Guideline

Informing a National Board about where you practise

Responsibilities of registered health practitioners under section 132 of the National Law

Version 1.0 – 1 August 2018

1. About this guideline

Under the Health Practitioner Regulation National Law (National Law) a registered health practitioner may be required to provide information about where they practise to the National Board responsible for the regulation of their profession.[[1]](#footnote-1) This is referred to as ‘practice information’.

This guideline has been developed[[2]](#footnote-2) to assist registered health practitioners to provide practice information to their National Board in a way that meets their legal obligations under the National Law.[[3]](#footnote-3)

It is the responsibility of each registered health practitioner to ensure that they meet their legal obligations.

Health practitioners may contact the Australian Health Practitioner Regulation Agency (AHPRA) to clarify processes and general expectations relating to practice information. However, AHPRA is unable to provide legal advice to practitioners about their individual circumstances. The National Boards and AHPRA encourage practitioners to seek advice from their professional indemnity insurer or a legal practitioner if they are not sure what they need to do in order to meet their obligations.

Health Practitioners are encouraged to read this guideline in its entirety. However, a quick reference summary of the guideline is included as Appendix A.

1. Why does the National Board need to know where you practise?

The National Law aims to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.[[4]](#footnote-4)

Each National Board contributes to the achievement of this objective by exercising functions relating to the regulation of a health profession.[[5]](#footnote-5) These functions include making decisions about whether:

* individuals are suitably qualified and competent to hold registration in a health profession and

restrictions should be imposed on a health practitioner’s registration to protect the public.

Being informed about where a practitioner practises can assist a National Board to make regulatory decisions. For example:

* when a notification (complaint) has been made about a practitioner, knowing where that person practises is useful in assessing how much ongoing support and supervision is available in the workplace, and

knowing where a practitioner works can help a National Board to monitor practitioner compliance with restrictions on their registration.

Practice information therefore plays an important role in helping National Boards to regulate health professions and protect the public.

In some circumstances National Boards have a legal obligation to disclose information about health practitioners to employers and other entities. For example, a National Board is required to tell a practitioner’s employer and certain other entities associated with their practise of the profession about decisions to take health, conduct or performance action in response to a notification (complaint) or regulatory concern[[6]](#footnote-6).[[7]](#footnote-7) National Boards also have the discretion to provide this information to other practitioners who share premises and the costs of those premises with the registrant.[[8]](#footnote-8)

The disclosure of information about health, conduct and performance action taken by a National Board helps to protect the public by ensuring that those who have a role in monitoring and supporting practitioners are aware of any regulatory action taken.

Receiving information from practitioners about where they practise helps AHPRA and the National Board to make decisions about who has a right to receive information about regulatory decisions and outcomes.

1. Section 132 of the National Law – Practice information

The law relating to practice information is set out within section 132 of the National Law, which states:

***132 National Board may ask registered health practitioner for practice information***

*(1) A National Board may, at any time by written notice given to a health practitioner registered in a health profession for which the Board is established, ask the practitioner to give the Board a written notice containing practice information for the practitioner.*

*(2) The registered health practitioner must not, without reasonable excuse, fail to comply with the notice from the Board.*

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

*(4) In this section—*

***practice information****, for a registered health practitioner practising in the health profession for which the practitioner is registered, means each of the following if it applies to the practitioner—*

*(a) if the practitioner is self-employed and shares premises with other registered health practitioners with whom the practitioner shares the cost of the premises—*

*(i) that the practitioner is self-employed; and*

*(ii) the address of each of the premises at which the practitioner practises; and*

*(iii) if the practitioner practises under a business name or names, each business name; and*

*(iv) the names of the other registered health practitioners with whom the practitioner shares premises;*

*(b) if the practitioner is self-employed and paragraph (a) does not apply—that the practitioner is self-employed, the address of each of the premises at which the practitioner practises and, if the practitioner practises under a business name or names, each business name;*

*(c) if the practitioner is engaged by one or more entities under a contract of employment, contract for services or any other arrangement or agreement—the name, address and contact details of each entity;*

*(d) if the practitioner is providing services for or on the behalf of one or more entities, whether in an honorary capacity, as a volunteer or otherwise, and whether or not the practitioner receives payment from an entity for the services—the name, address and contact details of each entity;*

*Example for paragraph (d)—*

*A physiotherapist practises physiotherapy as a volunteer at a sporting club or charity under an arrangement with that entity*

*(e) if the practitioner practises under a name or names that are not the same as the name under which the practitioner is registered under this Law—the other name or names.*

***premises at which the practitioner practises*** *does not include the residential premises of a patient of the practitioner.*

1. When can you be required to provide your practice information?

A National Board can issue a written notice requiring a registered health practitioner to provide their practice information at any time.[[9]](#footnote-9) This is known as a ‘practice information notice’. Practice information notices are usually issued in relation to a notification or in the course of monitoring practitioner compliance with registration conditions or undertakings.

