New South Wales

Health Practitioner Regulation (New South Wales) Regulation 2016

under the

Health Practitioner Regulation National Law (NSW)

[If this Regulation is made, the following enacting formula will be included:]
His Excellency the Governor, with the advice of the Executive Council, has made the following Regulation under the *Health Practitioner Regulation National Law (NSW)*.

Minister for Health

Explanatory note

The object of this Regulation is to remake, with some minor changes, the *Health Practitioner Regulation (New South Wales) Regulation 2010*, which is repealed on 1 September 2016 under section 10 (2) of the *Subordinate Legislation Act 1989*.

This Regulation makes provision with respect to the following:

(a) membership of each Council established by the *Health Practitioner Regulation National Law (NSW)*,

(b) infection control standards that medical practitioners, nurses, midwives, pharmacists and physiotherapists practising in New South Wales must comply with,

(c) records a medical practitioner, or a corporation that engages medical practitioners to provide medical services, must make and keep in relation to each patient of the medical practitioner or corporation,

(d) standards that premises must comply with for approval by the Pharmacy Council to be given for those premises to be used for a pharmacy business,

(e) the amount of the fee that is payable for the inspection of the Register of Pharmacies kept by the Pharmacy Council,

(f) specifying the person who must notify the Council for a health profession of the mental incapacity of a health practitioner or student registered in the profession,

This Regulation is made under the *Health Practitioner Regulation National Law (NSW)*, including section 247A.

Parts 1 and 5 and Schedules 1 and 2 of this Regulation comprise or relate to matters set out in Schedule 3 to the *Subordinate Legislation Act 1989*, namely matters of a machinery nature.

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Health Practitioner Regulation (New South Wales) Regulation 2016

under the

Health Practitioner Regulation National Law (NSW)

Part 1 Preliminary

1 Name of Regulation

This Regulation is the *Health Practitioner Regulation (New South Wales) Regulation 2016*.

2 Commencement

This Regulation commences on 1 September 2016 and is required to be published on the NSW legislation website.

Note. This Regulation replaces the *Health Practitioner Regulation (New South Wales) Regulation 2010* which is repealed on 1 September 2016 by section 10 (2) of the *Subordinate Legislation Act 1989*.

3 Definitions

(1) In this Regulation:

medical corporation means a corporation engaged in the provision of medical services by medical practitioners.

patient means a person to whom health care treatment or other health services are provided.

professional services room has the same meaning as it has in Schedule 5F to the Law.

the Law means the *Health Practitioner Regulation National Law (NSW)*.

(2) Notes included in this Regulation do not form part of this Regulation.

Part 2 Infection control standards

4 Definition

In this Part and in Schedule 3:

relevant health practitioner means:

(a) a medical practitioner, and

(b) a nurse or midwife, and

(c) a pharmacist, and

(d) a physiotherapist.

5 Infection control standards

(1) A relevant health practitioner must not, without reasonable excuse, fail to comply with the infection control standards set out in Schedule 3 to the extent that they apply to the health practitioner in the practice of the health practitioner's profession.

(2) In deciding whether or not a relevant health practitioner has a reasonable excuse for failing to comply with a standard, particular consideration is to be given to the following:

(a) whether the circumstances involved the provision of emergency treatment,

(b) whether the health practitioner's employer failed to provide the necessary equipment, including providing access to it and training in its use, that would have enabled the health practitioner to comply with the standard (and whether the failure to provide such equipment was reported by the health practitioner to the Secretary).

(3) If there is any inconsistency between the infection control standards set out in Schedule 3 and a registration standard, code or guideline published by a National Board, the registration standard, code or guideline prevails to the extent of the inconsistency.

Part 3 Matters relating to the medical profession

6 Records relating to patients

(1) A medical practitioner or medical corporation must, in accordance with this Part and Schedule 4, make and keep a record, or ensure that a record is made and kept, for each patient of the medical practitioner or medical corporation.

(2) A contravention of subclause (1) by a medical practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.

(3) Subclause (1) does not apply to the following:

(a) a public health organisation within the meaning of the *Health Services Act 1997*,

(b) a private health facility within the meaning of the *Private Health Facilities Act 2007*,

(c) a nursing home within the meaning of the *Public Health Act 2010*.

(4) Subclause (3) does not affect the application of subclause (1) to a medical practitioner appointed, employed, contracted or otherwise engaged by a medical corporation referred to in subclause (3).

7 Medical services corporation to appoint practitioner to be responsible for record keeping

(1) A medical corporation must, by written notice given to the Medical Council, appoint a medical practitioner to be responsible for record keeping by the corporation. The medical corporation is guilty of an offence if such an appointment is not in force at any time.

Maximum penalty: 2 penalty units.

(2) The notice of appointment must be accompanied by a notice of acceptance of the appointment signed by the appointed person.

(3) An appointment may be revoked by written notice given to the Medical Council given either by the corporation or by or on behalf of the appointed person. The appointment is automatically revoked if the person appointed ceases to be a medical practitioner.

(4) If a medical corporation contravenes this Part or Schedule 4, the person appointed under this clause to be responsible for record keeping by the corporation at the time of the contravention is taken to have contravened the provision that the corporation contravened.

8 When records are to be made

(1) A record must be made contemporaneously with the provision of the medical treatment or other medical service or as soon as practicable afterwards.

(2) This clause may be complied with by the making of further entries in a single record that relates to the patient concerned.

9 How long records are to be kept

(1) A record must be kept for at least 7 years from the date of last entry in the record, unless the patient was less than 18 years old at the date of last entry in the record.

(2) If the patient was less than 18 years old at the date of last entry in the record, the record must be kept until the patient attains or would have attained the age of 25 years.

(3) In this clause:

date of last entry in the record means the date the patient concerned was last provided with medical treatment or other medical services by the medical practitioner or medical corporation who provided that treatment or those services.

10 Disposal of medical practice

(1) If a medical practitioner or medical corporation disposes of a medical practice, the practitioner or corporation is taken to have complied with clause 9 if the practitioner or corporation makes reasonable efforts to ensure the records are kept in accordance with that clause.

(2) In this clause:

reasonable efforts include:

(a) providing the records to the medical practitioner or medical corporation that acquires the medical practice, or

(b) providing the records to the patient to whom they relate.

11 Storage

(1) All reasonable steps must be taken to ensure that all records are kept in such a manner as to preserve the confidentiality of the information that is contained in them and to prevent them from being damaged, lost or stolen.

(2) Despite subclause (1), a record must be reasonably accessible for the purpose of treating the patient to whom it relates.

