

COUNCIL of CLINICAL HYPHOTHERAPISTS

395 Burke Road, Glen Iris, Victoria 3146 Tel: +61 3 9822 3230 Fax: +61 3 9822 3230 email:
ALANDS@bigpond .com

Dear Minister,

thank you for considering our comments on issues relating to the review of the Health Act 1958.

We are the Council of Clinical Hypnotherapists (CCH), an umbrella group seeking to represent the interests of all Clinical Hypnotherapists in Australia. We were formed here in Victoria, early this year, 2004. At present, the CCH is made up of Victorian members of the following professional associations:

- AHA - Australian Hypnotherapists Association
- ASCH - Australian Society of Clinical Hypnotherapists
- ACHA - Australian Clinical Hypnotherapists Association
- AAHS - Australian Academy of Hypnotic Science
- AACHP - Australian Association of Clinical Hypnotherapists and Psychotherapists

The CCH is affiliated with all of the above-mentioned associations and is in discussion with other associations and teaching institutions. We are also developing links with international Clinical Hypnotherapy groups. The closest to home is the New Zealand Hypnotherapy Association, with whom we have initiated moves towards affiliation.

We seek to establish uniform standards of professional education and qualification, professional practice and the maintenance of a high order of ethical behaviour amongst all practicing Clinical Hypnotherapists in Australia. We require that all practicing Clinical Hypnotherapists carry Professional Indemnity Insurance and that all practitioners maintain and constantly upgrade their skills through mandatory, continuing professional education.

We will liaise with State and Federal governments, Health Funds, statutory bodies such as Workcover and the like, on behalf of our profession, offering a single point of reference and a unified voice for the profession. The advantage of this to all parties is obvious.

In the current climate of self-regulation, we believe that it is very important for Clinical Hypnotherapy, as a profession, to establish and maintain high standards that ensure the safety of the public, that meet their needs and expectations of the public, that enjoy the confidence of the government, health funds etc. and to ensure that those standards are effectively policed and maintained.

We will liaise with and advise colleges and educational institutions offering courses in Clinical Hypnotherapy, on course content and quality, including properly monitored clinical experience.

Already we are enjoying a healthy level of acceptance, communication and cooperation from associations and individual practitioners within the profession. All of our Executive Council members are fully qualified and experienced Clinical Hypnotherapists.

We look forward to an ongoing and mutually productive dialogue with you and your department.

Yours faithfully,

Alan D. Stubenrauch
Dip.CH, IRIS, FAAHS, FCMA
Secretary, CCH

List of issues for comment

| Issue | Section reference |
|--|-------------------|
| 1 Should the Act be renamed and, if so, what name would best reflect the role and purpose of the new Act? | 3.1 |
| No Comment: | |
| 2 Are there matters that are currently dealt with by other legislation that should be included in the new Act? | 3.2 |
| No Comment: | |
| 3 Should the new Act recognise the importance of promoting public health, and, if so, how should the new Act aim to achieve this? | 3.2 |
| <p>Comment: YES. By pro-actively supporting Natural Therapies such as Clinical Hypnotherapy, Naturopathy etc. In the case of Clinical Hypnotherapy, this can be facilitated by liaison with the CCH.</p> <p>Natural Therapies should be part of the overall public health plan, as Natural Therapies actively promote health and do not simply address disease and its symptoms.</p> | |
| 4 Should the new Act recognise the need to address inequalities in the health and wellbeing of disadvantaged communities and, if so, how should the Act aim to achieve this? | 3.2 |
| <p>Comment: YES. By including in the health services provided to disadvantaged communities, a broader spectrum of subsidised health modalities. These should include a variety of Natural Therapies.</p> <p>Clinical Hypnotherapy in particular, can be highly effective in reducing the endemic depression in these communities and in establishing a more positive outcome for the future of these people. As Clinical Hypnotherapy typically only requires a few sessions to produce a positive shift in outlook for an individual, and as this therapy can also be used for groups, it has the potential to be a highly economical way to precipitate a higher standard of overall well-being and self-determination for these communities. This would reduce their dependence and cost to Government</p> | |
| 5 What objects provisions would represent the public health objectives, values and outcomes that the new Act should be aiming to achieve? | 3.3 |

Issue

Section reference

Comment: Equal support for all **professional health modalities*.
Remove the bias towards pharmaceutical and "mainstream" medicine.
Natural therapies, when administered by professionals who are properly
qualified in their field, already make a very significant contribution to
public health. It is time for this valuable asset to be recognized.

