



# ***HEALTH AND AMBULANCE SERVICES COMMITTEE***

**Members present:**

Ms L Linard MP (Chair)  
Ms RM Bates MP  
Mr SL Dickson MP  
Mr AD Harper MP  
Mr JP Kelly MP  
Dr CAC Rowan MP

**Staff present:**

Ms A Honeyman (Research Director)  
Ms E Booth (Principal Research Officer)  
Ms K Shalders (Acting Executive Assistant)

## **PUBLIC HEARING—INQUIRY INTO THE HEALTH LEGISLATION AMENDMENT BILL 2015**

### **TRANSCRIPT OF PROCEEDINGS**

**TUESDAY, 15 DECEMBER 2015**

**Brisbane**

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### Committee met at 10.10 am

**CHAIR:** The committee will now move immediately to its public hearing on the Health Legislation Amendment Bill 2015. The committee understands the bill amends six Health portfolio acts. Today we will receive evidence on the proposed amendments to the Food Act 2006, to require fast-food chains, snack-food and drinks chains, bakery chains, cafe chains and supermarkets to display nutritional information and to authorise disclosure of confidential information for limited public health and safety reasons; and on the proposed amendments to the Public Health Act 2005, to streamline the process for enabling registered midwives to access the Queensland Pap Smear Register. The committee is due to report to the parliament by 15 February 2016. We will start with the proposed amendments to the Food Act 2006.

### **DURHAM, Ms Alison, Advocacy Manager, Heart Foundation**

### **WOODEN, Ms Deanne, Nutrition Manager, Heart Foundation**

**CHAIR:** I would now like to welcome back Alison Durham, who we heard from earlier on the previous bill, and Deanne Wooden from the Heart Foundation. Thank you for your submission on the bill. Would you like to make an opening statement?

**Ms Wooden:** Yes, I would. Thank you for the opportunity to talk to you today. The Heart Foundation congratulates the Queensland government for implementing the fast choices menu labelling legislation requiring fast-food outlets, other large chain food outlets and supermarkets to display nutritional information. We, among many others, have been eagerly awaiting this legislation. It is encouraging to see that Queensland has caught up with other jurisdictions in introducing such a significant and upstream policy solution to our increasing and complex obesity problem.

The Heart Foundation sees two major outcomes from the introduction of this legislation. Firstly, Queenslanders will now be able to make informed and healthier choices when ordering foods and drinks in outlets that are covered by the legislation. Secondly, perhaps more importantly, food outlets and businesses will now be incentivised to reformulate their menu items to offer healthier and less kilojoule dense options.

The number of outlets selling fast foods continues to increase over time. Queenslanders now have more places to buy and eat food which is cheaper, perceived as more convenient, served in larger portion sizes and promoted more heavily than ever before. That is why it is important that we have strategies like kilojoule menu labelling that aim to improve the food environments in which we live.

The Heart Foundation believes that the coverage of this legislation should be as wide-ranging and far-reaching and effective as possible. This is why exemption should not be made for convenience stores, cinemas and service stations. This is also why all supermarkets should be required to comply, not just those with retail space less than 1,000 square metres.

We know that consumers do not understand kilojoules well. Therefore, so as not to further confuse consumers, all outlets should be required to display the kilojoule content of the whole menu item rather than the per 100 grams as proposed in the legislation for supermarkets.

Finally, the Heart Foundation would like to reiterate our call for a comprehensive consumer education campaign. Educating Queenslanders on how to use the kilojoule information in the context of their daily lives will be critical to the success of this initiative.

**CHAIR:** You were talking about how people do not necessarily understand it. Does it change their behaviour when they do not understand it and when they do? Do people go out with an intentional desire? Are they going to go and eat McDonald's and nothing will change that behaviour? I am interested to know the research.

**Ms Wooden:** It depends on the consumer. We know that the display of nutritional information has different impacts on different types of consumers. So we know that women, mothers of young children in particular and those who are already health conscious are more likely to be influenced by

kilojoule information. However, we also know—for example, with the New South Wales fast choices legislation—the evaluation they did of that was in a target group of 18- to 24-year-olds. The marketing and the education campaign was aimed at that demographic. We know that across-the-board there was a result of 500 kilojoules less purchased per visit to fast-food outlets.

