Mr ROBERTSON: The member is misleading the House. I ask him to withdraw. This legislation was initiated by a pre-election commitment announced by the Premier prior to the election.

Madam DEPUTY SPEAKER: Will the member withdraw?

Mr SEENEY: I never made a personal reference to the minister so I do not have anything to withdraw.

Madam DEPUTY SPEAKER: Would the minister put his point of order again and be specific, please?

Mr ROBERTSON: I am happy to withdraw it, Madam Deputy Speaker.

Mr Johnson: Because he's telling the truth, that's why.

Mr ROBERTSON: I find that remark by the member for Gregory offensive and I ask him to withdraw.

Mr SEENEY: You are offensive, old mate. You will find out what offensive is when you go out into the bush.

Mr Robertson: Is this another personal threat you are making?

Mr SEENEY: I was merely drawing to your attention the reality.

Mr Robertson: That is the third personal threat you have made.

Madam DEPUTY SPEAKER: Will the member be seated.

Mr ROBERTSON: I ask that the member be referred to the appropriate committee for making personal threats against another member of parliament.

Madam DEPUTY SPEAKER: Will the minister put his point of order in writing.

Mr ROBERTSON: Once I review *Hansard* I will refer it to the Speaker's Office, thank you.

Madam DEPUTY SPEAKER: Order! Member for Gregory, withdraw your comments, too, please.

Mr JOHNSON: I thought I did. However, I withdraw those comments and I apologise to you, Madam Deputy Speaker.

Madam DEPUTY SPEAKER: Thank you very much. Member for Callide, would you withdraw, please, so we can continue.

Mr SEENEY: I did not make a personal reference. I do not have anything to withdraw.

Madam DEPUTY SPEAKER: Will the member withdraw?

Mr SEENEY: If you indicate to me what it is that I need to withdraw, I am happy to withdraw.

Madam DEPUTY SPEAKER: The comments that were unparliamentary.

Mr SEENEY: I withdraw. Whatever was unparliamentary, I withdraw.

022 Sitting suspended from 1.00 pm to 2.30 pm.

Debate, on motion of Mr Seeney, adjourned.

HEALTH AND OTHER LEGISLATION AMENDMENT BILL

First Reading

Hon. PT LUCAS (Lytton—ALP) (Deputy Premier and Minister for Health) (2.30 pm): I present a bill for an act to amend the Chiropractors Registration Act 2001, the Dental Practitioners Registration Act 2001, the Dental Technicians and Dental Prosthetists Registration Act 2001, the Health Practitioners (Professional Standards) Act 1999, the Health Quality and Complaints Commission Act 2006, the Health Services Act 1991, the Medical Practitioners Registration Act 2001, the Medical Radiation Technologists Registration Act 2001, the Nursing Act 1992, the Occupational Therapists Registration Act 2001, the Optometrists Registration Act 2001, the Osteopaths Registration Act 2001, the Pharmacists Registration Act 2001, the Physiotherapists Registration Act 2001, the Podiatrists Registration Act 2001, the Police Powers and Responsibilities Act 2000, the Psychologists Registration Act 2001, the Public Health Act 2005, the Speech Pathologists Registration Act 2001, the Tobacco and Other Smoking Products Act 1998 and the Workers' Compensation and Rehabilitation Act 2003 for particular purposes. I present the explanatory notes, and I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Tabled paper: Health and Other Legislation Amendment Bill.
Tabled paper: Health and Other Legislation Amendment Bill explanatory notes.

Second Reading

Hon. PT LUCAS (Lytton—ALP) (Deputy Premier and Minister for Health) (2.30 pm): I move—

That the bill be now read a second time.

I am pleased to introduce the Health and Other Legislation Amendment Bill 2009. This bill proposes a number of important changes to enhance the safety of all Queenslanders. The most significant amendments seek to: better protect our children and the wider community from the harmful effects of smoking; safeguard patients from the professional misconduct of medical practitioners with the introduction of mandatory reporting; strengthen the accountability of the Health Quality and Complaints Commission in setting healthcare standards which assist in its role of monitoring health service quality and independently reviewing complaints; and further boost the safety and wellbeing of our children with important information provisions. The bill also seeks to make a number of small changes to Queensland Health and the Health Practitioner Registration Boards.

