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| Health Regulator  Compliance and Enforcement Policy |
| December 2024 |
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# Glossary

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| Audit | Independent examination of an organisation’s activity. |
| Authorisation | Used as an umbrella term when referring to an authorisation to perform regulated activities. It may refer to permits or licences for example. The term is also often commonly used for authorisations to perform statutory functions and powers. |
| Authorising environment | The authority (e.g. legislation) authorising a public organisation or body to perform its functions. |
| Compliance | Refers to when an entity is performing its functions and activities in accordance with the law (e.g. legislation, standards, regulations). |
| Compliance posture | The will and attitude demonstrated by an entity toward compliance. |
| Enforcement | Action to compel a person or entity to comply with the law, or to respond to non-compliance. |
| Health Regulator | A branch of the Department of Health. See ‘About the Health Regulator’ section below for more details. . |
| Inspection | Careful examination of an organisation’s premises, products or processes to gather evidence of compliance or non-compliance. |
| Investigation | The action of investigating something or someone. An investigation can be undertaken as part of a response to an incident, a complaint, or a non-compliance. |
| Non-compliance | Failure to comply with rules such as a law, standard, regulation, condition and/or direction. |
| Regulated areas | The industries, entity categories, and services that are regulated as prescribed under relevant legislation. |
| Regulated entity/ies | Organisations, services and persons regulated by the Health Regulator. |
| Regulator | A body that supervises an industry or activity by monitoring and enforcing compliance with legislative requirements. |
| Regulatory outcome | The sought outcome of the Health Regulator is to prevent and minimise risk of harm to health or safety within the scope the regulatory frameworks of which it takes carriage. |
| Regulatory powers / powers | The tools available to a regulator in the exercise of its functions (e.g. the power to conduct inspections; the power to serve an improvement notice). Powers are specific to each regulatory framework as outlined in relevant legislation. |
| Regulatory rules | Includes an Act of Parliament (Vic) and any associated regulations, notices, instruments, and other orders of any kind whatsoever, that may, from time to time, apply to the implementation, administration, and enforcement by the applicable regulatory authority. |
| Stakeholder | A person with an interest or concern in a sector regulated by the Health Regulator. |

# Purpose

The Health Regulator’s Compliance and Enforcement Policy (Policy) aims to inform regulated entities, co-regulators, stakeholders and the wider community about our approach to monitoring and enforcing compliance.

It outlines how we approach and transition from promoting compliance, to monitoring, assessing, and verifying compliance, through to detecting breaches and taking enforcement action in response to non-compliance.

# Scope

This Policy applies to the following individuals:

* any Health Regulator staff member who is authorised to perform a function or exercise a power under any regulatory rule administered by the Health Regulator
* any authorised contractor or third party who performs a function or exercises a power under any regulatory rule administered by the Health Regulator.

# About the Health Regulator

The Health Regulator (the regulator) is the main regulatory oversight branch of the Department of Health (the department). It has a range of regulatory responsibilities across the health portfolio and operates under several legislative frameworks. Staff of the Health Regulator have delegated powers from the Secretary of the department to exercise these regulatory functions. Our work includes:

* administering permissions and licensing
* monitoring compliance and enforcing the law
* regulatory reform and policy.

## Areas we regulate

* Assisted reproductive treatment technology
* Cemeteries
* Child Safe Standards for health entities
* First aid services
* Food safety
* Human tissue
* Legionella
* Medicines and poisons
* Non-emergency patient transport
* Pesticides safety
* Private hospitals and day procedure centres
* Radiation safety
* Tobacco and e-cigarettes
* Drinking water safety

While the Policy sets out broadly the actions the regulator may take, its action in any particular case will depend on the relevant legislative framework.

# Our approach to compliance

## Our compliance model

The Health Regulator’s compliance response model recognises there are varying degrees of compliant and non-compliant behaviour that may require a different compliance and enforcement approach in response. Importantly, it allows the Health Regulator to tailor its response based on how its regulated entities deliver on their regulatory obligations and duties, by supporting compliant behaviour or by taking proportionate action in response to suspected or actual non-compliance.

Most of the entities and/or persons the Health Regulator regulates adhere to their obligations and willingly comply with the law to prevent harm. However, where non-compliance is detected or suspected, the Health Regulator assesses this non-compliance to determine an appropriate response. In doing so the Health Regulator considers a range of factors, including the risk of harm, the seriousness of the offending, and the compliance posture of the regulated entity or person.