**CHAIR:** With regard to whether they understand or not, people who are more aware or health conscious—again, mothers of young children, of which I am, too—tend to be more educated or educate themselves for the benefit of their child. If people understand it, you feel that they will be more affected by it?

**Ms Wooden:** We know that people do not necessarily understand what kilojoules mean. Most people tend to use calories rather than kilojoules. Even so they still do not really understand that a calorie is a measure of energy and so are kilojoules, but they do understand numbers and that some numbers are bigger than others and it is better to choose the smaller number if you are looking for a healthier choice. For different people, it depends what their background understanding is, but certainly looking at the numbers and knowing that the smaller number is a healthier choice would influence those people looking for that information.

**Ms Durham:** That is why it is useful to have the requirement for 8,700 kilojoules per day so people can put their meal in context. 'This meal is 2,000, but I am only allowed 8,700 average per person per day.' That helps but it is a complex message. That is why we really need a strong education campaign to help. Maybe further into the future we need to look at other issues. They have looked at trialling things like the equivalent value of physical activity that you might expend to use up those kilojoules, but we think that is maybe down the track.

**Dr ROWAN:** Thanks again to the Heart Foundation for your submission and presentation today. Certainly avoiding obesity is a combination of not only the types of food that people eat but also portion sizes and age appropriate exercise. Should there be legislation in relation to fast food portion sizes?

**Ms Wooden:** The Heart Foundation believes one of the most important intents of legislation like this is to incentivise businesses to reduce the kilojoule content of the menu items they are offering. Whether that is reducing the overall portion size or whether that is replacing some of the higher kilojoule dense ingredients with lower kilojoule dense ingredients such as vegetables, there are two ways that the legislation can work to do that.

**Dr ROWAN:** Do you have any recommendations with respect to how the menu labelling is displayed?

**Ms Wooden:** The most important thing is to be consistent with other jurisdictions. There are nationally agreed principles for point-of-sale display of nutritional information, and it is very important particularly for the food industry for that to be consistent—at this current time having the standard 8,700 kilojoules per day and then in kilojoule content next to the price of the food item. The Heart Foundation is interested in having more comprehensive nutrition information displayed like sodium levels and saturated fat. However, at this point in time consistency with other legislation in place is very important.

**Dr ROWAN:** Do you have any recommendations with respect to nutritional education in both primary and secondary school curricula?

**Ms Wooden:** The Heart Foundation does not have a position on that, but we do understand that there is food and nutrition being taught in primary schools and secondary schools. There is a new national curriculum that has come out recently, and there are a lot of food and nutrition concepts being taught as well as food preparation skills. We do not have a position on how nutritional information should be taught in the classroom, but we are comfortable that the new national curriculum which Queensland is taking up will be more comprehensive and effective in doing so.

**Ms Durham:** We see it as essential that there is curriculum content in schools and any other educational setting as part of a comprehensive approach. We recognise that menu labelling is a good first step in relation to giving consumers some more information, but they obviously need information in their whole life cycle.

**Mr KELLY:** Thank you very much for a very interesting submission. Is it all about kilojoules? Are there other elements of food make-up that we need to be aware of or, from a dietician and nutritionist point of view, are we really just looking at energy content?

**Ms Wooden:** From the Heart Foundation's perspective, we are interested in nutrients of concern like sodium and saturated fat, and sugar is also becoming more of an issue in the general media in consumers' understanding of good nutrition. Kilojoule density of food products is certainly

one driver of overweight and obesity, and that then becomes a risk factor for developing cardiovascular disease, but it is also the make-up of the foods which is why the Heart Foundation would be supportive of extending the legislation to look at displaying saturated fat and sodium so people have more information about those nutrients as well.

**Mr KELLY:** In my mind and experience, I break people who are obese into two categories. I think about the folks who are morbidly obese who I have looked after and cared for who are tipping the scales at 200-plus and well beyond that, and then I think of the category that probably most of us would fall into which is five, 10, 20, 30 to 40 kilos overweight. Do you think that this legislation will have a big impact on that second group?