** Practitioners qualified under Government accredited Diploma or
equivalent.*

- 6 Should the new Act contain a provision specifying guiding principles, and, if so, what principles should be included? 3.4

Comment: That all health professions be registered under a statutory, peer group registration system, as that currently regulating professions such as medicine, chiropractic, physiotherapy etc.

- 7 Should the new Act include a statement that the function of the Secretary is to implement policies and programs to achieve the objects of the Act? 4.1

Comment: YES. This should give the Secretary a mandate to do his/her job and at the same time, require that he/she stays within the boundaries set by the Act.

- 8 Should the new Act include a power for the Secretary to conduct inquiries into matters of public health concern and, if so, who should have the power to direct that an inquiry be conducted? 4.1

Comment: YES. Such an inquiry should be carried out at the direction of and under the authority of, the Parliament and/or the Coroner.

Where the inquiry relates to a particular health profession, such an enquiry should be carried out by a committee consisting of a majority of people qualified in that profession and drawn from the range of professionals actually practicing in that profession.

- 9 Should the new Act retain the functions for municipal councils as set out in the current Act? 4.2

Comment: NO. Councils could make ill-informed decisions if given power and responsibility beyond their expertise. Councillors are simply members of the public, elected to office with no requirement for any specific qualifications.

- 10 Should the new Act recognise municipal councils' role in: 4.2

- Planning, advocating and providing organised public health programs?

NO.

- Developing and implementing strategies to promote and improve public health and promote community health and wellbeing?

YES

Comment: Councillors are not necessarily appropriately qualified and/or informed to either advocate or provide organised public health programs. However, they can play a role in developing and implementing more general community health and wellbeing initiatives.

- 11 Should the concept of partnership between state and local government, and between government and non-government, be addressed in the new Act? 4.3

Comment: YES. For example, non-government groups such as the CCH, that represent and speak on behalf of a health profession, are keen to work with government at all levels, for the advancement of their profession and in ensuring improved public health and wellbeing.

- 12 Should the new Act place greater emphasis on implementing the MPHP and achieving its outcomes, rather than just developing a document, and if so, how could this be achieved? 4.4

No Comment:

- 13 Should the new Act require that municipal councils set out how they intend to fulfil their statutory functions in their MPHPs? 4.4

No Comment:

- 14 Should the new Act retain the requirement to prepare MPHPs at set intervals and to review MPHPs annually in consultation with the Department of Human Services? 4.4

No Comment:

- 15 What should be the local government reporting requirements, if any, under the new Act? For example, should the new Act retain the requirement to report annually, and at other times as directed by the Secretary? Should there be a requirement to submit MPHPs at set intervals? If so, what would be the expected value of such reporting requirements? 4.4

No Comment:

- 16 Should the new Act link the requirement to prepare a MPHP to other planning processes within local government, such as the Council Plan? For example, should the requirement be to prepare MPHPs every four years? 4.4

No Comment:

17 Should the new Act remove the requirement that every council appoint a MOH, and instead rely on non-legislative mechanisms for ensuring municipal councils have access to medical expertise? 4.5

Comment: YES. Medical practitioners often have little or no understanding of health professions which fall outside their own expertise. It is more appropriate for councils, indeed all levels of government, to be free to call upon professionals qualified in a particular health field, to seek advice, guidance or assistance.

18 Should an EHO who is appointed by a council automatically be an authorised officer for the purposes of the Act? 4.6

Comment: NO. An authorised officer should be appointed by the department, under guidelines defined in the Act. In this way, the Secretary maintains more control over the administration of the Act. If councils are allowed to appoint authorised officers under the Act, there is a real danger of regional inconsistency in the application of the Act.

19 Should the new Act require specific qualifications and/or experience for appointment as an EHO? 4.6

Comment: YES.

20 Should the new Act require that authorised officers have qualifications and/or experience prescribed by the Secretary? 4.7

Comment: NO. Considering that the authorised officer should be a qualified health professional, then that officer's qualifications should be prescribed by the board under which the officer is registered.

21 Alternatively, should the Act provide that councils may only authorise persons appropriately competent? 4.7

Comment: NO.

22 Are the current powers of the Secretary under the Health Act with respect to the collection of health information adequate to ensure access to comprehensive and reliable data necessary to monitor and assist in the protection of public health? 5.1

Comment: NO.