Part 4 Matters relating to the pharmacy profession

Division 1 Approval of premises used for pharmacy business

12 Standards for approval of pharmacy premises

(1) For the purposes of clause 12 (8) (a) of Schedule 5F to the Law, the following standards are prescribed for premises other than professional services rooms:

(a) at least one doorway allowing direct public access to the premises is to be provided,

(b) the premises, including any doors, windows, floors or ceilings, are to be secure to minimise the risk of unauthorised access to the premises and scheduled medicines in the premises,

(c) the premises are to be equipped with a dispensing area of at least 8 square metres or such lesser area as the Pharmacy Council may approve in a particular case,

(d) there is a part of the premises in which a consultation conducted by a pharmacist is not reasonably likely to be overheard by a person not party to the consultation,

(e) the premises are to be equipped with:

(i) the equipment listed in Schedule 5, and

(ii) any other equipment necessary to ensure the safe and competent delivery of the pharmacy services delivered in those premises,

installed and maintained in accordance with the manufacturer's instructions or if no such instructions exist, to the standard necessary for the safe and competent delivery of pharmacy services,

(f) the publications listed in Schedule 5 are to be kept in the premises or are to be accessible by electronic means from the premises in accordance with clause 14.

(2) The following standards are prescribed for a dispensing area referred to in subclause (1) (c):

(a) it is to be adequately lit and ventilated,

(b) it is to have adequate heating facilities for dispensing and compounding drugs,

(c) it is to be equipped with a stainless steel or similarly impervious sink that has an impervious surround and is supplied with hot and cold running water,

(d) it is to have a bench that is at least 40 centimetres wide, and of sufficient length to provide not less than 1 square metre of free working space, and that has an impervious covering,

(e) it is to have at least one dispensary barcode scanner connected to each dispensing station in the dispensing area.

13 Standards for approval of professional services room premises

(1) For the purposes of clause 12 (8) (a) of Schedule 5F to the Law, the following standards are prescribed for professional services rooms:

(a) all reasonable steps to prevent public access to the premises are to have been taken,

(b) the premises, including any doors, windows, floors or ceilings, are to be secure to minimise the risk of unauthorised access to the premises and scheduled medicines in the premises,

(c) the premises are to be equipped with a dispensing area of at least 8 square metres or such lesser area as the Pharmacy Council may approve in a particular case,

(d) the premises are to be laid out and equipped so that:

(i) any drug stored in the premises can be stored in accordance with the relevant drug's storage conditions, and

(ii) all the drugs being prepared, packaged or stored in the premises, for supply to a particular patient or to a health care facility for supply to a particular patient or resident of that facility, can be stored together, and

(iii) any documentation physically stored in the premises relating to that patient or resident can be stored with those drugs,

(e) the publications listed in Schedule 6 are to be kept in the premises or are to be accessible by electronic means from the premises in accordance with clause 14.

(2) The following standards are prescribed for a dispensing area referred to in subclause (1) (c):

(a) it is to be adequately lit and ventilated,

(b) it is to be equipped with a stainless steel or similarly impervious sink that has an impervious surround and is supplied with hot and cold running water,

(c) it is to have a bench that is at least 40 centimetres wide, and of sufficient length to provide not less than 1 square metre of free working space, and that has an impervious covering,

(d) it is to have at least one dispensary barcode scanner connected to each dispensing station in the dispensing area.

14 Access to electronic versions of publications

The following provisions apply to access by electronic means to publications referred to in clauses 12 (1) (f) and 13 (1) (e) that are not kept in the premises:

(a) any relevant software or data licence in respect of the publication is to provide for access for each pharmacist in the premises (including a locum),

(b) a document is to be kept, in the premises and available to each pharmacist in the premises (including a locum), setting out how each pharmacist can readily access the current version of the publication,

(c) if the publication is accessed via the Internet—access to the Internet is to be maintained while any pharmacist is dispensing or compounding drugs in the premises and the current version of the publication is to be readily accessible (by way of web browser bookmarks or otherwise).

Division 2 Other matters

15 Fee for inspection of Register of Pharmacies

For the purposes of clause 14 (4) of Schedule 5F to the Law, the prescribed amount is $30.

Part 5 Miscellaneous

16 Notice of mental incapacity of registered health practitioner or student

(1) For the purposes of section 151 of the Law, the person required to cause notice to be given of a registered health practitioner or student becoming a mentally incapacitated person, or being involuntarily admitted to a mental health facility, is:

(a) for a registered health practitioner or student who is a mentally incapacitated person, and becomes a patient at a mental health facility because of that incapacity, or is involuntarily admitted to a mental health facility—the medical superintendent of the facility, or

(b) for a registered health practitioner or student who is a protected person under the *NSW Trustee and Guardian Act 2009*—the NSW Trustee and Guardian.

(2) The notice must specify:

(a) the name and residential address of the registered health practitioner or student, and

(b) the date on which the registered health practitioner or student:

(i) was admitted to the facility at which the health practitioner or student is a patient, or

(ii) became a protected person.

(3) The notice must be given:

(a) by telephone on the next business day after the day on which the registered health practitioner or student is admitted to the facility or becomes a protected person to the Executive Officer of the Council for the health profession in which the registered health practitioner or student is registered (the ***applicable health profession***), and

(b) by post within 7 business days after the day on which the registered health practitioner or student is admitted to the facility or becomes a protected person to the Executive Officer of the Council, and the National Board, for the applicable health profession.

Schedule 1 Membership of Councils

Part 1 Preliminary

1 Membership of Councils

For the purposes of section 41E of the Law, each Council consists of the members set out for that Council in this Schedule.

Part 2 Inaugural membership of certain Councils

2 Inaugural membership of certain Councils

(1) This clause applies in relation to each of the following Councils (a ***new health profession Council***):

(a) the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales,

(b) the Chinese Medicine Council of New South Wales,

(c) the Medical Radiation Practice Council of New South Wales,

(d) the Occupational Therapy Council of New South Wales.

(2) Each new health profession Council (other than the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales) consists of 6 members appointed by the Governor of whom:

(a) 4 are to be health practitioners who:

(i) each have the qualification necessary for appointment, and

(ii) are nominated by the Minister, and

(b) one is to be an Australian lawyer nominated by the Minister, and

(c) one is to be a person nominated by the Minister who:

(i) in the Minister's opinion, is conversant with the interests of patients as consumers of health services provided by the health profession for which the Council is established, and

(ii) is not, and has never been, a health practitioner in the health profession.