**Ms Wooden:** The second group who are just five to 10 kilos—

**Mr KELLY:** Yes.

**Ms Wooden:** Because it is a population-wide, Queensland-wide measure, it is one strategy which can help people to make healthier choices with the food they are eating, but obviously it needs to be part of an overall comprehensive strategy to look at what foods people are choosing to eat, how much people are choosing to eat and the physical activity they are engaging in. I would say that, as part of a more comprehensive package of initiatives, kilojoule menu labelling can certainly have an impact on levels of overweight and obesity in Queensland.

**Mr KELLY:** Is there evidence of that from other jurisdictions where this has been introduced?

**Ms Wooden:** It has not been part of the evaluation—for example, Fast Choices in New South Wales—and it is very difficult to track back from changes in overweight and obesity. We would realistically be looking at lower rises in the incidence or the prevalence of overweight and obesity. When you are looking at those sorts of statistics you need to be looking at what is being done in a community as a whole.

**Ms Durham:** The first step of that process was the evaluation from New South Wales which showed the reduction in kilojoules that people were consuming. I think that is an incredibly positive outcome from the legislation in New South Wales. That is why I think we will probably see that demonstrated in Queensland as well when we evaluate it, which we will.

**Mr HARPER:** I congratulate the Heart Foundation for your work to date. There is more work to be done, clearly. There is a lot of cost savings downstream if we get this right. I think you have nailed it with the kilojoules per 100 grams. It just confuses people. Getting the right message on the front of the frozen meal box, or whatever it is they are going to have, per serve is right. Is there any data that supports that from other countries around the world where that is showing good progress or is it still in 100 grams?

**Ms Wooden:** I have not seen any research that compares per serve to per 100 grams, but I am certainly happy to look that up if you would like us to.

**Mr HARPER:** If there are some advances in that area, then that is something we need to champion.

**Ms Wooden:** The intent of legislation like this is to give people the information on the go when they are at the point of sale ready to order something to make quick decisions. If it is displayed per 100 grams if they do not know the weight of the product and if their maths skills are not quick, they will find it very challenging to work out which is a healthier option.

**Mr HARPER:** Tongue in cheek: one burger equals a five-kilometre run! Thank you very much.

**Mr DICKSON:** Page 3 of your submission mentions supermarket retail floor space below 1,000 square metres. I do not know if this question has been asked, but I am pretty sure it has not. What is your opinion relating to rural areas and those stores that fall below 1,000 square metres? What will be the flow-on effects if that is not mandated in the legislation?

**Ms Wooden:** Our position on that is that a lot of small country towns may have supermarkets which are a lot smaller. I come from a small country town and I know that supermarkets in the smaller towns surrounding that were definitely less than 1,000 square metres. In a lot of these towns, the supermarket may be the primary supplier of convenience foods for people in those towns, particularly if they do not have the fast food outlets that are covered by the legislation—the big chains. That is our reasoning for requesting that that cut-off is not used because we know that people living in rural and regional areas have a larger problem of obesity and overweight. Introducing legislation which cuts them out of that opportunity to get more information may increase the divide that we see between metropolitan areas and rural areas.

**Mr DICKSON:** Alison, to take that a little further, your submission also talks about inner-city revitalisation and a lot of smaller major stores being built to cater for all these different shops in our cities. Will that cause an impact, too, because they will be smaller than 1,000 square metres?

**Ms Durham:** Yes, Steve, that is the same point we are making really; that consumers wherever they live should have access to this information and not be restricted from getting access to it. Urban consumers should be able to get the same information in their large supermarket as they would get down the road from a smaller supermarket. It just makes sense. It is about the food items, not about the outlets.

**Mr DICKSON:** Thank you so much for your time and effort today.

**CHAIR:** Thank you for the expertise that you have contributed to our hearing today and towards our consideration of the bill. Thank you for the work that you do on behalf of the committee.

**HOURIGAN, Ms Aloysa, Senior Nutritionist and Nutrition Program Manager, NAQ, Nutrition**

**CHAIR:** Thank you for appearing before the committee today. Would you like to make an opening statement?

**Ms Hourigan:** I would like to thank the committee for inviting us to present and would like to commend the government on behalf of our organisation on the initiative of introducing the fast choices menu labelling legislation amendment. Our submission has reiterated quite a number of the points raised by the Heart Foundation. We certainly are supportive of the legislative change. We know that ensuring there is a food and health system in Queensland that makes it possible for every Queenslanders to access and choose the food choices that promote health and wellbeing and minimise risk of overweight, obesity and chronic disease is really important to ensuring the sustained health and wellbeing of all Queenslanders. This is one of a suite of strategies that has the potential to be very effective, and that has already been demonstrated in other jurisdictions.