23 Should the new Act make more explicit the forms which such collection of comprehensive data may take? For example, should the new Act provide for the Secretary to establish registers, databases and 5.1

other collections of public health information and to state some of the uses of that information?

Comment: YES. Collected information should reach beyond "mainstream" medicine and should seek genuine insight into the outcomes of Natural Therapies.

- 24 Should the provisions regarding consultative councils be consolidated in the new Act to provide: 5.3
- General provisions regarding establishment and functions of all consultative councils?
YES. Consultative councils should be made up predominantly of health professionals. Where the council's role is to inquire into a specific profession, then that council should be made up predominantly of practitioners from that profession.
 - Standard provisions regarding the establishment of sub-committees?
YES. That sub-committees be drawn from the ranks of the health profession(s) in question.
 - A power to make recommendations in relation to investigations or inquiries?
YES. However, such recommendations should not inhibit the committee in carrying out a genuinely complete inquiry or investigation. The Act should be designed to prevent bias or distortion either in the brief given to the inquiring committee, or the execution or the reporting of an inquiry.
 - An obligation to produce an annual report?
YES. Any committee which is publicly funded, should be held accountable for its activities. An annual report is part of the mechanism of ensuring that accountability.

Comment: AS ABOVE.

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| 25 | What sort of information might each of the consultative councils need to ensure that they can carry out their functions effectively? | 5.3 |
| No Comment: | | |
| 26 | Should the new Act contain more specific provisions requiring: | 5.3 |
| | ➤ Reporting to consultative councils on specified incidents? | |
| | ➤ Regular provision of specified information relevant to the statutory functions of consultative councils? | |

- Preparation, by medical practitioners, of a report for the Council in relation to a matter that it is investigating?

No Comment:

27 Should Victoria continue to rely on a legislative requirement for HIA in EIA legislation? 6.2

No Comment:

28 Alternatively, should a separate requirement for HIA be introduced in the new Act and, if so, in what circumstances should HIA be conducted and what should be the threshold for triggering it? 6.2

No Comment:

29 Should the new Act support and enhance the practice of risk management? 7.1

Comment: YES.

30 Should the new Act include a general statutory duty of care? 7.2

Comment: YES.

31 If so, what should be the scope of the duty? 7.2

Comment: As prescribed by the registration board of that profession in its code of ethics, constitution, codes of practice and specific regulations and by-laws..

32 If adopted, should the duty be positive or only negative? 7.2

Comment: Duty of care should set out to encourage the best possible care for the patient and not be limited to just protecting the patient's rights and wellbeing.

33 What should follow from being in breach of the duty: criminal and/or civil liability or should the consequences of breach be limited to administrative powers? 7.2

Comment: Breaches of duty of care should be dealt with by the disciplinary powers of the registration board of the profession concerned. Any instances of criminal activity or criminal negligence should fall under the jurisdiction of the laws that make such actions or negligence, a criminal offence. Where a breach of duty is reported, it should first be referred back to the practitioner concerned. If it cannot be resolved at this level, the matter should then be referred to the professional registration board responsible for that practitioner. If the matter is still not resolved, it should then be referred to the Health Complaints Commission.

34 Should failure to comply with the duty be the basis on which costs are recovered? 7.2

Comment: **NO.** A global ruling on this, embedded in the legislation of the Act, is too vulnerable to frivolous litigation. Any instance of failure to comply with duty of care, should be evaluated on its specific detail, in considering recovery of costs. A determination of losses, if any, should be made and due process of law should take place.

35 Should compliance with the duty provide a defence against some offences under the Act? 7.2

Comment: YES. However, there must be opportunity allowed within the Act for each case and its circumstances to be assessed appropriately. Duty of care when carried out sincerely, should be a valid defence. But when duty of care is used as a means of avoiding acting in the best interests of a patient, then further and very careful scrutiny of such a case would be required.

36 How might the duty of care work in practice? 7.2

Comment: In practice, duty of care will occur when a practitioner adheres to codes of ethics and practice as defined by the profession. Practitioner adherence to duty of care is the responsibility of the registration board of each health profession and they should put in place the necessary mechanisms for the policing and maintenance of duty of care..