(3) The Aboriginal and Torres Strait Islander Health Practice Council of New South Wales consists of 4 members appointed by the Governor of whom:

(a) 3 are to be health practitioners who:

(i) each have the qualification necessary for appointment, and

(ii) are nominated by the Minister, and

(b) one is to be an Australian lawyer nominated by the Minister.

(4) At least one of the health practitioners nominated by the Minister under subclause (2) (a) or (3) (a) must have a principal place of practice in this State.

(5) A person has the qualification necessary for appointment as a member of a new health profession Council under subclause (2) (a) (i) or (3) (a) (i) if:

(a) before 1 January 2013—the person is a health practitioner in the health profession for which the new health profession Council is established, or

(b) on or after 1 January 2013—the person is a registered health practitioner in the health profession for which the new health profession Council is established.

Note. Clause 15 (1) (f) of Schedule 5C to the Law provides that a member of a Council vacates office if the member ceases to have any qualification necessary for his or her appointment as a member.

Part 3 Dental Council of New South Wales

3 Definitions

In this Part:

dental auxiliary means a person:

(a) who is registered under the Law in the dental profession, and

(b) whose name is included in one of the following divisions of the Register of Dental Practitioners kept under the Law:

(i) dental therapists,

(ii) dental hygienists,

(iii) oral health therapists, and

(c) whose principal place of practice is in the State.

dental prosthetist means a person:

(a) who is registered under the Law in the dental profession, and

(b) whose name is included in the Dental Prosthetists Division of the Register of Dental Practitioners kept under the Law, and

(c) whose principal place of practice is in the State.

dentist means a person:

(a) who is registered under the Law in the dental profession, and

(b) whose name is included in the Dentists Division of the Register of Dental Practitioners kept under the Law, and

(c) whose principal place of practice is in the State.

4 Membership of Dental Council

(1) The Dental Council of New South Wales consists of 12 members appointed by the Governor.

(2) The appointed members are to be:

(a) 6 dentists nominated by the Minister, and

(b) one dentist nominated by the Minister, being a registered dentist involved in conducting approved programs of study for the dental profession, and

(c) one dental prosthetist nominated by the Minister, and

(d) one dental auxiliary nominated by the Minister, and

(e) 2 persons, who are not registered under the Law in the dental profession, nominated by the Minister to represent the community, and

(f) one Australian lawyer nominated by the Minister.

Part 4 Medical Council of New South Wales

5 Membership of Medical Council

(1) The Medical Council of New South Wales consists of 19 members who are to be appointed by the Governor.

(2) Of the members:

(a) one is to be an Australian lawyer nominated by the Minister, and

(b) 2 are to be medical practitioners nominated by the Australian Medical Association (NSW) Limited and whose principal places of practice are in the State, and

(c) one is to be a person nominated by Multicultural NSW, and

(d) one is to be a medical practitioner nominated jointly by the Senate of the University of Sydney, the Council of the University of New South Wales and the Council of the University of Newcastle and whose principal place of practice is in the State, and

(e) 8 are to be medical practitioners whose principal places of practice are in the State and are nominated respectively by the following bodies:

(i) The Royal Australasian College of Physicians, New South Wales State Committee,

(ii) The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, New South Wales Regional Committee,

(iii) Royal Australasian College of Surgeons, New South Wales State Committee,

(iv) The Royal Australian College of General Practitioners, New South Wales and Australian Capital Territory Faculty,

(v) The Royal Australasian College of Medical Administrators, New South Wales State Committee,

(vi) The Royal Australian and New Zealand College of Psychiatrists, New South Wales Branch,

(vii) The Australasian College for Emergency Medicine,

(viii) The Australian and New Zealand College of Anaesthetists, and

(f) 5 are to be persons nominated by the Minister, not less than 4 of whom are to be persons who, in the Minister's opinion, are conversant with the interests of patients as consumers of medical services, and

(g) one is to be a medical practitioner, nominated by the Minister, who is a member of one or more of the following bodies:

(i) The Australasian College of Dermatologists,

(ii) The Australian College of Rural and Remote Medicine,

(iii) The Royal Australian and New Zealand College of Ophthalmologists,

(iv) The Royal Australian and New Zealand College of Radiologists,

(v) The Royal College of Pathologists of Australasia.

(3) The Minister may consult with the bodies in subclause (2) (g) for the purpose of nominating the medical practitioner, but failure to do so does not invalidate any nomination made under that paragraph.

(4) The member who:

(a) is a registered medical practitioner, and

(b) holds specialist registration in the specialty of anaesthesia, and

(c) was nominated by the Minister under subclause (2) (f) as in force immediately before 1 January 2014,

is, for the remainder of his term, taken to have been nominated by the Australian and New Zealand College of Anaesthetists under subclause (2) (e) (viii).

6 Nominations for membership

(1) If a body from whom a nomination is required under clause 5 does not nominate a medical practitioner within the time and in the way specified by the Minister by written notice given to the body, the Governor may instead appoint as a member a medical practitioner nominated by the Minister.

(2) A medical practitioner is not eligible to be nominated by the Minister under this clause instead of a practitioner nominated by a body unless the practitioner nominated by the Minister is a member of that body.

Part 5 Nursing and Midwifery Council of New South Wales

7 Definitions

In this Part:

enrolled nurse means a person:

(a) who is registered under the Law in the nursing and midwifery profession, and

(b) whose name is included in the enrolled nurses (Division 2) division of the Register of Nurses kept under the Law, and

(c) whose principal place of practice is in the State.

midwife means a person:

(a) who is registered under the Law in the nursing and midwifery profession, and

(b) whose name is included in the Register of Midwives kept under the Law, and

(c) whose principal place of practice is in the State.

registered nurse means a person:

(a) who is registered under the Law in the nursing and midwifery profession, and

(b) whose name is included in the registered nurses (Division 1) division of the Register of Nurses kept under the Law, and

(c) whose principal place of practice is in the State.

8 Membership of Nursing and Midwifery Council

(1) The Nursing and Midwifery Council of New South Wales consists of 15 members appointed by the Governor.

(2) Of the members:

(a) 3 are to be registered nurses nominated by the Minister, and

(b) one is to be a midwife nominated by the Minister; and

(c) 2 are to be enrolled nurses nominated by the Minister, and

(d) 2 are to be nurses or midwives engaged in the tertiary or pre-enrolment education of nurses or midwives in this State nominated by the Minister, at least one of whom is a registered nurse, and

(e) one is to be a registered nurse or midwife nominated by the New South Wales Nurses and Midwives' Association, and

(f) one is to be a registered nurse or midwife nominated by the Australian College of Nursing, and

(g) one is to be a registered nurse who is nominated by the Minister and who practises nursing in the area of mental health, and

(h) one is to be an Australian lawyer nominated by the Minister, and

(i) 3 are to be persons nominated by the Minister to represent the community.