Of particular note, we would like to highlight the need for the awareness campaign that needs to accompany such a change in legislation, because in other jurisdictions where that was not introduced with an awareness campaign the outcomes have not been as effective. It is extremely important that that occurs and that the messages and nutritional information need to be simple and clear. We again would support the focus that it is not per 100 grams of food but, rather, the serve that people are purchasing. That is a really important point.

Our organisation is on the ground working with people to deliver key nutrition messages and is very aware of the need to have very simple and visual formats. Keeping the message as simple as possible is important. We do also support the concept of the other nutrients that were mentioned earlier but probably initially it might be better to keep the message very simple and it might be something that could be looked at later.

Our other concern about this legislation is that of regional areas. People alluded before about the regionality of Queensland and that in those small towns that is a major problem. We have done some work in Longreach with small business introducing children's healthy menus, and it was not taken up with great vigour. I think it needs the backing of local councils to really achieve such things.

Another concern is that when you look at regional Queensland one of our high-risk groups is long-haul freight transport workers. The roadhouses in Queensland are another port of call that needs to be captured under this legislation, because for these workers that is where they get a lot of their food. So we would really hope that the roadhouses can be captured under that, and similarly some of the other outlets that people frequent such as cinemas et cetera. We know that with transport drivers there is some movement in some spaces to address that, but it is also not just for them. I suppose when families are travelling and holidaying often those roadhouses are a major port of call for food choice.

With the smaller businesses, if any outlets are not captured under the legislation what would be really important is still somehow to provide the resources for those businesses that were interested in making change to help them and support them with that process.

I think many of my other points have been reiterated by the Heart Foundation. We think this is one initiative in the suite of initiatives, and this scheme and other campaigns such as Give colour a spin! and Healthier. Happier. can be linked together and will strengthen each other. The other preventive health NGOs working in that space, including ours, are certainly well-placed to support that legislation and develop the consumer education materials that would be helpful in impacting on that.

**CHAIR:** Thank you for your opening comments. I think you were in the room when the Heart Foundation spoke just before you. They made an interesting comment that I agree with. Many families are very busy so they may turn to fast food, but this legislation may assist by making some of those convenience outlets improve the nutritional content of their food. Does Nutrition Australia agree with that? Has that been a consideration for you as well? Do you consider that to be a great benefit of the legislation?

**Ms Hourigan:** Certainly we know that more families are eating out of home more often, and making the food supply in outlets healthier and nutritionally more sound would certainly be an advantage for the population overall. I think on average families would buy fast food probably once or twice a week as a minimum and in some cases it is a lot more. Especially when families have young children and they are running them around to sport et cetera, that is where a lot of that seems to happen.

**Dr ROWAN:** Thanks very much for your submission on half of Nutrition Australia. I want to ask a bit more about regional Queensland. Should local government be asked to take a lead role with respect to community education and local awareness campaigns?

**Ms Hourigan:** I think certainly they have a significant role to play and could really empower the campaign. Because they are so connected to their communities, they would be well-placed to help drive that if they encourage businesses to do that and perhaps help with the implementation of those strategies and support businesses who are finding it difficult and who might need some extra support.

**Dr ROWAN:** We heard earlier from the Heart Foundation that some of the legislation elements may end up driving a reduction in portion sizes within what is already contained in the proposed legislation. Are there any other recommendations with respect to portion sizes that Nutrition Australia would like to see?

**Ms Hourigan:** Drink sizes would be the other part of the problem and they add to kilojoules in a big way. Certainly for children we would really like to see the portion sizes quite different. That is something else with the 8,700 kilojoule message: it is applicable for adults. Making sure that consumer information identifies that children need less is also really important.

**Dr ROWAN:** My final question is in relation to nutritional education in primary and secondary schools. What is currently in the curricula in Queensland? Is there anything else additionally that Nutrition Australia would like to see from a school education perspective?

