expiring when registration under the **Health Act 1958** would have expired unless the registration is sooner revoked under this Act; and
- (b) the person in whose name the premises were registered under the **Health Act 1958** is deemed to be the proprietor of the hospital, home, centre or service; and
- (c) subject to any variation of the registration under this Act, the number of beds, the kinds of prescribed care and other particulars of registration are deemed to be the particulars applying to the registration under the **Health Act 1958**; and
- (d) the Chief General Manager must issue a certificate of registration accordingly; and

S. 160(3)(b)  
amended by  
No. 53/1990  
s. 25(a).

*Health Services Act 1988*

*Act No. 49/1988*

s. 161

S. 160(3)(e)  
amended by  
No. 53/1990  
s. 25(b).

- (e) this Act applies to the hospital, home, centre or service as if the premises had been registered under this Act; and
- (f) the Chief General Manager may, on his or her own motion or on the application of any interested person, alter the particulars of the registration of the premises to correct errors or for any other reasonable cause.

**161. Existing nursing homes and hostels not registered under the Health Act 1958**

S. 161(1)  
amended by  
No. 53/1990  
s. 26(a).

- (1) A nursing home within the meaning of this Act in existence immediately before the commencement of this section but not registered under the **Health Act 1958** is deemed to be registered under this Act.

S. 161(2)  
amended by  
No. 53/1990  
s. 26(b).

- (2) A hostel within the meaning of this Act in existence immediately before the commencement of this section but not registered under the **Health Act 1958** is deemed to be registered under this Act.

- (3) Where, by reason of this section, a nursing home or hostel is deemed to be registered under this Act—

S. 161(3)(a)  
amended by  
No. 53/1990  
s. 26(c)(i).

- (a) the home or hostel is deemed to be registered for such period, not exceeding two years after the commencement of this section, as the Chief General Manager determines unless the registration is sooner revoked under this Act; and
- (b) the person who was the proprietor immediately before the commencement of this section is deemed to be approved as the proprietor, subject to any variation of the registration; and

- (c) subject to any variation of the registration, the number of beds for which the home or hostel is registered is the number determined by the Chief General Manager having regard to the number in respect of which payments under an Act of the Commonwealth are payable at the date of commencement of this section; and
- (d) subject to any variation of the registration under this Act, the particulars of the registration are deemed to be the particulars applying to the carrying on of the home or hostel before the commencement of this section; and
- (e) the Chief General Manager must issue a certificate of registration accordingly; and
- (f) this Act applies to the home or hostel as if it had been registered under this Act; and
- (g) the Chief General Manager may in consultation with the proprietor determine any necessary particulars of registration.

S. 161(3)(c)  
amended by  
No. 53/1990  
s. 26(c)(ii).

**162. *Applications under Health Act 1958***

An application made under the **Health Act 1958** before the commencement of this section but not dealt with before that commencement is deemed to be an application made under this Act.

**163. *Building approval in force under Health Act 1958***

An approval in force under section 182 of the **Health Act 1958** immediately before the commencement of this section has effect according to its tenor as a design approval issued under this Act and remains in force for the period—

- (a) expiring when the approval under the **Health Act 1958** would have expired; or
- (b) of one year after the commencement of this section—

whichever is the shorter.

**164. *Transitional provision for Commonwealth building approval***

If, immediately before the commencement of this section, there was in force under an Act of the Commonwealth an approval in principle relating to a proposal for approval of premises as a nursing home or hostel, the approval in principle has effect, while so in force, as an approval in principle under this Act in relation to the use of premises as a nursing home or hostel, subject to the same conditions as to number of beds and kinds of health care as the approval under the Act of the Commonwealth is subject.

S. 165  
amended by  
No. 53/1990  
s. 18(e)(i).

**165. *Residential statements***

The proprietor of a supported residential service must, within two years after the commencement of this section comply with the provisions of section 106 in relation to each person who—

S. 165(a)  
amended by  
No. 53/1990  
s. 18(e)(ii).

- (a) was a resident of the service immediately before the commencement of this section; and
- (b) continues to be a resident for two years after that commencement.

Penalty: 20 penalty units.