(3) If the New South Wales Nurses and Midwives' Association or the Australian College of Nursing does not nominate a registered nurse or midwife within the time or in the way specified by the Minister by written notice to the Association or College, the Governor may instead appoint as a member a registered nurse or midwife nominated by the Minister.

Part 6 Pharmacy Council of New South Wales

9 Membership of Pharmacy Council

(1) The Pharmacy Council of New South Wales consists of 10 members, of whom:

(a) 5 are to be local pharmacists elected by local pharmacists in accordance with Schedule 2, and

(b) 5 are to be appointed by the Governor in accordance with subclause (2).

(2) The members appointed under clause 9 (1) (b) are to be:

(a) one local pharmacist nominated by the Minister, being a pharmacist who has expertise in working at a hospital pharmacy, and

(b) one local pharmacist nominated by the Minister, being a pharmacist involved in conducting approved programs of study for the pharmacy profession, and

(c) 2 persons, who are not pharmacists, nominated by the Minister to represent the community, and

(d) one Australian lawyer nominated by the Minister.

(3) In this clause:

local pharmacist means a pharmacist whose principal place of practice is in the State.

Part 7 Physiotherapy Council of New South Wales

10 Membership of Physiotherapy Council

(1) The Physiotherapy Council of New South Wales consists of 10 members appointed by the Governor.

(2) The appointed members are to be:

(a) 4 local physiotherapists nominated by the Minister, and

(b) one local physiotherapist nominated by the Minister from a panel of physiotherapists nominated by the Australian Physiotherapy Association, New South Wales Branch, and any other body representing physiotherapists decided by the Minister, and

(c) one local physiotherapist nominated by the Minister, being a physiotherapist involved in conducting approved programs of study for the physiotherapy profession, and

(d) 3 persons nominated by the Minister, at least 2 of whom are not physiotherapists and are nominated to represent the community, and

(e) one Australian lawyer nominated by the Minister.

(3) If the panel of physiotherapists required to be nominated for the purposes of subclause (2) (b) is not nominated within the time or in the way specified by the Minister by written notice to the Association or body concerned, the Governor may instead appoint as a member a person nominated by the Minister.

(4) In this clause:

local physiotherapist means a physiotherapist whose principal place of practice is in the State.

Part 8 Psychology Council of New South Wales

11 Membership of Psychology Council

(1) The Psychology Council of New South Wales consists of 8 members appointed by the Governor.

(2) The members are to be:

(a) 3 local psychologists nominated by the Minister from a panel of psychologists nominated by the Australian Psychological Society Limited and other bodies the Minister may decide, and

(b) one local psychologist nominated by the Minister, being a member of the teaching staff of an educational institution that is involved in conducting approved programs of study for the psychology profession in this State, and

(c) one local psychologist nominated by the Minister, and

(d) 2 persons, who are not psychologists, nominated by the Minister to represent the community, and

(e) one Australian lawyer nominated by the Minister.

(3) If the panel of psychologists required to be nominated for the purposes of subclause (2) (a) is not nominated within the time or in the way specified by the Minister by notice to the Society or body concerned, the Governor may instead appoint as a member a person nominated by the Minister.

(4) In this clause:

local psychologist means a psychologist whose principal place of practice is in the State.

12 Membership of other Councils that are not relevant Councils

(1) For the purposes of section 41E of the Law, each Council that is not a relevant Council consists of 4 members who are appointed by the Governor.

(2) The members of a Council are to consist of:

(a) 3 health practitioners who are:

(i) registered in the health profession for which the Council is established, and

(ii) nominated by the Minister, and

(b) one Australian lawyer nominated by the Minister.

(3) At least one of the health practitioners nominated by the Minister under subclause (2) (a) must have a principal place of practice in this State.

(4) This clause does not apply to a new health profession Council referred to in clause 2.

Part 9 Other Councils

13 Membership of other Councils

(1) This clause applies in relation to each of the following Councils:

(a) the Chiropractic Council,

(b) the Optometry Council,

(c) the Osteopathy Council,

(d) the Podiatry Council.

(2) The members of a Council under this Part are to consist of:

(a) 3 health practitioners who are:

(i) registered in the health profession for which the Council is established, and

(ii) nominated by the Minister, and

(b) one Australian lawyer nominated by the Minister.

(3) At least one of the health practitioners nominated by the Minister under subclause (2) (a) must have a principal place of practice in this State.

(4) This clause does not apply to a new health profession Council referred to in clause 2.

Schedule 2 Election of members of Pharmacy Council of New South Wales

(Schedule 1, clause 9 (1) (a))

1 Definitions

In this Schedule:

close of nominations, in relation to an election, means the final time and date fixed by the returning officer for the close of nominations in the election.

close of the poll, in relation to an election, means the final time and date fixed by the returning officer for the close of the poll in the election.

Council means the Pharmacy Council of New South Wales.

election means an election conducted for the purposes of clause 9 (1) (a) of Schedule 1 to elect members of the Council.

Executive Officer means the Executive Officer of the Council.

local pharmacist means a pharmacist whose principal place of practice is in the State.

Register means the Register of Pharmacists required to be kept under the Law.

returning officer—see clause 3.

2 Manner of conduct of election

For the purposes of clause 9 (1) (a) of Schedule 1, the election of elected members of the Council is to be held and conducted in the manner set out in this Schedule.

3 Returning officer

(1) The Electoral Commissioner for New South Wales appointed under the *Parliamentary Electorates and Elections Act 1912* is to be the returning officer at an election.

(2) The Electoral Commissioner may delegate to any member of staff of the Office of the New South Wales Electoral Commission any of the returning officer's functions under this Regulation, other than this power of delegation.

4 Notice of election

(1) The returning officer must, as soon as practicable after being notified in writing by the Executive Officer that an election is required to be held, cause to be published in the Gazette and in at least one daily newspaper published and circulated in New South Wales a notice that:

(a) states that an election is to be held, and

(b) invites nominations from local pharmacists to fill the vacancies for elected members of the Council, and

(c) advises where nomination forms may be obtained, and

(d) fixes the time and date of the close of nominations, and

(e) fixes the time and date of the close of the roll, and

(f) fixes the time and date of the close of the poll.