**Ms Hourigan:** I think certainly there is an opportunity for nutrition education to occur in schools through the curriculum. How well that will be embraced by teachers will vary from school to school. Certainly the national curriculum has the health and the PE curriculum and it has the food technologies where food preparation skills are taught, but food preparation skills can also be taught within the health and PE curriculum, but teachers are not obliged to talk about nutrition per se. There are certain content descriptors which need to be covered every two years of education, and it is possible that nutrition could miss out in that space. However, it is also possible for that to be integrated across other subjects, and certainly that is something that happens in schools. So sometimes while people are not doing a lot of nutrition education and health, they are addressing it in English and maths and science and that integrated curriculum is very beneficial.

**Mr KELLY:** Thank you for your submission. Can I just say that in relation to portion sizes I have spent the last 10 years trying to find an ice cream that is not the size of my daughter's head to feed her, so you have my full support there. In your submission under 2.1 you mention the challenges in regional Australia and you pose a question around additional resources that are needed for smaller outlets, the ones under 20, to be able to almost compete in terms of promoting kilojoules in each food item. What sort of resources do you think are required? Does Nutrition Australia have any data around that?

**Ms Hourigan:** We do not have specific data, but our experience in Longreach was that very small businesses do not have the staffing capacity to develop new marketing materials et cetera. So if the government is able to provide that sort of thing that would be a great help. I think making change in any small business—especially in regional Australia, where there is a lot of drought and businesses are already struggling—is another thing to do, so it is being aware they might need even quite close one-on-one support to be able to introduce that change in a way which is not too onerous on them, because I think it is a problem for them. Our experience in Longreach was certainly that they wanted to, but it was not their core business and it was probably viewed as something that they might do, but that they would probably need a bit of extra help to get over the line. Our experience with school tuckshops has been similar. We are aware that a lot of schools are hovering because they want to make some changes, but it is not their core business and they struggle with that next step. So sometimes very close one-on-one support helps people get over the line with change.

**Mr KELLY:** I was interested in your comments on drinks accompanying meals, so that will obviously be captured by this as well. Obviously from a nutritionist's perspective they add significantly to a person's daily kilojoule intake.

**Ms Hourigan:** Hugely. I also work as a dietician in private practice, and people still frequently consume soft drink and things like that. For example, in calorie terms there are about 450 calories in an iced coffee and people may have two of those in a day, so if you translate that to kilojoules that is getting up to about 3,000 kilojoules just from two drinks, so I think it is very significant.

**Mr HARPER:** I thank you and Nutrition Australia for your work to date. Much like everyone else in the room has said, there is more work to be done. I know that your primary focus is on community

education, and you identified the transport industry as a particular at-risk group. I think you are right in what you say about the roadhouses, and they could certainly pick up in support of this. Are there any other industries that you think are at risk that we could do more work with?

**Ms Hourigan:** The construction industry is another area where generally tradespeople often start work quite early and they pick up food on the way to work, so they are picking up the big drinks and the less healthy choices from bakeries and that sort of thing. So that is probably another industry where that is quite visible.

**CHAIR:** Thank you. Ros, did you have any questions?

**Ms BATES:** No, thanks, Madam Chair.

**CHAIR:** Steve?

**Mr DICK:** No, I am good, thank you. I greatly appreciate your time and effort.

**CHAIR:** We were talking about the 8,700 kilojoules obviously not applying to children, but I am interested in the context. I think it is important to have that—and that was a comment made earlier too by the Heart Foundation—so that people understand that choice is really bad compared to what I can eat for the whole day. But surely 8,700 kilojoules does not apply equally to a 60-kilogram woman as it does to a six foot five man who might be 90 kilos. I am interested to know that too, because people are not necessarily aware of where they fall.

**Ms Hourigan:** No, they are not, but as was mentioned by the Heart Foundation, having that consistency across the country is really important. That figure comes from the Australian Dietary Guidelines in terms of maintaining weight and preventing chronic disease, so from that perspective it is fine. But that is why there needs to be consumer education and other strategies to help people identify and compare varying needs at the point of purchase. But that is not all going to be captured in one campaign, and if we make the message too complex it may not get good traction.