37 Should a general statutory duty of care, if adopted, replace the separate nuisance provisions and, if so, should municipal councils still retain responsibility for dealing with public health risks similar to nuisances in their municipalities? 7.3

No Comment:

38 If separate nuisance provisions are retained, should nuisance be defined so as to focus on public health risks and, if so, does removing the term 'annoying' from the definition of 'offensive' achieve this? 7.3

No Comment:

39 If the obligation on municipal councils to abate nuisance in their municipality is retained, should the abatement provisions be removed and municipal councils instead rely on general enforcement provisions under the new Act? 7.3

No Comment:

40 Should best practice standards continue to have a role in the regulation of public health risks? 7.4

Comment: YES. Each profession must be able to demonstrate that it requires best practice standards of its practitioners.

41 Should RMPs have a role in the regulation of public health risks under the new Act? 7.5

Comment:

| | | |
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| 42 | Who should be required to prepare RMPs: | 7.5 |
| | <ul style="list-style-type: none"> ➤ persons undertaking a registrable or licensable activity by way of a condition of registration/licence? ➤ persons required to do so by an improvement notice? | |
| | Comment: | |
| 43 | What criteria should be used in deciding which activities should be subject to the requirement of registration or licensing? | 7.6 |
| | Comment: | |
| 44 | What regulatory parameters for registration/licensing would provide a more up-to-date, flexible, graduated and responsive approach to the level of public health risk? | 7.6 |
| | Comment: | |
| 45 | Are there any other public health risk activities that should be regulated under the new Act through the system of registration or licensing and, if so, what specific requirements should be imposed on those activities? | 7.6 |
| | Comment: | |
| 46 | Should there be a positive obligation on persons conducting activities subject to registration/licensing to notify authorities in event of certain types of incidents occurring? | 7.6 |
| | Comment: | |
| 47 | Should there be an obligation placed on proprietors of non-registered premises (for example, swimming pools and brothels) to notify authorities where there has been an incident that might present a risk to public health? | 7.6 |
| | Comment: | |
| 48 | Should all enforcement powers be brought together in one part of the Act? | 7.7 |
| | Comment: | |

| | | |
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| 49 | Should the enforcement provisions of the Health (Infectious Diseases) Regulations 2001 be broadened to cover other public health threats not involving infectious diseases? | 7.7 |
| Comment: | | |
| 50 | Are the enforcement powers in the Health Act appropriate to allow authorised officers and EHOs to carry out their duties? | 7.7 |
| Comment | | |
| 51 | In addition to the power to take samples and make copies of seized documents, are there any other additional powers that should be included in the new Act? | 7.7 |
| Comment: | | |
| 52 | Should the power to search for and seize goods without a warrant be widened to allow the Secretary to search for and seize things other than goods, such as records, biological agents or other items? | 7.7 |
| Comment: | | |
| 53 | Should the new Act contain a procedure for the issuing of improvement and prohibition notices by authorised officers? | 7.7 |
| Comment: | | |
| 54 | Should notices cover: <ul style="list-style-type: none"> ➤ nuisance? ➤ licensable or registrable public health risk activities? ➤ where the activity may otherwise contravene the Act? | 7.7 |
| Comment: | | |
| 55 | Should the new Act establish general criteria for issuing notices? | 7.7 |

Comment:

56 Should the new Act set out an inclusive list of the types of work a person subject to an improvement notice could be required to perform? 7.7

Comment:

57 What method of review should apply to improvement and prohibition notices? 7.7

Comment:

58 Should emergency powers be general for 'public health emergencies' or be specific to infectious diseases? 7.8

Comment:

59 Should the proclamation of an emergency be extended to four weeks, with renewal periods not exceeding two weeks, to a maximum of six months? 7.8

Comment:

60 Should there be a fast-track mechanism for notifying a disease associated with a public health emergency? 7.8

Comment:

61 Should the Secretary be given powers in a public health emergency to compel examination, testing, vaccination, treatment (including preventative treatment), isolation and quarantine? 7.8

Comment:

62 Should the Secretary be given a 'catch all' power in a public health emergency such as 'any other order deemed necessary'? 7.8

Comment:

63 Should compliance with demands from the Secretary during an emergency or outbreak of an infectious disease be specifically exempted from confidentiality? 7.8

Comment:

64 Should the Secretary's power to act when local 7.8

government is in default be limited in any way?

Comment:

65 Should the new Act include a provision for cost recovery where a person: 7.9

- has been convicted of an offence?
- has contravened the Act, but there has been no conviction?
- has caused a risk to public health?