(2) A notice referred to in subclause (1) must be published at least 60 days before the close of the poll for the election to which it relates.

(3) The returning officer may, by a notice published in accordance with subclauses (1) and (2), fix a later time and date for the close of nominations for an election than those fixed by a previous notice published in relation to the election.

5 Nominations

(1) A nomination must be made in writing and must set out the following particulars:

(a) the full name of the candidate nominated,

(b) the residential address of that candidate,

(c) an endorsement of that candidate's consent to his or her nomination,

(d) the full names, residential addresses and signatures of at least 2 nominators, being local pharmacists other than that candidate.

(2) A candidate may withdraw his or her nomination for an election by notification in writing delivered to the returning officer at any time until the close of nominations for the election.

6 Candidate information sheet

(1) A candidate for election may, at any time before the close of nominations for the election, submit to the returning officer a statutory declaration containing information, not exceeding 100 words, intended for inclusion in a candidate information sheet referred to in subclause (2).

(2) As soon as practicable after the close of nominations for an election, the returning officer must, if clause 7 (2) requires that a poll be taken, draw up a candidate information sheet consisting of the information in the statutory declarations, if any, submitted to the returning officer by candidates pursuant to subclause (1).

(3) Despite subclause (2), the returning officer may, when drawing up a candidate information sheet, omit or alter so much of the information contained in a statutory declaration submitted to the returning officer pursuant to subclause (1):

(a) as appears necessary or desirable to prevent the sheet containing information that is inappropriate for inclusion in a candidate information sheet, or

(b) as appears necessary or desirable to prevent the sheet containing information that is misleading in a material particular, or

(c) as exceeds 100 words.

(4) Information concerning candidates must appear on a candidate information sheet referred to in subclause (2) in the same order in which the candidates are listed on the ballot-paper relating to them.

7 Procedure on close of nominations

(1) If, after the close of nominations, there is not a greater number of local pharmacists nominated than are required for election, the returning officer is to declare those local pharmacists duly elected.

(2) If, after the close of nominations, the number of local pharmacists nominated is greater than the number required for election, a poll must be taken.

8 Closing of roll

(1) If, by the close of nominations, the returning officer has received more than the required number of nominations, the returning officer must immediately notify the Executive Officer that a poll is to be taken and that the returning officer requires the Executive Officer to deliver to the returning officer within 7 days after the close of the roll:

(a) a roll, certified by the chief executive officer of the National Agency as true and correct, which contains:

(i) the name of each person whose name is entered in the Register and whose principal place of practice is in this State, and

(ii) the address provided to the Pharmacy Board of Australia to be used by the Board in corresponding with the person in the person's application for registration under the Law, and

(b) a label for each person whose name is entered in the Register as at the close of the roll, of a size suitable for fixing to an envelope, upon which the name and address of that person is written.

(2) The Executive Officer is to comply with a requirement of the returning officer under subclause (1).

9 Conduct of ballot

(1) Where a poll is to be taken, the returning officer must:

(a) determine the order in which the candidates' names are to be entered on the ballot-paper in accordance with the procedure set out in section 82A of the *Parliamentary Electorates and Elections Act 1912*, and

(b) cause ballot-papers to be drawn up in accordance with subclause (2), and

(c) cause the ballot-papers to be printed, and

(d) cause any candidate information sheet drawn up under clause 6 relating to the candidates to be printed.

(2) The ballot-paper must contain:

(a) the names of the candidates, arranged in the order determined in accordance with subclause (1) (a), with a small square opposite each name, and

(b) if the returning officer considers that the names of 2 or more candidates are so similar as to cause confusion, such other matter as the returning officer considers will distinguish between the candidates, and

(c) such directions, as to the manner in which a vote is to be recorded and returned to the returning officer, as are required by subclause (3), and

(d) such further directions as to the manner in which a vote is to be recorded and returned to the returning officer as the returning officer considers appropriate.

(3) The directions to voters must include the following:

(a) that the voter must record a vote for at least 5 candidates by placing the numbers "1", "2", "3", "4" and "5" in the squares opposite the names of the candidates in the order of the voter's preferences for them,

(b) that the voter may, if the voter so wishes, vote for additional candidates by placing consecutive numbers (beginning with the number "6") in the squares opposite the names of the additional candidates in the order of the voter's preferences for them,

(c) that the ballot-paper is to be rejected by the returning officer if it contains any matter by which the voter may be identified,

(d) that, having completed the ballot-paper, the voter is to:

(i) fold the ballot-paper so that the vote cannot be seen, and

(ii) seal the ballot-paper, and only the ballot-paper, in the reply-paid envelope addressed to the returning officer, and

(iii) legibly print the voter's name and address on the reply-paid envelope's rear flap and sign the flap, and

(iv) send the reply-paid envelope to the returning officer so that the envelope is received by the returning officer before the time and date appointed for the closing of the poll,

(e) the time and date appointed for the closing of the poll.

(4) The returning officer must, not later than 20 days before the date fixed for a poll, post to the address, nominated in the roll referred to in clause 8 (1), of each local pharmacist registered at the date of the close of nominations to which the poll relates:

(a) a ballot-paper printed in accordance with subclause (1) and initialled by the returning officer, and

(b) an unsealed reply-paid envelope addressed to the returning officer, and

(c) the candidate information sheet (if any) drawn up under clause 6.

(5) A reply-paid envelope referred to in subclause (4) must contain, on the rear flap, spaces for the insertion of a voter's name, address and signature.

(6) A local pharmacist who has been forwarded a ballot-paper and a reply-paid envelope under subclause (4) and who wishes to vote must complete the ballot-paper, fold the ballot-paper so that the vote cannot be seen and send or deliver to the returning officer the ballot-paper enclosed and sealed in the reply-paid envelope addressed to the returning officer.

(7) The returning officer may, on written application made to the returning officer, and if satisfied that a ballot-paper has been lost or destroyed, supply a duplicate ballot-paper to the person to whom the lost or destroyed ballot-paper was issued.

(8) An election is not invalid because:

(a) a person whose name is on the Register did not receive a ballot-paper, or

(b) the returning officer did not receive a ballot-paper sent to the returning officer.

10 Examination of envelopes

(1) The returning officer must, as soon as practicable after the receipt of a reply-paid envelope purporting to contain a ballot-paper, examine the envelope for the purpose of deciding whether to accept or reject the envelope.