The Health Regulator’s approach when considering non-compliance and responding to non-compliance is informed by the compliance posture of the regulated entity and whether they are complying:

* **Voluntarily** – where regulated entities operate within the law and comply voluntarily with low level intervention (e.g. through general education and guidance) from the Health Regulator
* **With assistance** – where non-compliance occurs through lack of knowledge, error or an inability to comply, the Health Regulator aims to assist regulated entities through provision of targeted advice, guidance and education on how entities can comply or return to compliance
* **By directed action** – where regulated entities are given specific directions from the regulator to bring them into compliance such as through improvement notices, enforceable undertakings or infringement notices.

Where there is deliberate and/or reckless and/or repeated serious non-compliance, enforcement by force of the law may be required. This may be through administrative actions (including suspending or revoking licences or permits, prohibition notices), civil sanctions or criminal sanctions.

## Our regulatory posture

Our regulatory posture describes the approach and stance the Health Regulator takes towards entities that it regulates. The Health Regulator balances proactive and responsive activity, looking at the risks, harms and impacts the regulatory frameworks seek to address when determining the most appropriate course of action. The way regulated entities engage with regulation as well as public expectations also influence our decision-making process.

The regulatory frameworks administered by the Health Regulator play a key role in safeguarding the health and wellbeing of the Victorian community. Given the risks of harm sought to be managed by these frameworks, the Health Regulator seeks to avoid harm from occurring in the first place by placing a strong focus on supporting voluntary compliance and takes proportionate action to deter non-compliant behaviour, thus taking a precautionary approach to how we regulate.

Where appropriate, we focus on working with regulated entities to promote a culture of compliance, and assist regulated entities to meet their compliance obligations.

We do this by:

* setting clear priorities for our regulatory activities
* engaging with our stakeholders, informing and educating them about their obligations and the law
* providing clear standards and guidance
* monitoring compliance and enforcing the law.

Where non-compliance is detected, we consider a range of factors, including but not limited to the:

* risk of harm to the community
* seriousness of the contravention
* apparent intent of the regulated entity
* compliance history and the frequency of the issue occurring.

This means that the Health Regulator may have a lower tolerance for non-compliance within certain situations than for others.

## Guiding principles

This Policy and our approach to compliance are guided by principles set out in the Victorian [Government’s Towards best practice guide for regulators](https://www.vic.gov.au/towards-best-practice-guide-regulators) <https://www.vic.gov.au/towards-best-practice-guide-regulators>. These are reflected in the [Health Regulator Strategic Focus 2024-2026](https://www.health.vic.gov.au/sites/default/files/2024-09/health-regulator-strategic-focus-2024-26.pdf) <<https://www.health.vic.gov.au/sites/default/files/2024-09/health-regulator-strategic-focus-2024-26.pdf>>.

## Prioritising our regulatory effort

The Health Regulator uses a risk-based approach as part of prioritising its compliance and enforcement activities. In practice, this means that the Health Regulator allocates resources where the risk is the highest and it can most effectively reduce harms.

## Our regulatory workforce

The Health Regulator relies upon its skilled workforce to effectively and efficiently deliver its regulatory functions. We invest in and support our staff to empower them to make sound, independent, consistent, and evidence-based decisions.

Authorised staff and statutory decision makers exercise their powers reasonably, consistent with the [Charter of Human Rights](https://www.legislation.vic.gov.au/in-force/acts/charter-human-rights-and-responsibilities-act-2006/015) <https://www.legislation.vic.gov.au/in-force/acts/charter-human-rights-and-responsibilities-act-2006/015> and in a manner that affords procedural fairness.

## Compliance approach

Figure 1: Compliance approach pyramid diagram

Pyramid of Regulator's actions and compliance tools. Level of regulator intervention goes from lower intervention at bottom to stronger at the top. Level of organisational culpability goes from willingly complies at the bottom to Deliberately non-compliant at the top.


## How we work

The Health Regulator recognises that delivering on its regulatory functions requires the use of various strategies and techniques. As a regulator we:

Set priorities by:

* being clear on our regulatory objectives and the harms we are trying to prevent or minimise
* targeting our regulatory effort based on risk of harm.

Engage with regulated entities about what the regulator is trying to achieve by:

* collaborating with co-regulators and regulated entities
* identifying and working with regulated entities to clarify the regulatory outcomes we seek.