Comment:

66 Should the new Act include a new offence of 'risk to health'? 7.10

Comment:

67 If so, what should amount to a 'risk to health? 7.10

Comment:

68 If adopted, what should be the defences, if any, to the offence of 'risk to health' 7.10

Comment:

69 What should be the scope of the offence? 7.10

Comment:

70 Should the 'risk to health' offence subsume the offence for knowingly and recklessly infecting another person with an infectious disease? 7.10

Comment:

71 Should the offence for knowingly or recklessly infecting another person with an infectious disease not be re-enacted due to the existence of the knowing and reckless offences in the *Crimes Act 1958* (that is, sections 22 and 23)? 7.10

Comment:

72 Should the new Act introduce PERIN for suitable offences? 7.11

Comment:

73 Should public health offences attract similar penalties to those attracted by offences under environment protection legislation? 7.12

Comment:

74 Should the new Act allow for greater penalties where the offender is a body corporate? 7.12

Comment:

75 Should the new Act include a statutory defence of due diligence? 7.13

Comment:

76 What method of review should apply to administrative decisions made under the Act? 7.15

Comment:

77 Do the current provisions appropriately address the public health risk associated with hairdressing, beauty therapy and skin penetration? 8.1

Comment:

78 Should the brothels provisions be transferred to the Prostitution Control Regulations 1995, and Department of Human Services officers exercise their inspectorial powers in relation to infection control issues under the *Prostitution Control Act 1994*? 8.1

Comment:

79 Do the current provisions appropriately address the public health risk associated with prescribed accommodation (for example, hotels, motels, hostels and holiday camps)? 8.2

Comment:

80 Should an additional guiding principle for provisions in relation to the management and control of infectious diseases be that, wherever practicable, the least coercive power should be used first? 8.3

Comment:

| | | |
|-----------------|---|-----|
| 81 | Should the new Act clearly set out the action that may be taken when contact tracing is authorised and the protections provided to individuals that may be required to provide personal information under these provisions? | 8.3 |
| Comment: | | |
| 82 | Should the Secretary to the Department of Human Services have the power to authorise an autopsy where they believe there is a risk to public health and the Coroner does not have jurisdiction over the body? | 8.3 |
| Comment: | | |
| 83 | Should the new Act continue to outline the procedures for non-consensual testing orders where consent for testing has been refused? | 8.4 |
| Comment: | | |
| 84 | Should the new Act introduce a system for the authorisation of non-consensual testing where consent cannot be given to testing? | 8.4 |
| Comment: | | |
| 85 | Should the provisions in the new Act be extended to beyond the care giver or custodian situation and, if so, to what situations? | 8.4 |
| Comment: | | |
| 86 | Should public health orders under the new Act apply to any infectious disease or condition where there is a serious risk to public health? | 8.5 |
| Comment: | | |
| 87 | Should the new Act provide a power for involuntary testing with reasonable use of force? If so, should it be exercised by 'an authorised officer', a delegate of the Secretary and/or the police? | 8.5 |
| Comment: | | |
| 88 | Should the Act contain a list of the types of restrictions that may be imposed by an order of the Secretary? | 8.5 |
| Comment: | | |
| 89 | Should the new Act introduce a power to order that a person undergo treatment where treatment is | 8.5 |

refused? If so, what limits should be placed on the use of the power?

Comment:

90 Should there be time limits imposed on orders and, if so, what time limits should apply? 8.5

Comment:

91 Should any or all public health orders require court/tribunal confirmation? 8.5

Comment:

92 Should there be a power for the police to apprehend a person who fails to comply with a public health order, rather than merely the ability to provide 'assistance' to the medical officer? If so, should there be a requirement to obtain a warrant to apprehend the person? 8.5

Comment:

93 Should the new Act continue to provide that it is an offence for a person to fail to comply with an order? 8.5

Comment:

94 What appeal and external review processes should be made available under the new Act? 8.5

Comment:

95 Should the new Act provide for introducing new notification requirements by an Order of the Governor in Council where it is necessary to respond quickly to new and emerging diseases? 8.6

Comment:

96 Should the new Act require that hospitals have processes in place to ensure that notification requirements under the Act are met? 8.6

Comment:

97 Should the term 'notifiable disease' be replaced with the term 'notifiable condition'? 8.6

Comment:

98 Would alternative non-regulatory mechanisms (for example, best practice guidelines) be effective in ensuring pre-and post-test information and 8.7

counselling for infectious diseases (other than HIV) is provided by appropriately qualified health care professionals?