**166. *Transitional provision for public hospitals***

S. 166(1)  
amended by  
No. 31/1990  
s. 3(1)(a).

- (1) Subject to sections 166A and 166B, a public hospital that, immediately before the commencement of this section, was a hospital or public hospital under the **Hospitals and Charities**

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**Act 1958** continues to be the same body after as before that commencement.

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S. 166(2)  
repealed by  
No. 31/1990  
s. 3(1)(b).

**166A. Peter MacCallum Cancer Institute**

- (1) The Peter MacCallum Cancer Institute is deemed to be and always to have been the successor in law of the Cancer Institute and the Cancer Institute Board.
- (2) A decision purporting to have been made on or after 14 May 1989 by the members constituting the Cancer Institute Board immediately before that date and made before the appointment of a new board of the Peter MacCallum Cancer Institute on 14 June 1989 is deemed to be and always to have been a decision of the Peter MacCallum Cancer Institute.

S. 166A  
inserted by  
No. 31/1990  
s. 3(2).

**166B. Fairfield Hospital**

- (1) The Fairfield Hospital is deemed to be and always to have been the successor in law of the Queen's Memorial Infectious Diseases Hospital at Fairfield and the Fairfield Hospital Board.
- (2) A decision purporting to have been made on or after 14 May 1989 by the members constituting the Fairfield Hospital Board immediately before that date and made before the appointment of a new board of the Fairfield Hospital on 14 June 1989 is deemed to be and always to have been a decision of the Fairfield Hospital.

S. 166B  
inserted by  
No. 31/1990  
s. 3(2).

**167. Tweddle Baby Hospital**

- (1) In this section, "**operative day**" means the day of publication in the Government Gazette of an Order under section 8(1) adding the Tweddle

S. 167  
substituted by  
No. 31/1990  
s. 4.



Child and Family Health Service to the list of hospitals in Schedule 1.

- (2) On the operative day, The Tweddle Baby Hospital, a company limited by guarantee, is dissolved.
- (3) On and from the operative day, the Tweddle Child and Family Health Service is the successor in law of The Tweddle Baby Hospital.
- (4) From the operative day, the objects of the Tweddle Child and Family Health Service are the objects of The Tweddle Baby Hospital as existing immediately before the operative day and are deemed to have been approved by the Chief General Manager for the purposes of section 32(b).
- (5) From the operative day, the persons holding office as directors of The Tweddle Baby Hospital immediately before the operative day are deemed, for the purposes of section 33, to have been appointed as the first board of management of the Tweddle Child and Family Health Service for the term of 12 months.
- (6) From the operative day, the persons holding office as the chief executive officer (by whatever name called) of The Tweddle Baby Hospital immediately before the operative day is deemed to have been approved by the Chief General Manager for the purposes of section 25.
- (7) A decision purporting to have been made on or after 14 May 1989 by the persons purporting to hold office as directors of The Tweddle Baby Hospital and made before the day on which the **Health Services (Amendment) Act 1990** receives the Royal Assent is deemed to be and always to have been a decision of The Tweddle Baby Hospital.

S. 167(4)  
amended by  
No. 42/1993  
s. 23(2).

**168. Transitional provision for community health centres**

A community health centre within the meaning of section 43A of the **Hospitals and Charities Act 1958** in existence immediately before the commencement of this section is deemed to be an agency registered under Division 2 of Part 3.

S. 168  
amended by  
No. 53/1990  
s. 27(1).

**169. Transitional provision for boards of public hospitals**

(1) Subject to sections 166A and 166B, the board of a public hospital as constituted immediately before the commencement of this section continues to be the board of the hospital.

S. 169(1)  
amended by  
No. 31/1990  
s. 3(3).

(2) Except as provided in section 170 a person holding office as a member of a board of a public hospital continues as a member of the board for the remainder of the term for which he or she holds office unless he or she sooner resigns or is removed from office.

S. 169(2)  
amended by  
No. 1/1989  
s. 4(f).

**170. New boards of certain public hospitals**

(1) This section applies to a public hospital that, immediately before the commencement of this section, was not included in Table A of the Fifth Schedule to the **Hospitals and Charities Act 1958**.