In practice, the power to issue such notices is usually exercised by AHPRA as a delegate of the National Boards.

A practice information notice will direct a health practitioner to supply their practice information in writing to AHPRA by a nominated date.

If a practitioner believes that the timeframe for response provided within the notice is not reasonable, the practitioner must contact AHPRA to discuss and resolve their concerns. Each practice information notice will provide information about how the practitioner can contact AHPRA.

1. Can you refuse to provide your practice information?

A health practitioner who receives a practice information notice must write to AHPRA to provide their practice information by the due date unless they have a reasonable excuse, or justification, for failing to comply with the notice.

A reasonable excuse is likely to include situations where a health practitioner:

* suffers from a serious illness or injury and is unable to seek advice or prepare a response to a practice information notice within the timeframe provided
* is geographically isolated and does not have the ability to receive, consider and/or respond to a practice information notice within the timeframe provided, or

has not received a practice information notice.

It is recommended that health practitioners obtain independent advice from their professional indemnity insurer or a legal practitioner about whether an excuse for failing to comply with a practice information notice is likely to be reasonable.

Practitioners who have a reasonable excuse for not complying with a practice information notice must advise AHPRA, in writing, that they are unable to comply with the notice and state the reasons for their non-compliance as soon as is practicable in the circumstances. It is recognised that in some situations a practitioner may not be able to advise AHPRA that they are unable to comply with the notice.

It is not an offence to fail to comply with a practice information notice.[[10]](#footnote-10) However, failure to comply with a practice information notice without a reasonable excuse may constitute behaviour for which health, conduct or performance action may be taken under the National Law.[[11]](#footnote-11) This means that a National Board may take relevant action[[12]](#footnote-12) under the National Law or, in cases of serious, persistent and deliberate non-compliance, refer a practitioner for disciplinary proceedings before a Performance and Professional Standards Panel or a Tribunal.

1. What information needs to be provided?

The information a practitioner needs to provide depends on how they are engaged to practise their profession and the locations at which they work. Practitioners who receive a practice information notice are required to provide information that is current at that time.

The National Law[[13]](#footnote-13) sets out a definition of practice information.[[14]](#footnote-14) The definition includes a number of different categories under which a registered health practitioner may be engaged to practise a health profession. The definition also sets out the information that a registrant must supply to their National Board on receipt of a practice information notice if they fall under one or more of the categories provided.

Practice information includes:

1. all of the names by which a practitioner may be known when practising their profession[[15]](#footnote-15)
2. information about a self-employed practitioner’s business, practise locations and the names of any other registered practitioners with whom the practitioner shares premises (sharing premises includes sharing the cost of those premises)[[16]](#footnote-16)
3. the name, address and contact details[[17]](#footnote-17) of any entity under which the practitioner is engaged under a contract of employment, contract for services or any other arrangement or agreement,[[18]](#footnote-18) and
4. the name, address and contact details of any entity who the practitioner provides services for, or on behalf of, in a paid, voluntary or honorary capacity.[[19]](#footnote-19)

On receipt of a practice information notice, registered health practitioners are required to provide the information required for each category that applies to them.

The names under which the practitioner practises the health profession

Some registered health practitioners are known to people receiving care and colleagues by a different name to the legal name under which they are registered. Common examples include ‘maiden’ names and anglicised names.

If a health practitioner receives a practice information notice then they must advise their National Board in writing of any name, other than that under which they are registered, by which they are known when practising their health profession.[[20]](#footnote-20)

Practitioners who are self-employed and share premises with other practitioners

Many registered health practitioners are self-employed and carry on a business providing health services as a sole-trader, through a partnership, as a trustee or as a director of an incorporated company. People who are self-employed are both owners and managers of a business. Their ongoing engagement in the business is not subject to the control of another person.

