



Queensland

Hospital and Health Boards (Ryan's Rule) Amendment Youth Act 2025

Youth Act No. 4 of 2025

A Youth Bill for Youth Act to amend the Hospital and Health Boards Act 2011 to make Ryan's Rule law in Queensland, and for related purposes

[Assented to 23 October 2025]



Queensland

Hospital and Health Boards (Ryan's Rule) Amendment Youth Act 2025

Contents

		Page
Part 1		
1	Short title	3
2	Commencement	3
Part 2 Amendment of Hospital and Health Boards Act 2011		
3	Act amended	3
4	Insertion of new pt 6, div 6	3
	Division 6 Ryan's Rule Process	
	Subdivision 1 Preliminary	
138MA	Definitions for division	3
138N	Who is an eligible person	5
139NA	What is a relevant concern	5
138O	What is a Ryan's Rule clinical review and who is the reviewer	5
138P	What is a Ryan's Rule process	6
	Subdivision 2 Services to have Ryan's Rule processes	
138Q	Service to have Ryan's Rule process for each of its public sector health services	8
138R	Triaging of requests	8
138S	Timeframe for review stage	10
138T	Depth and scope of Ryan's Rule clinical review	11
138U	Recommendations of Ryan's Rule clinical review	11
	Subdivision 3 Failure of Ryan's Rule processes	
138V	Escalation by eligible person following Ryan's Rule review process	12
138X	Escalation by eligible person where request not actioned	13
138Y	Review following contravention of part	13

Contents

Subdivision 4	Promotion of Ryan's Rule	
138Z	Services to promote Ryan's Rule process	14
138ZAA	Annual reporting on Ryan's Rule processes	14
Subdivision 5	Offence to contravene division	
138ZA	Offence to contravene division	15
138ZC	Mandatory reporting of contraventions to regulatory bodies	
		16

[s 1]

The Youth Parliament of Queensland enacts—

Part 1

1 Short title

This Youth Act may be cited as the *Hospital and Health Boards (Ryan's Rule) Amendment Youth Act 2025*.

2 Commencement

This Youth Act commences on a day to be fixed by proclamation.

Part 2

Amendment of Hospital and Health Boards Act 2011

3 Act amended

This part amends the *Hospital and Health Boards Act 2011*.

4 Insertion of new pt 6, div 6

Part 6—

insert—

Division 6 Ryan's Rule Process

Subdivision 1 Preliminary

138MA Definitions for division

In this division—

[s 4]

clinically appropriate, in relation to an attribute or thing, means that the attribute or thing is something that a reasonable medical practitioner exercising professional judgment in the circumstances would consider appropriate, having regard to, for example—

- (a) the severity, urgency, and progression of the patient's injury, illness, or condition; and
- (b) the risk to the patient posed by the treatment or care being provided; and
- (c) the likely benefit of a clinical review in preventing further harm, deterioration, or delayed recovery; and
- (d) the availability, expertise, and capacity of the health service, including staffing, location, and access to resources; and
- (e) any relevant religious beliefs and or cultural practices of the patient, to the extent they do not compromise the patient's health or treatment outcome.

eligible person see section 138N.

loved one, of a patient, means to person who, because of their relationship to or with the patient, it is appropriate to allow to be involved in the patient's care and treatment, including, for example, a parent, sibling, partner or close friend.

patient means a person being provided a health service.

relevant concern see section 138N.

review stage, of a Ryan's Rule process, see section 138P(3)(a).

reviewer see section 138O.

Ryan's Rule clinical review see section 138O.

Ryan's Rule line see section 138P(2)(c).

Ryan's Rule process see section 138P.

triaging practitioner see section 138R(1)(a).

138N Who is an *eligible person*

Each of the following are an *eligible person*—

- (a) a patient receiving treatment or care;
- (b) a loved one of the patient;
- (c) a medical professional involved in the treatment or care of the patient;
- (d) a person who has a genuine concern for the patient's wellbeing;
- (e) if the patient is unable to make decisions for themselves—a legal guardian or a person holding enduring power of attorney for health matters for the patient.

139NA What is a *relevant concern*

An eligible person has a *relevant concern* about a patient if they believe—

- (a) the patient's condition is deteriorating; or
- (b) the treatment and care being provided to the patient is not adequate; or
- (c) appropriate action is not being taken in relation to the patient's condition.

138O What is a *Ryan's Rule clinical review* and who is the *reviewer*

- (1) A *Ryan's Rule clinical review* is a clinical review of the health service being provided to a patient that—
 - (a) is conducted by medical practitioner (the *reviewer*) who—

[s 4]

- (i) is not part of the patient's treating team; and
- (ii) acts with impartiality and independence; and
- (iii) a reasonable person would believe may act with impartiality or independence; and

- (b) focuses on investigating a relevant concern about the patient that an eligible person has; and
- (c) gives recommendations about the health service being provided to the patient.

- (2) A **Ryan's Rule clinical review** may review, for example, one or more of the following—
 - (a) the treatment or care being provided to the individual by a health service employee;
 - (b) the conduct or performance of a health service employee while providing the health service.