(2) On the expiration of one month after the commencement of this section—

(a) the members of the board of a public hospital to which this section applies cease to hold office; and

(b) section 33 applies in relation to the appointment or election of members of a new board as if, on that expiration, the public hospital had been added to Schedule 1.

S. 170(3)  
inserted by  
No. 31/1990  
s. 5.

- (3) This section does not apply to The Tweddle Baby Hospital.

**171. Transitional provisions for boards of community health centres**

- (1) The board of a community health centre as constituted immediately before the commencement of this section continues as the board of the centre until the next annual meeting of the centre.
- (2) A person holding office as a member of a board of a community health centre continues as a member of the board until the next annual meeting unless he or she sooner resigns or is removed from office as if he or she were a member of a board elected or appointed under this Act.
- (3) A vacancy on a board of a community health centre must not be filled before the next annual meeting unless it is necessary to do so to maintain a number of members of the board that is not less than the number that would be required for the board if it were constituted under this Act.
- (4) A vacancy filled in accordance with sub-section (3) may be filled in the manner determined by the Chief General Manager.
- (5) At the first annual meeting of a community health centre held after the commencement of this section—

S. 171(5)  
amended by  
No. 53/1990  
s. 27(2)(a).

- (a) the offices of all members of the board fall vacant; and

S. 171(5)(a)  
amended by  
No. 53/1990  
s. 27(2)(b).

- (b) each person elected or appointed in accordance with this Act to fill a vacancy on the board holds office for the term specified in the instrument of appointment, the regulations or the by-laws of the centre to the

S. 171(5)(b)  
amended by  
No. 53/1990  
s. 27(2)(c).

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intent that, as nearly as possible, one third of the positions of elected members are or become vacant at each of the next three annual meetings.

**172. Transitional provision for chief executive officers**

A person holding office as the chief executive officer (by whatever name called) of an agency immediately before the commencement of this section that, upon the commencement of a provision of this Act is, or is deemed to be, a registered funded agency, is deemed to have been approved by the Chief General Manager for the purposes of section 25.

**173. Bodies incorporated under Hospitals and Charities Act 1958**

- (1) An institution or other body incorporated under the **Hospitals and Charities Act 1958** or any corresponding previous enactment and that is not incorporated under this Act continues to be an incorporated institution or body by reason of that Act or enactment until—
  - (a) it becomes incorporated under any other Act or law; or
  - (b) it has ceased to exist; or
  - (c) 30 June 1994—

S. 173(1)(c)  
amended by  
No. 2/1992  
s. 3.

whichever first occurs.

- (2) Any rule or by-law of an institution or other body to which sub-section (1) applies in force immediately before the commencement of this section continues in force as such a rule or by-law, except insofar as it is inconsistent with this Act or the regulations.

(3) Despite its repeal, the **Hospitals and Charities Act 1958** is deemed to continue in force so far as—

- (a) it applies to or affects incorporated benevolent societies and institutions, the committees or boards of such societies and institutions and all other matters governing or making provision for the affairs of such societies and institutions; and
- (b) is necessary for the purposes of this section—

except to the extent of any inconsistency with this Act or the regulations.

#### **174. Administrators**

A person holding office immediately before the commencement of this section as—

- (a) an administrator of a community health centre appointed under section 43A of the **Hospitals and Charities Act 1958**; or
- (b) an administrator of a scheduled hospital appointed under section 63J of that Act—

continues to be an administrator for the purposes of this Act as if the administrator had been appointed under this Act and, in the case of an administrator appointed under section 43A of the **Hospitals and Charities Act 1958**, the community health centre were a registered funded agency within the meaning of this Act.

#### **175. Guarantees**

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*Health Services Act 1988*

*Act No. 49/1988*

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Despite the repeal of the **Hospitals and Charities Act 1958**, sections 68A and 68B of that Act continue in force in relation to guarantees given under those sections before the commencement of this section.