It is common for self-employed practitioners to practise from buildings or office space that are shared with other health practitioners. Typically, such arrangements involve each practitioner maintaining independent accountability for clinical governance and the care and treatment of their own patients with a common commercial framework under which costs such as leasing or renting premises, paying support staff and administrative overheads are shared between practitioners.

In circumstances where a registered health practitioner is self-employed and shares premises, and the cost of those premises, with other registered health practitioners, the practitioner must respond to a practice information notice by advising their National Board in writing:[[21]](#footnote-21)

1. that the practitioner is self-employed
2. the address of each of the premises at which the practitioner practises their profession. This includes any premises from which health services are provided remotely by telephone, videoconference or other means
3. the name(s) of any businesses that the practitioner practises under, and
4. the names of the registered health practitioners with whom the practitioner shares premises and the cost of those premises.

In responding to a practice information notice, a self-employed practitioner who shares premises with other practitioners does not need to provide the Board with the residential addresses of any patients where health services were provided through a home visit.[[22]](#footnote-22)

Similarly, there is no need to provide financial information about cost-sharing arrangements with other practitioners when responding to a practice information notice.

**Example 1**

Dr Purple is a registered medical practitioner who has received a practice information notice from the Medical Board of Australia.

Dr Purple works as a specialist orthopaedic surgeon. Dr Purple and her husband, Mr Purple, are the only directors of a limited liability company, Purple Health Solutions Pty Ltd, under which Dr Purple practises medicine.

Dr Purple performs surgical procedures at ACME Private Hospital and Quality Health Private Hospital where she has been granted admitting rights and privileges to conduct orthopaedic surgical procedures.

Dr Purple also maintains private consulting rooms within the Specialist Medical Suites Complex that is adjacent to ACME Private Hospital. Purple Health Solutions Pty Ltd has entered into a commercial agreement with Medical Suites Complex Pty Ltd under which Dr Purple has the right to use office space, consulting rooms and medical facilities at the complex and to receive support services from nurses and administrative support staff employed by Medical Suites Complex Pty Ltd in return for a quarterly fee.

Dr White, Dr Black and Dr Green also practise medicine from the Medical Suites Complex under similar arrangements with Medical Suites Complex Pty Ltd.

Dr Purple must advise the Medical Board of Australia in writing through AHPRA:

1. that she is self-employed
2. that she carries on business through Purple Health Solutions Pty Ltd in conjunction with Medical Suites Complex Pty Ltd, ACME Private Hospital and Quality Health Private Hospital
3. the address of the Medical Suites Complex, ACME Private Hospital and Quality Health Private Hospital, and
4. the names of Dr White, Dr Black and Dr Green.

Practitioners who are self-employed and do not share premises with other practitioners

Many registered health practitioners are self-employed but do not share the building or office space, and the costs of those premises, with other practitioners.

In these circumstances practitioners must respond to a practice information notice by advising AHPRA in writing:[[23]](#footnote-23)

1. That the practitioner is self-employed
2. The address of each of the premises at which the practitioner provides health services, and
3. If the practitioner practises under a business name or names, each business name.

In responding to a practice information notice, self-employed practitioners do not need to provide the Board with the residential addresses of any patients where health services were provided through a home visit.

Example 2

Dr Smith is a registered medical practitioner who has received a practice information notice from the Medical Board of Australia.

Dr Smith works as a self-employed consultant psychiatrist. Dr Smith is the sole director of Smith Medical Pty Ltd and practises medicine through this company.

Dr Smith’s practice is solely delivered remotely through telehealth technology. Dr Smith conducts all consultations with patients over the telephone or through video conference technology from his office in his home. Dr Smith therefore practises from his home when providing telehealth services.

Dr Smith must therefore respond to the practice information notice by advising AHPRA in writing:

1. that he is self-employed
2. that he Practises through Smith Medical Pty Ltd
3. that he Solely practises from his home, and
4. The address of his home.

Dr Smith is not required to provide the address of the recipient of a telehealth service. However, Dr Smith may have an obligation to provide additional practice information if his telehealth consultations are provided subject to an agreement or arrangement with a third party. Further information about the practice information required in these situations is provided below.