138P What is a *Ryan's Rule process*

- (1) A **Ryan's rule process** is a safety mechanism process under which an eligible person may request review of the health service being provided to an individual, including the following—
 - (a) the treatment or care being provided to the individual by a health service employee;
 - (b) the conduct or performance of a health service employee while providing the health service.
- (2) A **Ryan's Rule process** consists of the following steps—

- (a) first step—an eligible person may tell a health service employee about their relevant concern;
- (b) second step—if the eligible person still has a relevant concern, they may tell the health service employee in charge of or otherwise responsible for the ward, clinic or area the patient is in about their relevant concern; and
- (c) third step—if the eligible person still has a relevant concern, they may request a Ryan's Rule clinical review by—
 - (i) phoning a telephone line (the **Ryan's Rule line**); or
 - (ii) requesting assistance from a health service employee or support person to call the Ryan's Rule line.

(3) Further, a **Ryan's Rule process** includes—

- (a) after the completion of the third step, the following (the **review stage**)—
 - (i) a Ryan's Rule clinical review of the health service being provided to a patient;
 - (ii) the implementation of any recommendations made by the reviewer; and
- (b) after the completion of the review stage, if required by the eligible person, a further review under section 138V.

Subdivision 2 Services to have Ryan's Rule processes

[s 4]

138Q Service to have Ryan's Rule process for each of its public sector health services

- (1) A Service must develop, adopt, maintain and implement a Ryan's Rule process for each of its public sector health services.
- (2) However—
 - (a) a Service may share the same Ryan's Rule process for two or more of its public sector health services; and
 - (b) two or more Services may share the same Ryan's Rule process for one or more of their public sector health services.
- (3) A Service must take all reasonable steps to ensure that each health service employee working for the Service—
 - (a) understands the Ryan's Rule process for the public sector health service they work at; and
 - (b) understands how to support and respond to a request made under the Ryan's Rule process; and
 - (c) is trained in communicating the Ryan's Rule process in a culturally appropriate and accessible to patients and their loved ones.

138R Triaging of requests

- (1A) In this section—

clinically appropriate, in relation to an attribute or thing, means that the attribute or thing is something that a reasonable medical practitioner exercising professional judgment in the circumstances would consider appropriate, having regard to, for example—

- (f) the severity, urgency, and progression of the patient's injury, illness, or condition; and
- (g) the risk to the patient posed by the treatment or care being provided; and
- (h) the risk to the patient posed by the failure to provide necessary treatment or care; and
- (i) the likely benefit of a clinical review in preventing further harm, deterioration, or delayed recovery; and
- (j) the availability, expertise, and capacity of the health service, including staffing, location, and access to resources; and
- (k) any relevant religious beliefs and or cultural practices of the patient, to the extent they do not compromise the patient's health or treatment outcome.

(1) A Service must ensure that, following a request for a Ryan's Rule clinical review in accordance with a Ryan's Rule process—

- (a) the request, including the relevant concern the eligible person has, is reviewed by an independent medical practitioner (the *triaging practitioner*) within a clinically appropriate period; and
- (b) the triaging practitioner, within a clinically appropriate period after reviewing the request—
 - (i) assigns clinically appropriate clinical urgency and timeframes for commencement and completion of the review stage; and
 - (ii) makes clinically appropriate recommendations about the conduct of the Ryan's Rule clinical review that will be conducted; and

[s 4]

- (iii) decides the steps the triaging practitioner will take if the timeframes for the review stage are not complied with; and
- (iv) ensures that the things mentioned in subparagraphs (i) to (iii) are—
 - (A) told to team of health service employees responsible for conducting the review stage; and
 - (B) documented in an appropriate location, including, for example, the patient's bedside file.

(2) Without limiting subsection (1)(b)(i) or (ii), a triaging practitioner must have regard to—

- (a) the severity of the patient's injury, illness or condition; and
- (b) the risk to the patient caused by treatment or care being provided to the patient; and
- (c) the risk to the patient caused by a failure to provide treatment or care to the patient who ought to be provided.

138S Timeframe for review stage

(1) A Service must ensure that, following a request for a Ryan's Rule clinical review in accordance with a Ryan's Rule process—

- (a) the review stage is commenced within 24 hours of the request; and
- (b) the review stage is completed within 72 hours;

of commencement of the review.

(2) However—

- (a) subsection (1)(a) does not apply if a longer timeframe is assigned for the commencement of the review stage by the triaging practitioner under section 138R; and
- (b) subsection (1)(b) does not apply if a longer timeframe is assigned for the completion of the review stage by the triaging practitioner under section 138R.

(3) If subsection (1)(a) or (1)(b) does not apply, the triaging practitioner must tell the eligible person who made the request about the longer timeframe and the reasons for assigning it within 24 hours after assigning the timeframe.

138T Depth and scope of Ryan's Rule clinical review

A Service must ensure that a Ryan's Rule clinical review is—

- (a) of the depth and scope that is clinically appropriate; and
- (b) conducted in accordance with the triaging practitioner's recommendations, unless those recommendations are not clinically appropriate.