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*Health Services Act 1988*  
*Act No. 49/1988*

s. 176

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<b>Pt 9</b> (Heading and ss 176–186) amended by No. 1/1989 s. 4(g) (as amended by No. 42/1993 s. 67), repealed by No. 42/1993 s. 23(3). <sup>13</sup>	*	*	*	*	*
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<b>Pt 10</b> (Heading and ss 187–193) repealed by No. 42/1993 s. 23(3).	*	*	*	*	*
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<b>Pt 11</b> (Heading and ss 194–198) amended by No. 1/1989 s. 4(h), repealed by No. 42/1993 s. 23(3).	*	*	*	*	*
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<b>Pt 12</b> (Heading and ss 199–201) repealed by No. 42/1993 s. 23(3).	*	*	*	*	*
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**SCHEDULES**

**SCHEDULE 1<sup>14, 15</sup>**

Section 3

Sch. 1  
amended by  
G.Gs. 2.10.97  
p. 2759, G.G.  
27.11.97 p.  
3266.

**PUBLIC HOSPITALS**

Alexandra District Hospital  
Bacchus Marsh and Melton Memorial Hospital  
Bairnsdale Regional Health Service  
Ballarat Health Services  
Beaufort and Skipton Health Service  
Beechworth Hospital, The  
Benalla and District Memorial Hospital  
Bendigo Health Care Group  
Boort District Hospital  
Casterton Memorial Hospital  
Central Wellington Health Service  
Cobram District Hospital  
Cohuna District Hospital  
Colac Community Health Services  
Coleraine and District Hospital  
Corangamite Regional Hospital Services, The  
Donald District Hospital  
Dunmunkle Health Services  
East Grampians Health Service  
Echuca Regional Health  
Edenhope and District Memorial Hospital  
Geelong Hospital, The  
Gippsland Southern Health Service  
Goulburn Valley Base Hospital  
Grace McKellar Centre



Hamilton Base Hospital  
Hesse Rural Health Service  
Heywood and District Memorial Hospital  
Inglewood and Districts Health Service  
Kerang and District Hospital  
Kilmore and District Hospital, The  
Kooweerup Regional Health Service  
Kyabram and District Memorial Community Hospital  
Kyneton District Health Service  
Latrobe Regional Hospital  
Lorne Community Hospital  
Maffra District Hospital  
Maldon Hospital  
Manangatang and District Hospital  
Mansfield District Hospital  
Maryborough District Health Service  
McIvor Health and Community Services  
Mildura Base Hospital  
Mt Alexander Hospital  
Nathalia District Hospital  
Numurkah and District Health Service  
Omeo District Hospital  
Penshurst and District Memorial Hospital  
Port Fairy Hospital  
Portland and District Hospital  
Queen Elizabeth Centre, The  
Robinvale District Hospital and Health Services  
Rochester and Elmore District Health Service  
Seymour District Memorial Hospital  
South Gippsland Hospital  
Stawell District Hospital

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*Health Services Act 1988*

*Act No. 49/1988*

Sch. 1

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St Arnaud District Hospital  
Swan Hill District Hospital  
Tallangatta Hospital  
Terang and Mortlake Health Service  
Timboon and District Hospital  
Tweddle Child and Family Health Service  
Wangaratta District Base Hospital  
Warracknabeal District Hospital, The  
Warrnambool and District Base Hospital, The  
Western Highlands Health Service  
West Gippsland Healthcare Group  
West Wimmera Health Service  
Wimmera Health Care Group  
Wodonga Regional Health Service  
Wonthaggi and District Hospital  
Wycheproof and District Health Service  
Yarram and District Health Service  
Yarrawonga District Hospital  
Yea and District Memorial Hospital

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Sch. 2

*Health Services Act 1988*  
*Act No. 49/1988*

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Sch. 2  
amended by  
GGs 23.5.90  
p. 1623, 1.8.90  
p. 2389,  
20.2.91 p. 331,  
4.9.91 p. 2478,  
9.9.93 p. 2512.