Educate regulated entities about their duties and obligations by:

* providing information and guidance
* making information available to regulated entities about their rights and responsibilities
* supporting regulated entities to understand how they can comply with their regulatory duties and obligations.

Enforce the law by:

* being clear about our authorising environment - the legislation mandating us to regulate and how it prescribes and/or allows us to do so
* using a range of enforcement options to bring regulated entities back into compliance with their regulatory duties and obligations.

Continuously improve by:

* monitoring and measuring our performance
* reviewing the policies and documents that support our regulatory frameworks when significant changes occur and are further informed by current best practice.

Where the regulatory framework allows, the Health Regulator has a certain amount of discretion. The use of regulatory discretion enables the Health Regulator, through authorised staff, to perform its functions, use its various powers, and guide how compliance and enforcement decisions are made to deliver outcomes. This discretion is central to shaping how we regulate, and how we respond to identified non-compliance.

# Preventative regulation

## Managing authorisations to perform regulated activities

The Health Regulator administers a variety of regulatory frameworks, each with its own regulatory rules. Common to many of these regulatory frameworks is that entities who undertake activities that are subject to regulation can only do so under a licence, approval, or some form of authorisation. Where an assessment of an entity’s suitability to conduct regulated activities is required, this will generally include:

* a fit and proper person test
* capability (and/or equipment and facilities) to undertake the proposed activities
* capability to effectively adhere to the relevant regulatory rules
* any other condition specified in the regulatory rule.

These approvals or authorisations to perform regulated activities are generally managed by a delegate or authorised officer through an application review process that may, in some circumstances and under some frameworks, include physical inspections and/or desktop inspections. Generally, actions a delegate/authorised officer may take in relation to an authorisation to perform regulated activities include:

* refuse to issue/approve
* issue subject to any condition
* vary
* suspend
* revoke/cancel
* refuse to renew
* renew subject to any condition

Some regulatory frameworks allow transfer of an authorisation. In these cases, the actions a delegate/authorised officer may take in relation to an authorisation to perform regulated activities include:

* refuse to transfer
* transfer

### Exemptions

The Secretary of the department (or a delegate) may, in certain regulatory frameworks, exempt a person, or a class of persons, from the requirement to hold a licence, permit or other authority to perform functions regulated under the framework. Any such exemption is subject to the terms, conditions and limitations that are specified in the notice of exemption.

An exempted person must comply with the terms, conditions and limitations of the exemption, and is subject to monitoring and enforcement if found to be in non-compliance.

# Detecting and responding to non-compliance

## Routine compliance monitoring (proactive)

From time to time the regulator may undertake activities to proactively engage with regulated entities to monitor compliance with regulatory obligations. Depending on the regulatory framework, these activities may include check-ins via email correspondence, phone calls and inspections.

## Inspections and investigations (responsive)

Where non-compliance is suspected or detected, authorised officers may conduct inspections and/or undertake an investigation to evaluate the nature and extent of the non-compliance, risk and/or harm to determine an appropriate response.

Depending on the regulatory scheme and the nature of risk, investigations may differ in form and include various approaches ranging from desktop reviews to onsite inspections utilising the full powers available to officers to collect evidence.

## Evidence sources

The Health Regulator bases its regulatory decisions on the best available information. Our decisions are informed by a range of sources, including, but not limited to:

* sound science – noting that the lack of full scientific certainty does not prevent us taking measures to prevent or control a public health risk
* information received from other regulators – exchange of information between regulators is good regulatory practice, and in some frameworks, it is a requirement of the regulatory rules (within the boundaries set out in the Victorian Protective Data Security Framework, the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001* that dictate how information should be handled)
* information received or collected through our own monitoring and enforcement activities – such as the results of inspections, audits, interviews
* information received from third parties – such as reports or allegations of non-compliance
* intelligence – analysis of data and information to develop a sound understanding of each of the regulatory frameworks’ operating environments
* relevant quality and safety policies, guidelines and standards developed by other organisations.

## Responding to non-compliance

When non-compliance or the risk of non-compliance is identified, the Health Regulator response is designed to:

* end the non-compliance
* impose control/s to mitigate risk/harm and remediate any harms caused
* return the entity to compliance
* achieve general or specific deterrence.

When responding to non-compliance, the Health Regulator will use the enforcement tools available in the respective regulatory rules and consider an approach that is:

* effective
* achievable
* timely
* proportionate.