Practitioners who provide health services under a contract, agreement or other arrangement

Registered health practitioners often provide health services that are subject to the direction or control of someone else, such as an employer or contractor. The relationship between the health practitioner and the controlling entity is typically regulated by a contract of employment, contract for services or another arrangement or agreement.[[24]](#footnote-24)

Examples of relationships that fall within this category include traditional employment and the delivery of services through contractual and sub-contractual arrangements.

Practitioners who are employed or enter into a formal or informal agreement to provide health services for another person or entity must respond to a practice information notice by advising AHPRA in writing of the name, address and contact details[[25]](#footnote-25) of each entity for which they provide health services.[[26]](#footnote-26)

Example 3

Ms Good is registered as a pharmacist by the Pharmacy Board of Australia and has been issued with a practice information notice.

Ms Good is employed as a pharmacist by Brand Name Pharmacy. Ms Good’s employment is subject to a contract of employment and an Enterprise Bargaining Agreement.

Ms Good does not work as a health practitioner anywhere else.

Ms Good must respond to the practice information notice by advising the Board that she is employed by Brand Name Pharmacy as a pharmacist and the name, address and contact details of that entity.

Example 4

ACME Private Hospital has entered into a contract with Nursing Labour Hire Pty Ltd to supply casual registered nurses on a temporary basis to fill rostering gaps. The terms of the contract allow Nursing Labour Hire Pty Ltd to sub-contract performance of the agreement to other providers.

Mr Pheasant is a registered nurse who runs his own unincorporated business providing home nursing and disability support services. Nursing Labour Hire Pty Ltd enters into an agreement for Mr Pheasant to temporarily provide nursing services for ACME Private Hospital as a sub-contractor.

If Mr Pheasant was issued with a practice information notice by the Nursing and Midwifery Board of Australia he would be required to respond by advising the Board about the details of his business as a sole-trader, that he is contracted by Nursing Labour Hire Pty Ltd and delivers health services to ACME Private Hospital as a sub-contractor. Mr Pheasant would also be required to provide the address and contact details of his business and both of the other entities.

Practitioners who provide services for, or on behalf, of an entity in a paid, voluntary or honorary capacity

Sometimes health related services are provided for, or on behalf of, a person or organisation in the absence of a formal agreement regulating the relationship. Such services may be provided in return for payment or through a voluntary or honorary position.

Common examples include health practitioners who are:

1. members of boards or committees relating to health research, the development of health policy or the governance of a health provider or industry body,[[27]](#footnote-27) and
2. volunteers who share their expertise to help local sporting clubs or charities or to provide pro-bono (free) health services to patients.

If a practitioner provides a clinical or non-clinical health service for, or on behalf, of a person or organisation in a paid, voluntary or honorary capacity then they must respond to a practice information notice by advising their Board of the name, address and contact details[[28]](#footnote-28) of each entity.[[29]](#footnote-29)

A service that is not sought, or recognised, by an organisation is not volunteering for the purposes of this guideline. For example, a practitioner who takes a first aid kit on a bushwalking club event is not ‘volunteering’ unless they are recognised by the club as the first aid officer for the activity.

1. How will practice information be used and managed?

Practice information is collected to assist a National Board to exercise its functions under the National Law. Practice information is often helpful in assisting a National Board to make effective regulatory decisions and to monitor compliance with registration conditions or undertakings.[[30]](#footnote-30) For example, practice information can assist in assuring that a practitioner is only working in a Board approved position when this is a requirement of a registration restriction.

Practice information is also used to determine which entities receive notice of Board decisions to take health, conduct or performance action in relation to a registered health practitioner.[[31]](#footnote-31) National Boards may give notice of regulatory action being taken to other individual practitioners with whom a practitioner shares premises and the cost of the premises.[[32]](#footnote-32) Further, National Boards are required to give notice of regulatory action being taken to all other practice information entities.[[33]](#footnote-33) This includes employers, contractors and facilities at which a practitioner practises.

The National Boards and AHPRA collect, manage and disclose personal information in a manner that is consistent with their obligations under the National Law, the *Privacy Act 1988* (Cth), the Australian Privacy Principles and the AHPRA Privacy Policy.

Any practice information that is supplied under the National Law will be managed in accordance with these standards.