**SCHEDULE 2**

Section 3

DENOMINATIONAL HOSPITALS

Bethlehem Hospital Incorporated

Caritas Christi Hospice Limited

Mercy Public Hospitals Incorporated

O'Connell Family Centre (Grey Sisters) Incorporated

St Vincent's Hospital (Melbourne) Limited

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*Health Services Act 1988*  
*Act No. 49/1988*

Sch. 3

**SCHEDULE 3**

Sections 3 and 8

**METROPOLITAN HOSPITALS**

Austin and Repatriation Medical Centre  
Dental Health Services Victoria  
Inner and Eastern Health Care Network  
North Western Health Care Network  
Peninsula Health Care Network  
Southern Health Care Network  
Women's and Children's Health Care Network

**Sch. 3**  
**inserted by**  
**No. 46/1995**  
**s. 13,**  
**amended by**  
**GGs 27.7.95**  
**pp 1977-1983,**  
**21.12.95**  
**p. 3655,**  
**SG (No. 56)**  
**23.5.96 p. 1**  
**GG 25.9.97**  
**P.2709,**  
**SG (No. 139)**  
**p.1.**

Sch. 4

*Health Services Act 1988*  
*Act No. 49/1988*

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Sch. 4  
inserted by  
No. 68/1996  
s. 36.

**SCHEDULE 4**  
**PRIVATELY-OPERATED HOSPITALS**

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**NOTES**

**1. General Information**

*Minister's second reading speech—*

*Legislative Assembly: 24 March 1988*

*Legislative Council: 22 April 1988*

The long title for the Bill for this Act was "A Bill relating to health services, to repeal the **Hospitals and Charities Act 1958**, to make consequential amendments to certain Acts, to amend the **Cancer Act 1958** and for other purposes."

The **Health Services Act 1988** was assented to on 24 May 1988 and came into operation as follows:

S. 196 on 1.10.87: s. 2(2); ss 1–3, 6, 8–17, 52–56, 139, 193–195, 197–201 on 1.7.88: Government Gazette 29.6.88 p. 1896; s. 27 on 1.7.89: Government Gazette 3.5.89 p. 998; ss 18–26, 28–51, 57–69, 135–138, 140–142, 144–154, 156–159, 166–176, 177(1) (*except* (b)(c)), 178, 180, 182–192 on 14.5.89: Government Gazette 3.5.89 p. 998; rest of Act (*except* Pt 6) on 1.2.91: Special Gazette (No. 9) 31.1.91 p. 2; Pt 6 was never proclaimed and was repealed by s. 3(2)(Sch. 2) of the **Statute Law Revision Act 1995**, No. 11/1995.

*Health Services Act 1988*  
*Act No. 49/1988*

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## 2. Table of Amendments

This Version incorporates amendments made to the **Health Services Act 1988** by Acts and subordinate instruments.

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### **Health Acts (Amendment) Act 1989, No. 1/1989** (as amended by No. 42/1993)

*Assent Date:* 21.3.89  
*Commencement Date:* Ss 3–5 on 24.5.88: s. 2(1); rest of Act on 21.3.89: s. 2(2)  
*Current State:* All of Act in operation

### **Magistrates' Court (Consequential Amendments) Act 1989, No. 57/1989**

*Assent Date:* 14.6.89  
*Commencement Date:* S. 4(1)(a)–(e)(2) on 1.9.89: Government Gazette 30.8.89 p. 2210; rest of Act on 1.9.90: Government Gazette 25.7.90 p. 2217  
*Current State:* All of Act in operation

### **Health Services (Amendment) Act 1990, No. 31/1990**

*Assent Date:* 13.6.90  
*Commencement Date:* Ss 3, 5 on 14.5.89: s. 2(1); rest of Act on 13.6.90: s. 2(2)  
*Current State:* All of Act in operation

### **Health Services (Further Amendment) Act 1990, No. 53/1990**

*Assent Date:* 7.11.90  
*Commencement Date:* Ss 9, 27 on 14.5.89: s. 2(1); rest of Act on 7.11.90: s. 2(2)  
*Current State:* All of Act in operation

### **Hospitals and Charities (Extension) Act 1992, No. 2/1992**

*Assent Date:* 28.4.92  
*Commencement Date:* 28.4.92  
*Current State:* All of Act in operation