Responding to non-compliance can be a complex and demanding process for both the regulated entities and the regulator. Events often require more than a single-tool solution, and regulatory responses will generally involve a combination of actions sequenced to reflect the nature and seriousness of the non-compliance and potential harm.

The examples provided below are representative and non-exhaustive. The types of notices or instruments available are specific to each regulatory framework.

## Administrative actions

Administrative actions the Health Regulator may take include the following:

* Notices or orders – written notices or orders prescribed in the regulatory rules requiring a regulated entity to comply with the requirements of the notice or order within a specific time frame. For example:
  + Notice to produce documents and/or information
  + Improvement notice
  + Prohibition notice
* Vary, suspend an authorisation – a change in authorisation in response to non-compliance that usually takes the form of restricting the scope of the authorisation or imposing new conditions, to mitigate risks associated with the authorised conduct.
* Revoke an authorisation – removes the ability of the regulated entity to operate. This step is usually taken in matters of serious non-compliance and in conjunction with civil and/or criminal sanctions. For example:
  + the regulated entity is no longer a fit and proper person.
  + the authorisation was granted based on false or misleading information.
  + the regulated entity has, and/or continues to, breach a condition of their authorisation.
  + there is a serious risk to the health and safety of Victorians or to the environment if the authorisation is not revoked.

NOTE: The regulated entity may apply to the Health Regulator to vary, suspend, or revoke its approval. This usually occurs where regulated entity operations are being updated or they no longer have a need for the approval.

### Review of a decision

Administrative actions can be subject to review. These may include:

* an internal review – the regulated entity may seek a review by a senior officer, usually a delegate, not involved in making the original decision (available for some powers under some regulatory frameworks)
* an external merits review – the regulated entity may seek a review of the decision by lodging the matter in the Victorian Civil and Administrative Tribunal (VCAT) (available for some powers under some regulatory frameworks)
* a judicial review – the regulated entity may seek review in a court of law.

In each case, the outcome of the review of the decision may be that the decision is affirmed, amended or set aside.

## Infringement notices

The Department of Health is an *Enforcement Agency* authorised to issue infringement notices under the *Infringements Act 2006.*

Infringement notices:

* are issued by the Secretary, a delegate or an authorised officer (depending on the regulatory framework) to a regulated person or entity
* allow matters to be dealt with by payment of a penalty as an alternative to court proceedings
* may only be issued for an infringement offence as prescribed by the regulatory rules
* may be withdrawn by the Health Regulator.

When issued an infringement notice, the regulated entity can

* choose to pay the fine as an alternative to having court proceedings brought against them
* seek internal review of its issuance
* elect to have the matter heard in court.

The effect of payment of the amount mentioned in the infringement notice means:

* any liability of the person to the alleged non-compliance with the regulatory rules is discharged
* the regulated entity is not liable to civil proceedings to enforce a civil penalty provision for the alleged non-compliance
* the regulated entity is not regarded as having admitted guilt or liability for the alleged non-compliance
* the regulated entity is not regarded as having been convicted of the offence.

An infringement notice financially penalises the regulated entity. It does not remedy the impact of, or harm/s caused by, the non-compliance.

## Injunctions

Injunctions are a court order to either:

* restrain a person from contravening a regulatory rule
* compel compliance with a regulatory rule.

Injunctions are generally sought by the regulator in cases where the regulated entity has failed to comply with a notice to comply, an improvement notice or a prohibition notice.

They can be used as a regulatory response to non-compliance on their own, or in conjunction with civil or criminal proceedings, to address actual or potential harms caused by the non-compliance.

A court may grant an interim injunction if the regulator seeks urgent action to stop the non-compliant behaviour or to address the harms caused by the non-compliance.

Subject to normal court processes, injunctions may be sought ex-parte.

## Enforceable undertakings

An enforceable undertaking is a set of commitments offered by a regulated entity to the Health Regulator that the Health Regulator can accept or decline. Enforceable undertakings are:

* a remedy for non-compliance
* entered voluntarily by the regulated entity as an alternative to more punitive sanctions
* set specific actions to be completed by the entity within a specific timeframe
* are typically used to fix a problem or issue, or to prevent it occurring again.

Note: an enforceable undertaking that merely offers future compliance with the law is not acceptable, given that obligation already exists as a matter of law.

A court may enforce an undertaking where a regulated entity has failed to follow the terms and conditions of the undertaking. The court may:

* make an order to comply
* make an order to complete specified actions
* if satisfied by evidence provided by either party, make an order that the undertaking is no longer in force.