In some circumstances the National Board or AHPRA may disclose information to another entity. Examples of where this may occur include:

* when disclosure is required or authorised by law. For example:
* a person who makes a complaint about a practitioner being advised of a decision in relation to the complaint and the reasons for that decision, and
* an employer or another practice information entity being advised of health, performance or conduct action being taken in relation to a practitioner.
* information being provided to the police or another regulatory authority to support that entity to perform its functions.

1. Where can you get further information or advice?

Registered health practitioners who are unclear about what they need to do in order to comply with a practice information notice are encouraged to seek advice and support from their professional indemnity insurer or a legal practitioner. Health Practitioners may contact AHPRA to clarify processes and general expectations relating to practice information notices. However, it is important that AHPRA remains objective and impartial. This means that AHPRA is unable to provide advice to practitioners about their individual circumstances or the options available to them.

1. Complaints about practice information notices

A practitioner can make a complaint to AHPRA if they are concerned about how a practice information notice has been administered.

Complaints will be assessed against the National Law and the guideline *Informing a National Board about where you practise* in order to determine whether practice information notices were issued and handled appropriately.

In the first instance, practitioners are encouraged to raise their concerns directly with the AHPRA staff member they have been dealing with.

If the concerns have not been resolved through informal discussion then the matter can be formally raised through the AHPRA complaint process.

Further information can also be sought by making a Freedom of Information (FOI) application.

Information about the complaint process and how to make an FOI application can be found on the AHPRA [website](https://www.ahpra.gov.au/).

If a person who has made a complaint to AHPRA believes that the response was not appropriate then a further complaint may be made to the [National Health Practitioner Ombudsman](https://nhpopc.gov.au/) and Privacy Commissioner.

**Appendix A – Practice information – Quick reference summary**

Under the Health Practitioner Regulation National Law a registered health practitioner may be issued with a practice information notice at any time. Practitioners must comply with a practice information notice unless they have a reasonable excuse. The table below outlines the practice information that must be provided under a number of practice arrangement categories. Practitioners must provide all of the information required for each category that applies to them.

|  |  |  |  |
| --- | --- | --- | --- |
| **National Law** | **Practice arrangement** | **Practice information** | **Examples** |
| Section 132(4)(a) | Practitioners who are **self-employed** **and share premises and / or the cost of the premises** with other registered health practitioners. | The practitioner will be required to provide written notice:   1. that the practitioner is self-employed, and 2. the address of each of the premises at which the practitioner practises, and 3. the name(s) of any business that the practitioner practises under, and 4. the names of the other registered health practitioners with whom the practitioner shares premises and the cost of the premises.   There is no need to provide financial information detailing how the cost of the premises is shared with other practitioners. | For example:   * A specialist medical practitioner who owns and manages their own business under which health services are provided. The practitioner leases rooms in a specialist centre where medical facilities and support staff are shared with other practitioners under a cost sharing arrangement. |
| Section 132(4)(b) | Practitioners who are **self-employed** but do not share premises and / or the cost of the premises with other practitioners. | The practitioner will be required to provide written notice:   1. that the practitioner is self-employed, and 2. the address of each of the premises at which the practitioner practises, and 3. the name(s) of any business name that the practitioner practises under. | For example:   * A psychologist is the owner and manager of a private practice and does not share the business premises and the cost of those premises with other health practitioners. |
| Section 132(4)(c) | Practitioners who are **engaged under a contract** of employment, contract for services or any other arrangement or agreement. | The practitioner will be required to provide written notice that includes:   1. the name, address and contact details of each entity that has engaged them to provide a health service. | For example:   * A physiotherapist is employed by a State Government health department to provide health services within a hospital. * A general medical practitioner has an agreement with a residential aged care facility to provide health services to residents. * A medical radiation practitioner works from their own premises providing services to multiple employers and contractors through telemedicine arrangements. |
| Section 132(4)(d) | Practitioners who provide **services for, or on behalf of, an entity** in a paid, voluntary or honorary capacity. | The practitioner will be required to provide written notice that includes:   1. the name, address and contact details of each entity for which the practitioner provides a service. | For example:   * A health practitioner is an unpaid volunteer member of the board of a health industry body. * A health practitioner volunteers at a local sporting club by providing match day health services as the clubs recognised first aid officer. |
| Section 132(4)(e) | Practitioners who **practise under a different name** from that which they are registered under. | The practitioner will be required to provide written notice that includes:   1. any name or names under which the practitioner practises the health profession. | For example:   * A practitioner is registered under their legal name. However, they are commonly known to their patients and the general community by an alternate name. * A practitioner’s legal name is their married name but they practise under their maiden name. |