Comment:

99 Should the new Act rely on the privacy framework for all health records, rather than include specific privacy provisions? 8.7

Comment:

100 Should the new Act retain the provision specifying that the court may be closed when evidence is presented concerning any matter related to HIV? 8.7

Comment:

101 Should the new Act provide for a court to be closed when evidence is presented concerning other diseases? 8.7

Comment:

102 Should the Act include a regulation-making power to ensure participation in current quality assurance programs and supply of data for epidemiological analyses by HIV testing laboratories? 8.7

Comment:

103 Should the new Act state the role of municipal councils in relation to immunisation as 'co-ordinating and providing immunisation services to children living or being educated within the municipal district'? 8.8

Comment:

104 Should provisions regarding recording the immunisation status of children at children's services be retained in the Children's Services Regulations 1998 (rather than included in the new Act)? 8.8

Comment:

105 Should the new Act require school principals of primary schools to make reasonable efforts to seek an ISC in respect of every child enrolled in the school, and an immunisation update on re-enrolment? 8.8

Comment:

- 106 Should the new Act introduce an obligation on parents to supply evidence of immunisation on enrolment of their child into secondary school and an obligation on school principals to make reasonable efforts to seek immunisation records in respect of every child enrolled in the school? 8.8

Comment:

- 107 Should the new Act introduce an obligation on tertiary students to supply evidence of immunisation on enrolment and an obligation on tertiary facilities to make reasonable efforts to seek immunisation records in respect of every student enrolled in the facility? If so, for which diseases should immunisation records be required? 8.8

Comment:

- 108 Should the new Act provide for different forms of evidence of immunisation? If so, what should they be? 8.8

Comment:

- 109 Should the new Act introduce a penalty for failure on behalf of a parent or guardian to produce immunisation records on secondary school entry? 8.8

Comment:

- 110 Should the new Act require the principal teacher or person in charge of the school to take reasonable steps to ensure that immunisation records are maintained, and to allow inter-school transfer of ISCs? 8.8

Comment:

- 111 Should the new Act facilitate consistency with the NHMRC schedule for immunisation? 8.8

Comment:

- 112 Should school principals and persons in charge of children's services be required to seek advice from the Department of Human Services before excluding children during an actual or suspected outbreak of an infectious disease? 8.9

Comment:

113 Should there be a power in the new Act for the Secretary to waive or alter the prescribed periods in individual cases? 8.9

Comment:

114 Should the requirement for a parent to inform the principal or a person in charge of a school or children's services centre be limited to where their child has a vaccine preventable or excludable disease? 8.9

Comment:

115 Should the new Act facilitate consistency with the NHMRC *Guidelines on the Recommended Minimum Periods of Exclusion from School, Preschool and Child Care Centres of Infectious Disease Cases and Contacts*? 8.9

Comment:

116 Should provisions dealing with offensive waterways not be included in the new Act? 9.1

Comment:

117 Should public health risks related to rats, mice, vermin, pests or other animals suspected of having a disease capable of transmission to humans be dealt with by the issue of an improvement notice? 9.1

Comment:

118 Should Parts 5A and 5B of the *Building Act 1993* be transferred to the new public health Act?

Comment:

119 Are there other amendments that should be made to provisions currently in Parts 5A and 5B of the Building Act that would improve the effectiveness of the legislative scheme?

Comment:

120 Should the new Act re-enact provisions relating to meat supervision? 9.3

Comment:

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| 121 | Should the offence under the <i>Food Act 1984</i> in relation to the sale of 'unsafe food' be broadened to include food that cannot be sold for human consumption under section 34(1) of the <i>Meat Industry Act 1993</i> ? | 9.3 |
| Comment: | | |
| 122 | Who should be required to hold a licence to use pesticides under the new Act? | 9.4 |
| Comment: | | |
| 123 | Does the new Act need to deal with the use of pesticides not associated with a commercial enterprise? If so, what non-commercial activities should be regulated and how should these be regulated? | 9.4 |
| Comment: | | |
| 124 | Are there any areas of overlap or duplication between the regulation of the use of pesticides under the Health Act and the <i>Agricultural and Veterinary Chemicals (Control of Use) Act 1992</i> ? | 9.4 |
| Comment: | | |