Where a regulated entity fails to comply with a court order, they may be found guilty of contempt of court, which is a criminal offence.

The Health Regulator maintains a public register of enforceable undertakings on its internet site.

## Civil penalties

As opposed to criminal sanctions which may be used to penalise, the only objective of using civil penalties is to protect through promoting compliance and achieving deterrence.

Civil penalties are considered where general deterrence and specific deterrence would promote future compliance and/or achieve deterrence (*Australian Building and Construction Commissioner v Pattinson [2022] HCA 13*).

The regulator will generally refer to what are called the “French Factors” (after the decision of Justice French in *Trade Practices Commission v CSR Ltd [1990] FCA 521*) as a mechanism for analysing general and specific deterrence. These factors include:

* the nature and extent of the contravening conduct
* the amount of loss or damage caused
* the circumstances in which the conduct took place
* the size of the contravening company
* the degree of power it has, as evidenced by its market share and ease of entry into the market
* the deliberateness of the contravention and the period over which it extended
* whether the contravention arose out of the conduct of senior management, or at a lower level
* whether the company has a corporate culture conducive to compliance with the framework in question, as evidenced by educational programs and disciplinary or other corrective measures in response to an acknowledged contravention
* whether the company has shown a disposition to cooperate with the relevant regulatory authority, in relation to the contravention in question

## Prosecutions

A prosecution may be commenced if it is considered the most effective and appropriate option to respond to:

* serious, extensive or repeated non-compliance
* a high level of risk or harm arising from the non-compliance
* culpability of the regulated entity involved.

The serious penalties that can be imposed by a court in criminal proceedings means that criminal prosecutions will be used only in situations where such a response is appropriate, such as in the case of deliberate non-compliance, or when recklessness and high risk or harm coincide.

Prosecutions must typically be commenced within 12 months of the offence date except in the case of indictable offences or where the relevant Act otherwise provides for a different period.

Upon a finding of guilt, and dependent upon the regulatory framework, the Court may award the regulating authority compensation and reasonable costs, that include:

* the cost of the investigation
* the cost of the court action
* the costs of any remedial action to manage and/or minimise those harms caused by the non-compliance (clean-up, storage, destruction).

### Decision to prosecute

The Health Regulator makes a decision to prosecute in line with the [Prosecution Policy of the Victorian Director of Public Prosecutions (VDPP)](https://www.opp.vic.gov.au/wp-content/uploads/2023/09/DPP-Policy-21-September-2023.pdf) <https://www.opp.vic.gov.au/wp-content/uploads/2023/09/DPP-Policy-21-September-2023.pdf>, that states that a serious criminal case can only go ahead in court if it meets both parts of the prosecution test:

* There must be a reasonable prospect of conviction.
* The prosecution must be in the public interest.

The test helps to ensure that prosecutions are made according to principled standards.

Note: for indictable offences, prosecutions may be done by the Office of Public Prosecutions.

#### Reasonable prospect of conviction

The Health Regulator will only pursue a prosecution when there is sufficient evidence available and consider:

* the admissible evidence available, and the reliability of that evidence
* the possibility of evidence being excluded
* any possible defence
* whether the prosecution witnesses are available
* the credibility and reliability of the prosecution witnesses
* any substantive conflict between eyewitnesses
* any possible contamination of evidence
* any other matter relevant to whether a jury or magistrate would find the person guilty.

These factors are not exhaustive and may each have a different weight and relevance to each individual set of circumstances. These factors, and any other factors that might be relevant, should be considered and weighed on a case-by-case basis.

#### Is the prosecution in the public interest?

The public interest factors of relevance to the Health Regulator include:

* the seriousness of the offence
* the culpability of the alleged offender (are there any aggravating factors)
* the compliance posture (compliance history and attitude) of the alleged offender
* the desirability of a consistent response to similar offending in similar circumstances
* the age of the offence
* whether prosecution furthers the regulatory objectives of the Department 
* the degree of community concern about the offending behaviour
* the likely sentence and whether the consequences of any resulting conviction would be unduly harsh and oppressive
* the necessity to maintain confidence in the administration of the law
* whether there is a likelihood that the prosecution may be reasonably perceived as counterproductive, for example, by achieving no obvious or apparent public objective
* the availability and efficacy of any alternatives to prosecution, such as conciliation processes
* the prevalence of the alleged offence and the need for deterrence, both personal and general
* any entitlement of the State, the victim or other person or body to criminal compensation, reparation or forfeiture if prosecution action is taken and succeeds.