### **Health and Community Services (General Amendment) Act 1993, No. 42/1993**

*Assent Date:* 1.6.93  
*Commencement Date:* S. 23(1) on 14.5.89: s. 2(2); ss 19–22, 23(2)(3) on 1.10.93: Government Gazette 16.9.93 p. 2548  
*Current State:* This information relates only to the provision/s amending the **Health Services Act 1988**

### **Health Services (Amendment) Act 1993, No. 112/1993**

*Assent Date:* 7.12.93  
*Commencement Date:* 7.12.93  
*Current State:* All of Act in operation

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### **Health and Community Services (Further Amendment) Act 1993, No. 124/1993**

*Health Services Act 1988*

*Act No. 49/1988*

Notes

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*Assent Date:* 7.12.93  
*Commencement Date:* All of Act (except Pt 3 (ss 4–8)) on 7.12.93: s. 2(1);  
Pt 3 on 18.12.94: Government Gazette 15.12.94  
p. 3308  
*Current State:* All of Act in operation

**Audit Act 1994, No. 2/1994**

*Assent Date:* 27.4.94  
*Commencement Date:* Pt 1 (ss 1–3) on 27.4.94: s. 2(1); rest of Act on  
1.7.94: s. 2(2)  
*Current State:* All of Act in operation

**Medical Practice Act 1994, No. 23/1994**

*Assent Date:* 17.5.94  
*Commencement Date:* Ss 1, 2 on 17.5.94: s. 2(1); rest of Act on 1.7.94:  
Government Gazette 23.6.94 p. 1672  
*Current State:* All of Act in operation

**Financial Management (Consequential Amendments) Act 1994, No. 31/1994**

*Assent Date:* 31.5.94  
*Commencement Date:* Ss 1, 2 on 31.5.94: s. 2(1); s. 3, Sch. 1 (except item  
60) on 7.7.94: Government Gazette 7.7.94  
p. 1878—see **Interpretation of Legislation  
Act 1984**; Sch. 1 item 60 was never proclaimed and  
was later repealed; s. 4, Sch. 2 on 1.1.95:  
Government Gazette 28.7.94 p. 2055  
*Current State:* All of Act in operation

**Financial Management (Amendment) Act 1994, No. 75/1994**

*Assent Date:* 22.11.94  
*Commencement Date:* S. 7(6) on 10.5.94: s. 2(1); rest of Act on 1.1.95  
s. 2(2)  
*Current State:* All of Act in operation

**Health Services (Amendment) Act 1994, No. 88/1994**

*Assent Date:* 6.12.94  
*Commencement Date:* Ss 1, 2 on 6.12.94: s. 2(1); rest of Act on 2.3.95:  
Government Gazette 2.3.95 p. 431  
*Current State:* All of Act in operation

**Valuation of Land (Amendment) Act 1994, No. 91/1994**

*Assent Date:* 6.12.94  
*Commencement Date:* S. 25 on 23.1.95: Government Gazette 19.1.95  
p. 121  
*Current State:* This information relates only to the provision/s  
amending the **Health Services Act 1988**

**Statute Law Revision Act 1995, No. 11/1995**

*Assent Date:* 26.4.95  
*Commencement Date:* 26.4.95  
*Current State:* All of Act in operation

**Health Services (Metropolitan Hospitals) Act 1995, No. 46/1995**

*Assent Date:* 14.6.95  
*Commencement Date:* 14.6.95

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*Health Services Act 1988*  
*Act No. 49/1988*

*Current State:* All of Act in operation

**Miscellaneous Acts (Health and Justice) Amendment Act 1995, No. 99/1995**

*Assent Date:* 5.12.95

*Commencement Date:* 5.12.95

*Current State:* All of Act in operation

**Legal Practice Act 1996, No. 35/1996**

*Assent Date:* 6.11.96

*Commencement Date:* S. 453(Sch. 1 item 38) on 1.1.97: s. 2(3)

*Current State:* This information relates only to the provision/s amending the **Health Services Act 1988**

**Health Acts (Further Amendment) Act 1996, No. 68/1996**

*Assent Date:* 17.12.96

*Commencement Date:* Pt 6 (ss 18–36) on 17.12.96: s. 2(1)

*Current State:* This information relates only to the provision/s amending the **Health Services Act 1988**