**CHAIR:** Thank you for your submission and thank you for appearing before the committee today. It is appreciated.



**MEIKLEJOHN, Mr Cameron, National Retail Association.**

**CHAIR:** Would you like to make an opening statement?

**Mr Meiklejohn:** Yes, I will make a brief opening statement and then take any questions that you may have of me this morning. The National Retail Association has previously made a submission in response to the Queensland government's fast choices consultation discussion paper which broadly supported the recommended changes as well as the government-led education and awareness campaign. However, as the peak body for retail businesses, including takeaway and fast-food outlets, the National Retail Association has a number of suggestions specifically in relation to improving the effectiveness of the education and awareness campaign within this particular industry area. Specifically, the National Retail Association believes that industry structure is a particular challenge for effective engagement and education. The NRI estimates that there are approximately 3,650 standard food outlets located throughout Queensland which would be impacted by the proposed framework. Almost half of these outlets are current members of the National Retail Association.

The National Retail Association suggests that it is important to understand that these stores and outlets are not able to be characterised as large corporations. While many of these outlets are affiliated with large or well-known brands, the majority are franchisees or licensees—that is, mum-and-dad owned and operated small businesses—which utilise the scale and efficiencies of larger buying groups or marketing groups. Further, there is not one business model that applies to this sector, but rather a range of differently structured organisations which impose varying and sometimes minimal levels of practical control over franchisees or licensees. This is particularly the case in some areas of compliance regulation and business operations.

For this reason, the National Retail Association suggests that any attempts at industry awareness and education must recognise that the engagement required extends well beyond a small number of franchise or banner groups, but rather will require direct communication with several thousand small business owners whose individual actions as owner-operators will significantly determine the success or failure of this scheme.

Understanding industry perspectives is another challenge that will need to be considered, as industry consultation suggests there will be some reluctance in some areas regarding proposals for many labelling schemes. These concerns include costs associated with compliance and also concerns that the scheme will be inconsistent with those already implemented in other states and territories.

While these concerns have been addressed in our existing written submissions, it is important to briefly highlight some of the specific concerns associated with the costs that will arise for businesses from a menu labelling scheme. Specifically, the costs extend beyond what would be incurred from the testing of products and the printing, marketing and signage changes required to comply. Consultation with industry suggests that the amount of time and other resources that will be needed to be allocated to achieve and maintain compliance, including the costs of ongoing audit activities, needs to be considered.

Further, additional costs will also be incurred from obtaining professional or legal advice in relation to compliance measures—something that our members of other states and territories indicate are unavoidable and potentially substantial. For these reasons, it is argued that engagement with these small businesses will need to highlight that responding to the requirements of the scheme can be managed in a commercial way that minimises the impact on business operations and their margins.

In addition, it is also important that any industry engagement occur in accessible retail language that impacted businesses will readily understand. As a result, the National Retail Association suggests that assistance be made available to address the very specific questions and concerns that impacted businesses are likely to have in relation to practical operational matters. Support by way of access to professional advice should also be considered to assist businesses with their concerns and challenges around compliance where appropriate.

To summarise, if a menu labelling scheme is introduced in Queensland, the National Retail Association would be keenly interested in collaborating with the Queensland government to ensure that businesses are made aware of the changes, the scheme's aims, the support made available and all possible methods available for minimising the negative impacts on their operations. I would be happy to answer any questions that you may have at this time.

**CHAIR:** Thank you very much. Cameron, just for the benefit of the committee, I do not believe that we have had the benefit of reading your submission. We have not received it yet. I think it has been provided to the government, but not the committee. We would love to have a copy of it.

**Mr Meiklejohn:** Yes, absolutely.

**CHAIR:** Thank you—just to the secretariat, that would be wonderful. Thank you very much for a fulsome opening statement. I will hand now to the member for Moggill if he has any questions.

**Dr ROWAN:** Thank you, Cameron, for your submission on behalf of the National Retail Association. In the view of the association, how is it best to communicate the menu labelling changes when potentially legislated? Do you have any recommendations?

**Mr Meiklejohn:** Yes, we do. I apologise that you have not received our submission. In the submission we have a full detailed plan in terms of how we feel that that could be best communicated to members. Obviously, as I have indicated this morning, the potential impact is quite substantial across the state in terms of the number of businesses that will be likely to be impacted. So an appropriate campaign that would be able to address those changes and the implications that that has for those businesses would be necessary. Obviously, when you receive the submission you will be able to see the full explanation of how we feel that that could be achieved.