1. Health Practitioner Regulation National Law, s132 [↑](#footnote-ref-1)
2. The guideline has been jointly developed under section 39 of the Health Practitioner Regulation National Law by each of the National Boards responsible for the regulation of a health profession under the National Registration and Accreditation Scheme [↑](#footnote-ref-2)
3. The obligation to provide practice information was incorporated into the Health Practitioner Regulation National Law through the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2017*(Qld) & the *Health Practitioner Regulation National Law (WA) Amendment Act 2018* (WA) [↑](#footnote-ref-3)
4. Health Practitioner Regulation National Law, s3(2)(a) [↑](#footnote-ref-4)
5. Health Practitioner Regulation National Law, s35 [↑](#footnote-ref-5)
6. For example, where a National Board determines that a practitioner has been non-compliant with registration conditions then information about regulatory action taken in response to the breach will be disclosed to practice information entities under section 206 of the National Law. [↑](#footnote-ref-6)
7. Health Practitioner Regulation National Law, s206 [↑](#footnote-ref-7)
8. Health Practitioner Regulation National Law, s206 [↑](#footnote-ref-8)
9. Health Practitioner Regulation National Law, s132(1) [↑](#footnote-ref-9)
10. Health Practitioner Regulation National Law, s132(3) [↑](#footnote-ref-10)
11. Ibid. [↑](#footnote-ref-11)
12. See Health Practitioner Regulation National Law, s178. Relevant action includes cautioning a practitioner and placing restrictions on a health practitioner’s registration. [↑](#footnote-ref-12)
13. Health Practitioner Regulation National Law, s132(4) [↑](#footnote-ref-13)
14. It is important to distinguish ‘practice information’ from ‘principal place of practice’. ‘Practice information’ refers to the information that a practitioner must provide upon receipt of a notice under section 132 of the National Law. ‘Principal place of practice’ is defined by section 5 of the National Law and is the address that is declared by a practitioner as the location that they predominantly practice the profession or, if not practicing, his or her principal place of residence. [↑](#footnote-ref-14)
15. Health Practitioner Regulation National Law, s132(4)(e) [↑](#footnote-ref-15)
16. Health Practitioner Regulation National Law, ss132(4)(a)&(b) [↑](#footnote-ref-16)
17. The term ‘contact details’ is not defined by the National Law. For the purposes of this guideline, ‘contact details’ is taken to mean the telephone number, email address and the names and position titles of key contacts for a practice information entity. [↑](#footnote-ref-17)
18. Health Practitioner Regulation National Law, s132(4)(c) [↑](#footnote-ref-18)
19. Health Practitioner Regulation National Law, s132(4)(d) [↑](#footnote-ref-19)
20. Above, n14. [↑](#footnote-ref-20)
21. Health Practitioner Regulation National Law, s132(4)(a) [↑](#footnote-ref-21)
22. Health services provided to clients of a residential care facility, such people living in supported residential aged care, are delivered at the patient’s private residence if the service is provided at the facility. However, such services must still be reported as ‘practice information’ under s132(4)(c) or (d) of the National Law if they are provided under a paid or unpaid agreement or arrangement with the residential care provider. [↑](#footnote-ref-22)
23. Health Practitioner Regulation National Law, s132(4)(b) [↑](#footnote-ref-23)
24. This may be a formal written agreement or an informal arrangement. [↑](#footnote-ref-24)
25. Above, n17 [↑](#footnote-ref-25)
26. Health Practitioner Regulation National Law, s132(4)(c) [↑](#footnote-ref-26)
27. It is immaterial whether the role is clinical, administrative or non-clinical [↑](#footnote-ref-27)
28. Above, n17 [↑](#footnote-ref-28)
29. Health Practitioner Regulation National Law, s132(4)(d) [↑](#footnote-ref-29)
30. For example, conditions on registration may require that a practitioner only practise for approved entities or at approved locations. [↑](#footnote-ref-30)
31. Health Practitioner Regulation National Law, s206 [↑](#footnote-ref-31)
32. Ibid. [↑](#footnote-ref-32)
33. Ibid. [↑](#footnote-ref-33)