(2) The returning officer is to reject a reply-paid envelope purporting to contain a ballot-paper issued in respect of an election if:

(a) the rear flap of the reply-paid envelope does not bear the legibly printed name and address of a local pharmacist to whom the returning officer supplied a ballot-paper or has not been signed, or

(b) the reply-paid envelope is not sealed, or

(c) the reply-paid envelope is not received by the returning officer at or before the time and date fixed for the close of the poll under clause 4.

11 Dealing with ballot-papers

(1) On the day fixed for the close of the poll, the returning officer must:

(a) open all the reply-paid envelopes received (except those envelopes rejected under clause 10 (2)) and extract the ballot-papers and, without unfolding them, place the ballot-papers in the ballot-box, and

(b) mix the ballot-papers and draw the ballot-papers at random, and

(c) unfold the ballot-papers and count, in accordance with clause 12, the votes recorded on the ballot-papers (except any ballot-papers rejected under subclause (2)).

(2) The returning officer is to reject a ballot-paper as being informal if:

(a) the ballot-paper contains any matter by which the voter may be identified, or

(b) the ballot-paper was received in a reply-paid envelope that contained more than one ballot-paper, or

(c) the ballot-paper is not completed in accordance with the directions printed on the ballot-paper.

(3) Each candidate may appoint, in writing, a scrutineer to represent that candidate.

(4) A scrutineer appointed in accordance with subclause (3) may be present during the examination, opening and counting of votes by the returning officer.

12 Method of voting and counting

(1) At an election a voter is:

(a) required to record a vote for 5 candidates, and

(b) permitted to record a vote for as many more candidates as the voter pleases,

so as to indicate, in such manner as is required by this Schedule, the candidates for whom the voter votes and the order of the voter's preference for them.

(2) Ballot-papers must be counted, and the candidates who are elected determined, by the returning officer according to an optional multi-preferential system in which the first, second, third, fourth and fifth preference votes (represented by the numbers "1", "2", "3", "4" and "5", respectively, marked on the ballot-paper) are regarded as primary votes.

13 Report of election

When the returning officer first ascertains the result of an election, the returning officer must furnish a report, in writing, of the result to the Minister and must cause the result to be published in the Gazette and in at least one daily newspaper published or circulated in New South Wales.

14 Returning officer's decision final

If the returning officer is by this Regulation permitted or required to make a decision on any matter relating to the conduct of an election under this Schedule, the decision of the returning officer on that matter is final.

15 Term of office of elected members

Subject to Schedule 5C of the Law, an elected member of the Council holds office for a period of 3 years from 1 April next following the date on which the member was elected.

16 Candidate dying or ceasing to be local pharmacist

(1) If a candidate dies or ceases to be a local pharmacist and, as a result, at any time after the close of nominations but before the close of the poll, there is not a greater number of local pharmacists nominated than are required for election, the returning officer is to declare those local pharmacists duly elected and is not to proceed with the poll.

(2) Without limiting the operation of subclause (1), an election under this Schedule is not invalid merely because a candidate or a Council member-elect died or ceased to be a local pharmacist after the close of nominations.

(3) Without limiting the operation of subclause (1), a vote cast in an election under this Schedule is not informal merely because the person, for whom the vote was cast, died or ceased to be a local pharmacist after the close of nominations.

(4) If a person elected in an election under this Schedule has, after the close of nominations but before assuming office, died or ceased to be a local pharmacist, the Minister may nominate a local pharmacist to assume office in the person's place.

(5) The person who assumes office after being so nominated by the Minister is taken to be an elected member.

(6) In this clause, ***Council member-elect*** means a member elected at an election who is yet to assume office.

Schedule 3 Infection control standards

(Clause 5)

Note. The infection control standards set out in this Schedule apply to all relevant health practitioners (see clause 4). However, certain infection control standards refer to activities or procedures that would only be undertaken by health practitioners registered in a particular health profession and therefore would not apply to relevant health practitioners who do not practice in that health profession.

Part 1 Preliminary

1 Definitions

(1) In this Schedule:

AS/NZS 4187 means AS/NZS 4187:2003, *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*, as in force from time to time.

AS/NZS 4815 means AS/NZS 4815:2006, *Office-based health care facilities—Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment*, as in force from time to time.

body substance includes any human bodily secretion or substance other than blood.

invasive procedure means any one or more of the following:

(a) surgical entry into body tissue, cavities or organs,

(b) surgical repair of injuries,

(c) cardiac catheterisation and angiographic procedures,

(d) vaginal or caesarean delivery or any other obstetric procedure during which bleeding may occur,

(e) the manipulation, cutting, or removal of any oral or peri-oral tissue, including tooth structure, during which bleeding may occur,

(f) any other procedure during which a patient's skin is penetrated, cut or otherwise rendered non-intact,

(g) any other treatment of a wound.

sharps means any object capable of inflicting penetrating injury, and includes hollow bore needles, suture needles, scalpel blades, wires, trocars, auto lancets, stitch cutters and broken glassware.

(2) The requirements set out in this Schedule apply to a relevant health practitioner who is assisting in performing a procedure in the same way as they apply to a relevant health practitioner who is actually performing the procedure.

Part 2 General standards applying to relevant health practitioners

2 General precautions and aseptic techniques

(1) Precautions must be taken to avoid direct exposure to a patient's blood or body substance.

(2) The requirement in subclause (1) applies regardless of whether there is any perceived risk of infection.

(3) Aseptic techniques must be used in the course of complying with the requirements of this Schedule.

3 Hand and skin cleaning

(1) A relevant health practitioner, other than a pharmacist, must clean the health practitioner's hands:

(a) immediately before and after any direct patient care, and

(b) immediately after handling blood or body substances.

(2) A pharmacist must clean the pharmacist's hands:

(a) immediately before and after performing an invasive procedure, and

(b) immediately before and after performing a procedure during which direct contact is anticipated or occurs with a patient's blood or body substances, mucous membranes or non-intact skin, and

(c) immediately after handling blood or body substances.

(3) Subclauses (1) and (2) do not apply in circumstances in which treatment is required to be performed urgently and cleaning facilities are not readily available.

(4) Hands may be cleaned by:

(a) using washing facilities involving water and a soap or antiseptic, or

(b) using non-water cleansers or antiseptics.

(5) Hands or other skin surfaces that are contaminated with a patient's blood or body substance must be cleaned as soon as it is practicable to clean them.

(6) The requirement to clean hands applies regardless of whether gloves are also required to be worn.

4 Protective gowns and aprons

A gown or apron made of impervious material must be worn during any procedure where there is a likelihood of clothing being splashed or contaminated with blood or body substances.