**Health Services (Community Health Centres) Act 1997, No. 17/1997**

*Assent Date:* 6.5.97

*Commencement Date:* Ss 1, 2 on 6.5.97: s. 2(1); s. 3 on 1.9.97: s. 2(2)

*Current State:* All of Act in operation

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Government Gazette	10 August 1988 page 2433
Government Gazette	19 October 1988 page 3182
Government Gazette	2 November 1988 page 3281
Government Gazette	14 December 1988 page 3769
Government Gazette	22 March 1989 page 658
Government Gazette	20 September 1989 page 2427
Government Gazette	11 October 1989 page 2597
Government Gazette	18 October 1989 page 2666
Government Gazette	24 January 1990 page 222
Government Gazette	7 March 1990 page 705
Government Gazette	23 May 1990 page 1623
Government Gazette	1 August 1990 page 2389
Government Gazette	31 October 1990 page 3356
Government Gazette	6 February 1991 page 243
Government Gazette	20 February 1991 page 331
Government Gazette	24 April 1991 page 1100
Government Gazette	8 May 1991 page 1246

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*Health Services Act 1988*  
*Act No. 49/1988*

Notes

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Government Gazette	29 May 1991 page 1414
Government Gazette	26 June 1991 page 1712
Government Gazette	4 September 1991 page 2478
Government Gazette	18 December 1991 page 3541
Government Gazette	22 January 1992 page 149
Government Gazette	29 January 1992 page 212
Government Gazette	17 June 1992 page 1504
Government Gazette	22 July 1992 page 1900
Government Gazette	5 August 1992 pages 2082, 2085
Government Gazette	7 October 1992 page 2998
Government Gazette	17 June 1993 page 1560
Government Gazette	26 August 1993 page 2406
Government Gazette	9 September 1993 page 2512
Government Gazette	28 October 1993 pages 2927, 2928
Government Gazette	16 December 1993 pages 3352, 3353
Special Gazette (No. 95)	21 December 1993 page 5
Government Gazette	24 March 1994 page 756
Government Gazette	28 July 1994 page 2098
Government Gazette	15 September 1994 page 2503
Government Gazette	22 September 1994 page 2290
Government Gazette	20 October 1994 page 2830
Government Gazette	27 October 1994 page 2905
Government Gazette	1 December 1994 page 3191
Government Gazette	8 December 1994 page 3264
Government Gazette	22 December 1994 pages 3486, 3487
Government Gazette	12 January 1995 page 40
Government Gazette	23 March 1995 pages 671, 672
Government Gazette	6 April 1995 page 822
Government Gazette	20 April 1995 page 931
Government Gazette	15 June 1995 page 1439
Government Gazette	22 June 1995 pages 1531, 1532
Government Gazette	29 June 1995 pages 1681, 1682

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*Health Services Act 1988*  
*Act No. 49/1988*

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Government Gazette	27 July 1995 pages 1977–1983
Government Gazette	17 August 1995 page 2178
Special Gazette (No. 108)	31 October 1995 pages 1, 2
Government Gazette	21 December 1995 pages 3655, 3656
Government Gazette	29 February 1996 page 505
Special Gazette (No. 56)	23 May 1996 pages 1, 2
Government Gazette	20 June 1996 page 1578
Government Gazette	27 June 1996 page 1648
Government Gazette	26 September 1996 pages 2568, 2569
Government Gazette	31 October 1996 pages 2854, 2855
Government Gazette	19 December 1996 pages 3330–3334
Government Gazette	30 January 1997 page 245
Government Gazette	22 May 1997 page 1182
Government Gazette	19 June 1997 page 1416
Government Gazette	19 June 1997 page 1417
Government Gazette	25 September 1997 page 2709
Government Gazette	2 October 1997 page 2759
Special Gazette (No. 139)	3 November 1997 page 1
Government Gazette	27 November 1997 page 3266

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### 3. Explanatory Details

<sup>1</sup> S. 3 def. of "by-law": Section 22 of the **Miscellaneous Acts (Health and Justice) Amendment Act 1995**, No. 99/1995 reads as follows:

#### **22. Expiry**

- (1) The amendments to the Principal Act made by Division 2 of this Part expire on the day which is 4 years after the day on which this Act comes into operation and, thereafter, the Principal Act has effect as if it had not been amended by that Part.
- (2) Despite sub-section (1), a multi purpose service established before the expiry referred to in sub-section (1) continues to have all the powers and duties that it had under the Principal Act (except sections 115T and 115U), the by-laws and any agreement to which it is a party as if sub-section (1) had not been enacted.