**Dr ROWAN:** With that campaign, could that be a one-size-fits-all campaign? With the 3,650 outlets that could be impacted, are there different components to such a campaign?

**Mr Meiklejohn:** Obviously, in the retail space you are going to have a range of different business types, as I indicated in my opening statement. Obviously, the needs of those businesses are going to depend on the resources that they have internally. For some small businesses—as I said, mum-and-dad operators—they will require a higher level of support in making that change than businesses that might have other additional resources and expert advice in-house, which might be able to make that an easier transition for them. So a one size fits all may not be necessarily the right solution in this case.

**Dr ROWAN:** Thank you.

**Mr KELLY:** Obviously, you represent different types of businesses. Could it be foreseeable that, as there is a growing number of people who are interested in health and obtaining health information, there is a competitive advantage for businesses that voluntarily go down the path of labelling food and promoting nutritional value?

**Mr Meiklejohn:** I am not aware of any research that has been conducted into consumer insights on that particular issue, but I certainly take your point that that is a growing area of interest for all people in terms of making appropriate health choices when it comes to food and diets. So I would certainly concede that that is a possibility.

**Mr KELLY:** Thank you.

**Mr HARPER:** Yes, you are right: it will be challenging in that transition period if this bill gets up. I am certainly hearing what you are saying in terms of those mum-and-dad businesses. From an NRA point of view, do you play a role in assisting businesses? I think you said you cover about half of those 3,600.

**Mr Meiklejohn:** That is correct.

**Mr HARPER:** Broadly, from an educational point of view, in step with government, do you guys play a role in that?

**Mr Meiklejohn:** Sure. We provide a broad range of services for all subcategories of retailers, of which there are 15. Obviously, takeaway and fast food is one of those categories. We provide a range of professional services to them and advice around legal issues is one of those but also a range of other professional services.

**Mr HARPER:** Thank you.

**CHAIR:** I apologise if this is in your submission, but has the National Retail Association taken a position on the legislation itself as to whether you support the principle behind it?

**Mr Meiklejohn:** Sure. In the submissions—and, once again, I apologise that you have not had an opportunity to see that—that we have made we broadly support the legislation, particularly providing that there are obviously consistencies with other legislation that is already in place. Similar to the other people who have presented this morning, we believe that there needs to be consistency nationally. That is certainly one thing that we support. Obviously, providing that there are some

considerations around the real cost that would be impacted on businesses if these changes occur, yes, we broadly support the legislation.

**CHAIR:** And I imagine that has come from hearing from your members and your members broadly support it as well?

**Mr Meiklejohn:** Sure. There has been a discussion process with members as part of this.

**CHAIR:** Because I think there is really a changing community. They want to understand what they are consuming, what is in their best health interests and being more informed. I am just interested to know whether that has been coming through. Also, your businesses would understand that their customers would at least want to—

**Mr Meiklejohn:** Sure. As I said, there has certainly been a consultation process in putting our submission together. Based on that, we broadly support the legislation that is in place.

**CHAIR:** You mentioned also in your submission that many of your concerns had been addressed. That was a comment that you made earlier in your opening statement.

**Mr Meiklejohn:** Yes, in the opening statement. That is correct. The main points that I made were that there is a desire from our members that there is consistency with existing legislation that is in place in other jurisdictions. That is certainly something that we would want to see—that there is consistency. That has obviously been affirmed by other people who have presented today. Also, there are obviously considerations in place around the cost that will likely be a result of this for businesses.

**CHAIR:** Is there some specific concern from your group that the legislation proposed by the Queensland government is not consistent with what they do in New South Wales? Or is it just that you are making the statement?

**Mr Meiklejohn:** No, we are just making the statement that it should be consistent. That is correct.

**CHAIR:** I imagine that you would be very supportive of the lead time that is built into the government's bill.

**Mr Meiklejohn:** Yes, the 12-month lead time, absolutely.

**CHAIR:** Thank you very much. Are there any further questions from members?

**Mr DICKSON:** No, I am good, thank you.

**CHAIR:** Thank very much. Thank you very much your time, Cameron, and coming before the committee. We look forward to receiving your submission. That concludes our hearing that we had to the amendments to the Food Act. We are a little bit of ahead of time. I understand that we do not have our witness for the Public Health Act. So the committee will take a short break and then we will reconvene.