5 Gloves

(1) Gloves must be worn while handling blood or body substances.

(2) In particular, gloves must be worn:

(a) during a procedure where direct contact is anticipated with a patient's blood or body substances, mucous membranes or skin that is not intact, and

(b) while suctioning a patient, and

(c) while handling items or surfaces that have come into contact with blood or body substances, and

(d) while performing an invasive procedure, venipuncture or a finger or heel stick.

(3) Sterile gloves must be worn if the procedure involves contact with tissue that would be sterile under normal circumstances.

(4) Gloves must be discarded:

(a) as soon as they are torn or punctured, and

(b) after contact with each patient.

(5) Subclause (4) does not affect the operation of subclauses (1)–(3).

(6) Gloves must be changed if separate procedures are being performed on the same patient and there is a risk of infection from one part of the body to another.

6 Masks and protective eye wear

(1) A fluid repellent mask and protective eye wear must be worn while performing any procedure where there is a likelihood of splashing or splattering of blood or body substances.

(2) A mask must be worn when in close contact with patients known or suspected by the relevant health practitioner to have an infectious disease if the disease is capable of being transmitted by the airborne or droplet route.

(3) If the disease is tuberculosis, the mask must be a particulate mask that is capable of filtering to 0.3μm.

(4) If a mask is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.

(5) A mask must be discarded once it has been worn and it must not be used again.

(6) In cases where protective eye wear is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.

(7) Protective eye wear must be discarded once it has been worn and not used again unless it is reusable (in which case it is to be cleaned in accordance with the manufacturer's instructions).

7 Sharps

(1) Sharps must not be passed by hand between a relevant health practitioner and any other person.

(2) However, the requirement in subclause (1) does not apply if, in any case involving an invasive procedure, the proper conduct of the procedure would be adversely affected.

(3) A puncture resistant tray must be used to transfer sharps.

(4) A needle must not be removed from a disposable syringe for disposal, or be purposely broken or otherwise manipulated by hand, unless:

(a) it is necessary to remove the needle for technical reasons, or

(b) the relevant health practitioner is performing a procedure in which the needle is required to be bent.

(5) A needle must not be bent after it is contaminated with blood or body substances.

(6) If resheathing of a needle is required:

(a) the needle must be properly recapped, and

(b) the sheath must not be held in the fingers, and

(c) a single handed technique or forceps, or a suitable protective guard designed for the purpose, must be used.

(7) Reusable sharps must, immediately after being used, be placed in a puncture resistant container specially kept for that purpose and labelled as such.

(8) Non-reusable sharps must, immediately after being used, be disposed of in a puncture resistant container.

8 Management of waste

(1) Clinical waste must be properly packaged to protect against potential exposure to infectious agents and to facilitate the proper handling, storage and treatment or disposal of the waste.

Note. The disposal of clinical waste is regulated by the *Protection of the Environment Operations Act 1997* and the regulations under that Act.

(2) Splashing or contamination of skin while disposing of blood or body substances must be avoided as far as practicable.

(3) Nothing in this clause limits any other requirement under this Part.

Part 3 Specific standards applying to relevant health practitioners

9 Sterile medications and solutions

(1) A sterile needle and syringe must be used to withdraw any medication or solution from a vial, ampoule or similar container.

(2) The needle and syringe must be discarded once the needle and syringe have been used.

(3) A medication or solution may be taken from a multi-dose vial, multi-dose ampoule or similar container only if the medication or solution is not reasonably available in another form.

(4) Precautions must be taken to ensure that contaminated material or fluid is not injected into a multi-dose vial, multi-dose ampoule or similar container.

10 Anaesthetic apparatus

(1) Anaesthetic apparatus that comes into contact with a patient or is contaminated with blood or body substances must be discarded, or cleaned and disinfected, after each patient.

(2) If the anaesthetic apparatus is a breathing circuit and the breathing circuit uses a filter:

(a) the filter must be discarded after each patient, and

(b) the part of the breathing circuit between the patient and the filter must be discarded, or cleaned and disinfected, after each patient, and

(c) if a carbon dioxide absorber is also used—the part of the breathing circuit between the carbon dioxide absorber and the filter must be discarded, or cleaned and disinfected, at the end of each procedure list or operation list (as applicable), and

(d) if a carbon dioxide absorber is not used—the breathing circuit tubing that conducts the gas to and from the filter must be discarded, or cleaned and disinfected, at the end of each procedure list or operation list (as applicable).

11 Respiratory equipment

(1) Respiratory equipment that is designed for single use must be discarded once it is used.

(2) Any other respiratory equipment must be cleaned and disinfected after each time the equipment is used.

12 Invasive procedures

(1) If it is technically feasible, retractors must be used for exposure and access during an invasive procedure.

(2) Fingers must not be used for the purposes of an invasive procedure to expose or increase access for the passage of a suture.

(3) Only one sharp at a time is to be placed in a puncture resistant tray that is being used in connection with an invasive procedure.

(4) Forceps or a needle holder must be used when carrying out suturing both to pick up the suture needle and to draw it through tissue.

Part 4 Processing of instruments and equipment

13 Cleaning of instruments and equipment

(1) An instrument or equipment that comes into contact with intact skin must be cleaned before it is used.

(2) An instrument or equipment that is required under this Part to be sterilised or disinfected must be cleaned before it is sterilised or disinfected.

(3) The process of cleaning:

(a) must involve water and mechanical or physical action (such as washing machines) and a cleaning agent (with the cleaning agent being removed from instruments and equipment by rinsing), and

(b) must be consistent with AS/NZS 4187 or, for an office-based practice, AS/NZS 4815.

(4) In this clause:

cleaning agent means a detergent and includes proteolytic enzyme substances.

14 Disinfection of instruments and equipment

(1) An instrument or equipment that comes into contact with non-sterile tissue (other than intact skin) must, before it is used, be disinfected with a disinfectant specified in the Australian Register of Therapeutic Goods that is maintained under the *Therapeutic Goods Act 1989* of the Commonwealth, and the relevant manufacturer's instructions must be followed.

(2) The process of disinfection:

(a) must involve either thermal methods or, if thermal methods are unsuitable, chemical methods, and

(b) must be consistent with AS/NZS 4187 or, for an office-based practice, AS/NZS 4815.

15 Sterilisation of instruments and equipment

(1) An instrument or equipment used to enter, or that is capable of entering, tissue that would be sterile under normal circumstances, or the vascular system of a patient, must be sterilised before it is used.