<sup>2</sup> S. 3 def. of "multipurpose service": See note 1.

<sup>3</sup> S. 70: Section 21 of the **Miscellaneous Acts (Health and Justice) Amendment Act 1995**, No. 99/1995 reads as follows:

#### **21. Saving**

If—

- (a) a certificate of design approval of proposed premises or of alterations or extensions to premises has been issued under section 80 of the Principal Act before the day on which this Act comes into operation; and
  - (b) the period of the approval has not expired—
- the design of the proposed premises or of the alterations or extensions and the standard and style of construction work proposed must be taken to be satisfactory for the purposes of an application under section 70 of the Principal Act as amended by this Part.

*Health Services Act 1988*  
*Act No. 49/1988*

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<sup>4</sup> S. 80 (repealed): See note 3.

<sup>5</sup> Pt 4A (Heading and ss 115A–115V): See note 1.

<sup>6</sup> S. 138(1): See note 1.

<sup>7</sup> S. 138(1)(b): See note 1.

<sup>8</sup> S. 139(1): See note 1.

<sup>9</sup> S. 139(2)(a): See note 1.

<sup>10</sup> S. 139(2)(b): See note 1.

<sup>11</sup> S. 141(1) def. of "relevant health service": See note 1.

<sup>12</sup> S. 157D: See note 1.

<sup>13</sup> Pt 9 (Heading and ss 176–186) (repealed): The repeal of section 181 by section 166(4) of the **Infertility Treatment Act 1995**, No. 63/1995 is ineffective.

<sup>14</sup> Sch. 1 amended by GGs 10.8.88 p. 2433, 19.10.88 p. 3182, 2.11.88 p. 3281, 14.12.88 p. 3769, 22.3.89 p. 658, 20.9.89 p. 2427, 11.10.89 p. 2597, 18.10.89 p. 2666, 24.1.90 p. 222, 7.3.90 p. 705, 31.10.90 p. 3356, 6.2.91 p. 243, 24.4.91 p. 1100, 8.5.91 p. 1246, 29.5.91 p. 1414, 26.6.91 p. 1712, 18.12.91 p. 3541, 22.1.92 p. 149, 29.1.92 p. 1504, 22.7.92 p. 1900, 5.8.92 pp 2082, 2085, 7.10.92 p. 2998, 17.6.93 p. 1560, 26.8.93 p. 2406, 28.10.93 pp 2927, 2928, 16.12.93 pp 3352, 3353, SG (No. 95) 21.12.93 p. 5, GGs 24.3.94 p. 756, 28.7.94 p. 2098, 15.9.94 p. 2503, 22.9.94 p. 2290, 20.10.94 p. 2830, 27.10.94 p. 2905, 1.12.94 p. 3191, 8.12.94 p. 3264, 22.12.94 pp 3486, 3487, 12.1.95 p. 40, 23.3.95 pp 671, 672, 6.4.95 p. 822, 20.4.95 p. 931, 15.6.95 p. 1439, No. 46/1995 s. 12, GGs 22.6.95 pp 1531, 1532, 29.6.95 pp 1681, 1682, 17.8.95 p. 2178, SG (No. 108) 31.10.95 pp 1, 2, GG 21.12.95 p. 3656, No. 99/1995 s. 11, GGs 29.2.96 p. 505, 20.6.96 p. 1578, 27.6.96 p. 1648, 26.9.96 pp 2568, 2569, 31.10.96 pp 2854, 2855, 19.12.96 pp 3330–3334, 30.1.97 p. 245, 22.5.97 p. 1182, 19.6.97 p.1416,19.6.97 p.1417.

<sup>15</sup> Sch. 1: See note 1.