Mr Deputy Speaker, the mandatory reporting scheme is about protecting Queensland patients. We are instituting strong mandatory reporting measures to help ensure our patients get the best possible care, and if issues do arise they must be reported appropriately.

The bill seeks to further enhance our tough antismoking laws by banning smoking in vehicles carrying children under 16 and grant local councils the power to regulate smoking in outdoor pedestrian malls and at public transport waiting points. These are significant changes. Each year, more than 3,400 Queenslanders die from smoking, and passive smoking places a huge risk on the health and wellbeing of us all. In Queensland, smoking related hospital admissions cost more than $217 million per annum, placing a massive burden on our health system.

This bill seeks to introduce a ban on smoking in motor vehicles with children under the age of 16. These new laws are about stopping young children from being involuntarily exposed to very high levels of tobacco smoke in a very confined environment such as a car. Police will be given the necessary powers under the Police Powers and Responsibilities Act to stop a vehicle and ascertain the age of an occupant and issue a $200 on-the-spot fine to any adult smoking while a child under the age of 16 is present in the vehicle. I seek leave to have the remainder of my second reading speech incorporated in *Hansard*.

Leave granted.

Infringement notices will be issued in a similar manner as they are for bans on the use of mobile phones while driving.

Mr Speaker, the community strongly supports this move. In October 2007, Queensland Health released a discussion paper on Queensland's smoking legislation. Of the 588 submissions received from the general public, 89% called for a ban on smoking in cars carrying children.

Queensland's current anti-smoking laws are already helping to protect our children from the exposure to tobacco smoke.

Young people are protected with bans on smoking within ten metres of playgrounds, between the flags at patrolled beaches, all public buildings, indoors and outdoor restaurants, cafes and eating places, at large outdoor events and within four metres of almost all building entrances, at major sports stadiums and with this legislation—in all vehicles where children are present.

There are still public spaces where smokers and non-smokers alike must share, namely pedestrian malls and public transport waiting areas.

But every city and town is different and the most practical way of enforcement is for local government to be empowered to appropriately apply further outdoor restrictions.

The amendments in this Bill will empower local governments to make new local laws to ban smoking. Each local government is best placed to determine in which areas bans should apply.

This will allow local consideration and local solutions. Where local laws are developed—authorised local government officers will be responsible for the enforcement of those laws.

Tobacco advertising has a significant influence on the uptake of smoking by young people. More than 80 per cent of smokers take up the habit before the age of 18. As such, tough laws currently exist to restrict tobacco advertising, display, promotion and sale to minors.

The bill seeks to amend the definition of smoking product to capture smoking related products, such as cigarette filters and tubes, cigarette rolling machines and cigar cutters. This will ensure that those smoking related products are included in the restrictions to advertising, display and promotion in the Tobacco Act.

The bill also provides clarity around the products that are to be captured or exempted from the existing offence in Section 26L of supplying an object or entitlement that promotes: A smoking product, a trademark or brand of a smoking product, or the name or interests of a manufacturer or distributor of a smoking product.

The bill ensures that products that share the same trademark or brand as a smoking product, but are not primarily used in the consumption of a tobacco product, herbal cigarette or loose smoking blend, can continue to be sold without breaching section 26L of the Act. However, the bill also maintains the existing prohibition which applies to promotional objects, such as t-shirts, hats and advertising posters.

These amendments help us work towards achieving our Q2—Toward 2020 Vision of reducing the number of people affected by smoking and contributing toward making Queenslanders the healthiest Australians.

This bill seeks to strengthen patient safety with the introduction of mandatory reporting for the professional misconduct of medical practitioners.

Mr Speaker, under the new obligation, any medical practitioner who becomes aware or reasonably suspects that another doctor has engaged in reportable misconduct, must as soon as practicable notify the Medical Board in writing.

Medical practitioners who fail to comply with the reporting obligation may be subject to disciplinary action under the Health Practitioners (Professional Standards) Act.

These amendments, which will strengthen the community's confidence in health services and safeguard patient safety, are similar to provisions introduced in New South Wales last year.

Mr Speaker, it is generally agreed that there should be some requirement for doctors engaging in serious misconduct to be reported to the Medical Board of Queensland so patients can be protected.