As with the question of sufficiency of evidence, each of these factors need to be considered on a case-by-case basis.

A decision whether to prosecute will not be influenced by:

* any elements of discrimination against the alleged offender or any other person involved such as their race, religion, sex, nationality, social affiliations, political affiliations or political associations
* personal empathy or antipathy towards the alleged offender
* the political or other affiliations of those responsible for the prosecution decision
* possible advantage or disadvantage to the Government or any other person or group or party save for generally the public interest
* the possible effect of the decision on the personal professional or other circumstances of those responsible for the prosecution decision.

#### Similar charges for the same offence

The Health Regulator will avoid laying duplicate or multiple charges for the same alleged offending. Laying of duplicate or multiple charges will be avoided unless both a primary charge and a further charge for the same alleged breach and the bringing of each is warranted.

Where there is another prosecuting body involved, such as Victoria Police or the Australian Health Practitioner Regulation Agency, the Health Regulator will liaise with that other body to ensure the most appropriate charge(s) is laid and that the rule of law is observed having regard to all the circumstances. Conversely, it may be preferable for other prosecuting bodies (that are aware of the Health Regulator’s involvement in a matter) to initiate contact prior to commencing proceedings.

Where the Health Regulator identifies offending that is within the jurisdiction of another prosecuting body, contact should be made with the relevant body to initiate communication and avoid issuing duplicate charges.

# Working with others (non-regulators)

The Health Regulator works closely with a range of stakeholders who have a key role in providing information about the behaviour of regulated parties. It understands and values the importance of collaborating with key stakeholders, particularly in terms of collectively identifying regulatory risks and trends, assisting in policy developments and regulatory reform, and managing our various and shared regulatory responsibilities. The Health Regulator works with highly skilled parties (for example, pharmacists and medical practitioners, or other professionals such as food safety auditors) and often rely on these parties to achieve the desired outcomes.

# Working with others (co-regulators)

The Health Regulator also works closely with a range of co-regulators such as local government, other Victorian Government departments and independent Commonwealth and State regulators, both in Victoria and interstate.

The Health Regulator plays a part in regulating health practitioners under some regulatory schemes in so far as matters relate to compliance with Victorian law. However, it does not play an active role in investigating individual health worker conduct outside of those regulatory schemes. Rather, it has well established protocols to refer issues to the relevant regulator such as the Australian Health Practitioner Regulation Agency or the Health Complaints Commissioner.

Similarly, the Health Regulator works closely with Safer Care Victoria to ensure collaboration and good decision making.

## Local government

In many cases, local government has a statutory responsibility to perform certain functions (such as registering food premises) on behalf of government. In this context the Health Regulator has a role in setting overall policy and the local government is responsible for undertaking regulatory functions (for example, enforcement activity related to tobacco control). The Health Regulator will tailor how it works with local government based on the nature of the risk, the range of non-regulatory tools available (for example, funding arrangements and capability building), and the powers provided in the relevant legislative frameworks.

## Working with police

From time to time our regulatory roles and responsibilities may cross over into areas that police encounter daily. Additionally, some of our regulatory rules positively enable police to perform a regulatory function, and in some instances, police are classed and appointed under relevant legislation as ex-officio authorised officers.

The Health Regulator provides support and advice to police, where needed, to assist them in their investigation/s. Likewise, police may provide, where possible, information arising from their investigation/s to inform our regulatory functions.

The Health Regulator takes care to ensure its regulatory operations and actions do not interfere with police investigations.

# Related legislation

*Assisted Reproductive Treatment Act 2008*

*Cemeteries and Crematoria Act 2003*

*Child Wellbeing and Safety Act 2005*

*Drugs, Poisons and Controlled Substances Act 1981*

*Food Act 1984*

*Gene Technology Act 2001*

*Health (Fluoridation) Act 1973*

*Health Records Act 2001*

*Health Services Act 1988*

*Human Tissue Act 1982*

*Non-Emergency Patient Transport and First Aid Act 2003*

*Public Health and Wellbeing Act 2008*

*Radiation Act 2005*

*Safe Drinking Water Act 2003*

*Therapeutic Goods (Victoria) Act 2010*

*Tobacco Act 1987*

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