**Proceedings suspended from 10.52 am to 11.09 am**

**FOYLE, Ms Susan, Chair, Queensland Branch Committee, Australian College of Midwives**

**CHAIR:** The committee will now reconvene. We will now hear evidence on the proposed amendments to the Public Health Act 2005. I welcome Susan Foyle, Chair of the Queensland Branch Committee of the Australian College of Midwives. Thank you for attending today. Would you like to make an opening statement before we open it up to any questions?

**Ms Foyle:** Yes, I will. Since the introduction of a separate professional register for nurses and midwives, the access to the pap smear database has been limited to only those midwives who have, in addition to their midwifery, a nursing registration. This bill will allow all midwives to access the database and will provide vital information regarding cervical screening and enable midwives to provide more relevant health education advice and support to women in their care. The evidence shows that women are more likely to act on health advice during pregnancy and childbirth. This places midwives in an ideal position to influence women's health and access to essential screening services.

**CHAIR:** Thank you very much.

**Dr ROWAN:** Thank you, Susan, for your submission on behalf of the Australian College of Midwives. As a doctor who has worked in rural and regional Queensland, I thank you and your colleagues from a midwifery perspective who have assisted me on many occasions in rural Queensland delivering babies there. I think the work that you and your colleagues undertake is vital not only in those parts of Queensland but also right across Australia.

I have one quick question. It obviously makes clinical sense to give access and availability to this register. Do you or the Australian College of Midwives have any other recommendations in relation to clinical communication and recall systems? I ask that question because at any particular time someone is accessing these registers and obviously finding out information or entering data into them. Often in health care the communication of information can often fall through the cracks when there are multiple health service providers who are looking at recall systems and clinical information. Are there any recommendations or thoughts that the Australian College of Midwives might have in relation to this form of registry?

**Ms Foyle:** I think it is very difficult, especially when you are working with transient populations as well. It is more poignant even now when we are getting more and more midwives being eligible midwives and entering their own private practice. I think the only recommendation that we can make really is that all midwives collaborate with general practitioners, because they seem to be the central point of information regarding the pap smear. Of course it is not always possible. Women do not always have a regular general practitioner. But certainly as a midwife I would recommend that all midwives access the database whenever they book a woman so that they can actually see where that woman is in the system. It provides that point of discussion so that the health promotion and health education recall and follow up can continue from that point.

**Mr KELLY:** What are the consequences of not having access to the pap smear register?

**Ms Foyle:** There are more and more midwives who are doing the direct entry route to midwifery now. So the consequences are that if you are not also a registered nurse you cannot have access to that information. That means that in the future I think the way we are going is that we will have more and more midwives. There will be a larger percentage of midwives without their initial nurse registration—they have gone through directly into midwifery. Therefore, it will be very limited access and therefore limited access to be able to coach women through the system and to help women access cervical screening.

**Mr HARPER:** Is there a percentage of the population that is not accessing this? I congratulate the midwives broadly on your work. But is there more work to be done?

**Ms Foyle:** There is an awful lot more work to be done. Cervical cancer is extremely curable if you catch it early enough. We still have a large proportion of young women who are sexually active and not accessing the national screening program.

**CHAIR:** Are there any further questions from Steve or Ros?

**Mr DICKSON:** No, none from me.

**Ms BATES:** No, thank you.

**CHAIR:** Susan, I thank you on behalf of the committee for coming before us today and providing the views of the college. Thank you for all the great work you are doing in our community.

**Ms Foyle:** Thank you very much.

**CHAIR:** Ladies and gentlemen, that concludes our hearing today. Thank you to all the witnesses for attending and assisting us in our examination of the bills. The secretariat will be in touch in relation to providing any answers to questions that have been taken on notice. A transcript of the proceedings will be available on the committee's parliamentary webpage as soon as practicable. Our final report will also be made available on the webpage after it has been tabled in the parliament by 15 February 2016. I would like to thank Hansard and the committee secretariat for their assistance and support today. I declare the hearing closed.

**Committee adjourned at 11.14 am**