The proposed National Registration and Accreditation Scheme for health professionals will include a range of measures for patient safety, including a mandatory reporting requirement.

It is not anticipated that this National Scheme, currently being developed, will be implemented until 1 July 2010. In the interim, this government is firm in its view that mandatory reporting must be introduced in Queensland to better protect patients.

The mandatory misconduct provisions in the Bill now reflect the model that was agreed to by the Australian Health Ministers on 5 March this year and expressed in the communiqué from that meeting. The new provisions differ from the lapsed Bill and will allow Queensland's new mandatory reporting requirements to be transitioned to the new national scheme once it is introduced.

The Medical Board of Queensland will be responsible for the enforcement of the misconduct reporting obligation. The Board will undertake a communication campaign to inform the medical profession of the new obligation and further advice and assistance can also be sought from the Board.

The proposed amendments to the Health Quality and Complaints Commission Act made in this Bill require the Health Quality and Complaints Commission to prepare, and publish for comment, an impact assessment statement before the Health Quality and Complaints Commission makes or amends a standard under the Act.

This amendment is an important accountability measure that was recommended by the Health Quality and Complaints Commission Select Committee when it reviewed the Commission and the Health Quality and Complaints Commission Act in 2007.

Mr Speaker, Queensland Health staff are bound by a strict duty of confidentiality under the Health Services Act. This duty ensures that patient privacy is of the utmost importance. However, there are legitimate needs in the provision of health services for patient information to be disclosed. Accordingly, the Health Services Act also includes a range of exceptions to the duty of confidentiality to allow appropriate and accountable disclosure.

The bill amends the duty of confidentiality to add three new exceptions to the duty to allow the appropriate and necessary disclosure of patient information in specific circumstances.

Firstly, a new exception is to be added which will enable the disclosure of patient identifying information for the protection, safety or wellbeing of a child.

This exception is not about providing a child's confidential information, nor is it about providing information to the Department of Child Safety or Queensland Police Service in instances when a child has been or is at risk of being harmed. These scenarios are provided for in the extensive legislative framework already in place for the protection of children.

Rather this exception provides for the disclosure of information about a patient to people who are willing and able to provide support to a child in circumstances where a child may be placed at some risk.

This provision will also help to clarify that clinical staff may disclose patient information to family members to help keep a child safe where the mental health of the patient may raise some concerns about the patient's behaviour around the child.

This will not, of course, negate the obligation medical practitioners and registered nurses have to report all reasonable suspicions of potential harm to a child to the Department of Child Safety.

Nor does it impact on the responsibility to seek an Involuntary Treatment Order for a patient considered to be a danger to themselves or others because of a mental illness.

Guidelines will be developed to assist staff in determining when it is appropriate to disclose information under this exception. Those guidelines will also provide for what information should be disclosed and the proper processes for documenting the disclosure.

Mr Speaker, this amendment will give rise to the recommendation of a report from the Commissioner for Children and Young People and Child Guardian and I am confident that this new exception will assist us to better protect Queensland's children in a responsible and responsive manner.

The second new exception will enable information to be disclosed by the Director-General of Health, to lawyers who are representing the state, for a purpose related to that representation.

The third new exception to the duty of confidentiality will enable staff to disclose patient identifying information to the Director-General if the disclosure is relevant to the objects of the Health Services Act—that is, to protect and promote health, to help prevent and control illness, and to provide for the treatment of the sick.

These three new exceptions will help to overcome operational difficulties that have been experienced due to the strict nature of the duty of confidentiality.

Mr Speaker, I now turn to amendments to the Workers Compensation and Rehabilitation Act. The Bill amends this Act to give effect to a 2004 Election Commitment to amend relevant legislation to allow for the full implementation of the Nurse Practitioner role.

Nurse practitioners will often be the first point of contact for patients with work related injuries who present at primary health care facilities and emergency departments for initial diagnosis and treatment.

However, while nurse practitioners are able to provide the necessary health care for certain non-complex, work-related injuries, referral of these patients to a medical officer is often required for the sole purpose of obtaining a workers' compensation medical certificate.

The proposed amendments will enable a nurse practitioner to issue a workers compensation medical certificate for a minor injury at a patient's initial attendance.