138U Recommendations of Ryan's Rule clinical review

- (1) A Service must ensure that a medical practitioner who conducts a Ryan's Rule clinical review makes clinically appropriate recommendations.
- (2) The Service must ensure that any recommendations made by the senior health service employee are complied with.

[s 4]

Subdivision 3 Failure of Ryan's Rule processes

138V Escalation by eligible person following Ryan's Rule review process

- (1) This section applies if an eligible person still has their concerns after the completion of the review stage.
- (2) The eligible person may tell a senior health service employee about their concern and request a further review stage be conducted by a clinical reviewer appointed by the health service chief executive.
- (3) The Service must ensure that the senior health service employee takes reasonable steps to ensure that—
 - (a) a clinical reviewer is appointed by the health service chief executive to conduct a review about the concern under part 6, division 3; and
 - (b) the clinical reviewer conducts and completes the further review stage within 48 hours after the eligible person makes the request.
- (4) An eligible person may only request a further review stage under subsection (2) within 7 days after the completion of the initial review stage.
- (5) The clinical reviewer must provide a copy of the completed review report to the senior health service employee, the health service chief executive, and the eligible person within 48 hours after completing the review stage.

138X Escalation by eligible person where request not actioned

- (1) This section applies if an eligible person believes that a review stage has not or will not be commenced or completed within a clinically appropriate period following their request for a Ryan's rule clinical review.
- (2) The eligible person may tell a senior health service employee about their belief and request the progress of their request be reviewed.
- (3) A Service must ensure that the senior health service employee who receives a request under subsection (2)—
 - (a) investigates or ensures another senior health service employee investigates the matter within 24 hours after receiving the request; and
 - (b) take immediate action to ensure the review stage is commenced or completed without further delay and inform the medical practitioner or other health professional of the action taken.

138Y Review following contravention of part

- (1) A Service must, if it believes that it is likely that it has contravened this part, either—
 - (a) conduct an internal review of the contravention; or
 - (b) conduct an RCA of the contravention under part 6, division 2; or
 - (c) appoint a clinical reviewer to conduct a review of the contravention under part 6, division 3.
- (2) For subsection (1)(b), part 6, division 2 of this Act applies as if the contravention was a reportable

[s 4]

event.

Subdivision 4 Promotion of Ryan's Rule

138Z Services to promote Ryan's Rule process

- (1) A Service must take all reasonable steps to ensure that all eligible people know about the Ryan's Rule process for the public sector health service they are receiving health services from or working in.
- (3) Further, without limiting subsection (1), a Service must, unless it is not reasonable practicable, take all reasonable steps to ensure that it displays information about the Ryan's Rule process in each publicly accessible room and elevator of its public sector health service facilities.
- (4) Without limiting subsection (1), if a loved one of a patient makes a request, a health service employee must take all reasonable steps to explain the Ryan's Rule process to the loved one as soon as practicable.

138ZAA Annual reporting on Ryan's Rule processes

- (1) A Service must prepare and publish an annual report on the operation of the Ryan's Rule processes for each of its public sector health services.
- (2) The report must include, for the relevant financial year—
 - (a) the number of Ryan's Rule clinical review requests received; and

- (b) the number of review stages commenced and completed within the timeframes specified in section 138S; and
- (c) details about the outcomes of Ryan's Rule clinical reviews, including the number of recommendations made and implemented; and
- (d) details about any instances of non-compliance with this division and actions taken to address them; and
- (e) a summary of measures taken to promote the Ryan's Rule process under section 138Z.

(3) The report must be—

- (a) published on the Service's public website; and
- (b) given to the health service chief executive and the Minister within 3 months after the end of the financial year.

Subdivision 5 Offence to contravene division

138ZA Offence to contravene division

(1) A health service employee must not intentionally, knowingly, recklessly or negligently—

- (a) contravene this division; or
- (b) fail to do or not do something which a Service is required by this division to ensure they do or not do.

Maximum penalty—

- (a) if the conduct that constitutes the contravention caused or significantly

[s 4]

contributed to the death of an individual—300 penalty units; or

- (b) if maximum penalty, paragraph (a) does not apply and the conduct that constitutes the contravention caused or significantly contributed to the existence of significant or prolonged discomfort or pain or an ongoing reduction of an individual's quality of life—200 penalty units; or
- (c) otherwise—100 penalty units.

(2) In determining the penalty for an offence against subsection (1), a court must consider the following mitigating factors—

- (a) whether the employee took reasonable steps to comply with the Ryan's Rule process before the contravention occurred;
- (b) whether the employee promptly reported the contravention to the Service or took corrective action; and
- (c) whether the employee was acting under duress or undue pressure from another person or systemic factors within the Service.

138ZC Mandatory reporting of contraventions to regulatory bodies

- (1) This section applies if a health service employee working at the Service reasonably believes that a health service employee has contravened this division.
- (2) The Service must ensure that the health service employee notifies its belief to—
 - (a) if the persons is a medical practitioner—the National Agency; or
 - (b) otherwise—the department.

[s 4]

- (3) The notification must include—
 - (a) the nature of the contravention; and
 - (b) any actions taken by the Service to address the contravention.