(2) The method of sterilisation must be:

(a) compatible with the particular type of instrument or equipment concerned, and

(b) consistent with AS/NZS 4187 or, for an office-based practice, AS/NZS 4815.

(3) If a steriliser is used (whether it is a benchtop or portable steriliser or a permanently plumbed or wired steriliser), the following criteria must be met:

(a) the relevant manufacturer's instructions must be followed,

(b) an ongoing monitoring program must be followed which reflects the requirements of Table 7.1 Calibration, Monitoring and Maintenance of Sterilizers of AS/NZS 4187 or, for an office-based practice, Table 7.1 Performance Testing, Monitoring, Calibration and Maintenance of Sterilizers of AS/NZS 4815.

Schedule 4 Records kept by medical practitioners and medical corporations in relation to patients

(Clauses 6 (1) and 7 (4))

1 Information to be included in record

(1) A record must contain sufficient information to identify the patient to whom it relates.

(2) A record must include the following:

(a) any information known to the medical practitioner who provides the medical treatment or other medical services to the patient that is relevant to the patient's diagnosis or treatment (for example, information concerning the patient's medical history, the results of any physical examination of the patient, information obtained concerning the patient's mental state, the results of any tests performed on the patient and information concerning allergies or other factors that may require special consideration when treating the patient),

(b) particulars of any clinical opinion reached by the medical practitioner,

(c) any plan of treatment for the patient,

(d) particulars of any medication prescribed for the patient.

(3) The record must include notes as to information or advice given to the patient in relation to any medical treatment proposed by the medical practitioner who is treating the patient.

(4) A record must include the following particulars of any medical treatment (including any medical or surgical procedure) that is given to or performed on the patient by the medical practitioner who is treating the patient:

(a) the date of the treatment,

(b) the nature of the treatment,

(c) the name of any person who gave or performed the treatment,

(d) the type of anaesthetic, if any, given to the patient,

(e) the tissues, if any, sent to pathology,

(f) the results or findings made in relation to the treatment.

(5) Any written consent given by a patient to medical treatment (including any medical or surgical procedure) proposed by the medical practitioner who treats the patient must be kept as part of the record relating to that patient.

2 Record of partners of patients being treated for chlamydia

(1) A reference in this Schedule and clause 6 (1) of this Regulation to a patient includes a reference to a partner of the patient if the patient is being treated for chlamydia and that treatment includes the patient and the partner being prescribed or supplied azithromycin for the treatment of chlamydia. For that purpose, the name and email address or mobile phone number of the partner is sufficient information to identify the partner.

(2) In this clause:

partner of a patient includes any of the following:

(a) the patient's spouse,

(b) the patient's de facto partner,

(c) a person with whom the patient is or was in a sexual relationship.

(3) This clause ceases to have effect on 1 January 2018.

3 General requirements as to content

(1) In general, the level of detail contained in a record must be appropriate to the patient's case and to the medical practice concerned.

(2) A record must include sufficient information concerning the patient's case to allow another medical practitioner to continue management of the patient's case.

(3) All entries in the record must be accurate statements of fact or statements of clinical judgment.

4 Form of records

(1) An abbreviation or shorthand expression may be used in a record only if the abbreviation or expression is generally understood in the medical profession in the context of the patient's case or generally understood in the broader medical community.

(2) Each entry in a record must be dated and must identify clearly the person who made the entry.

(3) A record may be made and kept in the form of a computer database or other electronic form, but only if it is capable of being printed on paper.

5 Alteration and correction of records

A medical practitioner or medical corporation must not alter a record, or cause or permit another person to alter a record, in a way that obliterates, obscures or renders illegible information that is already contained in the record.

6 Delegation

If a person is provided with medical treatment or other medical services by a medical practitioner in a hospital, the function of making and keeping a record in respect of the patient may be delegated to a person other than the medical practitioner, but only if:

(a) the record is made and kept in accordance with the rules and protocols of the hospital, and

(b) the medical practitioner ensures the record is made and kept in accordance with this Schedule.

Schedule 5 Equipment and publications required for pharmacy premises

(Clause 12 (1) (e) (i) and (f))

1 Equipment

a refrigerator manufactured (either exclusively or principally) for the purpose of storage of vaccines

a dispensing balance

heavy duty scales, capable of weighing up to 1 kg and a set of metric weights compatible for use with those scales or an electronic scale capable of weighing up to 1 kg in increments of no more than 50 mg

a 200 mL dispensing measure

a 100 mL dispensing measure

a 10 mL dispensing measure

a 5 mL dispensing measure

a funnel

2 mortars and pestles (at least 1 of the mortars and pestles being made of glass)

a stirring rod

2 spatulas

an ointment slab

a tablet counting tray

2 Publications

the *Poisons and Therapeutic Goods Act 1966* and the regulations under that Act

the Poisons List proclaimed under section 8 of the *Poisons and Therapeutic Goods Act 1966* or the latest edition, and all published amendments or supplements to that edition, of the *Guide to the New South Wales Medicines and Poisons Schedules* published by the Pharmacy Guild of Australia (New South Wales Branch)

the Law and this Regulation

the *Price Information Code of Practice*

the latest editions, and all published amendments or supplements to those editions, of the publications listed in the *Pharmacy Board of Australia's Guidelines on practice-specific issues—Guideline 1 (List of reference texts for pharmacists)*, as amended from time to time

Note. Clause 6 of Schedule 7 of the Law provides that a reference to an Act or instrument extends to the Act or instrument as in force for the time being. Section 69 of the *Interpretation Act 1987* makes provision for how a reference to a publication that is not an Act or instrument is to be construed.

Schedule 6 Publications required for professional services room premises

(Clause 13 (1) (e))

the *Poisons and Therapeutic Goods Act 1966* and the regulations under that Act

the Poisons List proclaimed under section 8 of the *Poisons and Therapeutic Goods Act 1966* or the latest edition, and all published amendments or supplements to that edition, of the *Guide to the New South Wales Medicines and Poisons Schedules* published by the Pharmacy Guild of Australia (New South Wales Branch)

the Law and this Regulation

the latest editions, and all published amendments or supplements to those editions, of the publications listed in the Pharmacy Board of Australia's *Guidelines on practice-specific issues—Guideline 1 (List of reference texts for pharmacists)*, as amended from time to time

Note. Clause 6 of Schedule 7 of the Law provides that a reference to an Act or instrument extends to the Act or instrument as in force for the time being. Section 69 of the *Interpretation Act 1987* makes provision for how a reference to a publication that is not an Act or instrument is to be construed.