In the instance where a nurse practitioner reviews a patient and the care the patient requires is beyond their scope of practice, then an appropriate referral may be made to the health workforce. This initiative will reduce the demands on the health workforce, by better utilising medical resources.

Mr Speaker, the remaining provisions in the bill pertain to operational amendments.

The amendments to the Public Health Act will clarify the capacity of a contact tracing officer to disclose information so that a person who has, or may have, contracted a notifiable condition can: Be provided with information to prevent or minimise transmission of the notifiable condition; and as may be necessary seek medical treatment.

This will enable, for example, the provision of information to be provided to the parents of a child or to a nominated health practitioner involved in the treatment or care of the person.

In addition, the amendments will help to clarify the original intent of the research provisions. This will be done by, for example, clarifying the interaction between the disclosure of health information held by the department under the research provisions and health information being disclosed under other relevant provisions in the *Public Health Act* or another Act (such as under the duty of confidentiality in the Health Services Act).

The Bill also makes miscellaneous amendments to the 13 Health Practitioner Registration Acts, the Health Practitioners (Professional Standards) Act and the Nursing Act to help the Health Practitioner Registration Boards and the Queensland Nursing Council to perform their functions more effectively and efficiently. The amendments primarily address operational deficiencies and inconsistencies in the legislation identified by the Boards and the Nursing Council.

Mr Speaker, the development of a Bill such as this involves extensive consultation with stakeholders. I would like to take this opportunity to thank all those stakeholders who were involved with the development of this Bill including the Australian Medical Association Queensland, the Royal Australasian College of Surgeons, the Queensland Nurses Union, the Queensland Nursing Council and the Queensland health practitioner registration boards.

Mr Speaker, I believe the amendments and provisions in this bill will support the Government's commitment to deliver quality health and health related services to Queenslanders.

I commend the Bill to the House.

Debate, on motion of Mr Seeney, adjourned.

VEGETATION MANAGEMENT (REGROWTH CLEARING MORATORIUM) BILL

Second Reading

Resumed from p. 182, on motion of Mr Robertson—

That the bill be now read a second time.

Mr SEENEY (Callide—LNP) (2.34 pm): At the resumption of the debate, I want to table a series of maps that are pertinent to this legislation. The legislation before the House has as its base, as vegetation management itself does, certain maps which give the legislation its effect. These maps, like the vegetation management maps, are notoriously inaccurate, but they do give any member of the House who wants to look at them an indication of the extent of the impact on individual landholders. Anyone who looks at the extent of the defined areas will understand the arguments that I have been putting forward in the House today on behalf of my constituents and landholders generally.

The first map is one of the so called moratorium maps which define the moratorium area. The blue colour on the map is the area that has been classified as so called endangered regrowth. That is an emotive term, as I indicated before; it is a misleading term. It identifies productive areas that will now be restricted from regrowth control and therefore will revert to thicker vegetation and become unproductive.

This map is of an area from my electorate just north of the town of Biloela and it shows the significant impact on individual properties. There are individual properties on this map with something like 65 per cent of their total area now covered by the defined blue area on the map. So 65 per cent of their property will move over time from being a productive part of their enterprise to being a non-productive timbered area. I table that map for the benefit of members.

Tabled paper: Map showing moratorium regrowth vegetation areas, described as centred on Lot on Plan: 4 RW626.

The second map is also a moratorium map from a similar area; it is to the north-west of the town of Biloela. This map illustrates the point I was making before about the PMAV, the property map of assessable vegetation. I know the minister will stand up when he sums up this second reading debate and say that landholders had an opportunity to get certified PMAVs since his last attempt at legislation in this area in 2004. This map illustrates the problem I was talking about.

There are large areas where landholders believe that the vegetation was all classified as regrowth. Landholders in that area did not go through the process to get a PMAV because there was no need to under the old legislation because there was no remnant vegetation. There was no chance that their particular vegetation was going to revert, so they did not go through the quite expensive process of establishing a property map of assessable vegetation.

This moratorium map that was released on 8 April, when the moratorium was announced, shows once again through the use of the blue colouring what areas have been identified as endangered regrowth vegetation again, using that emotive term. As members can see, it imposes that classification on extensive parts within that area that were formerly considered regrowth. There are