



26 November 2018

Committee Secretary  
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee,  
Parliament House,  
George Street,  
BRISBANE QLD 4000  
Email: [health@parliament.qld.gov.au](mailto:health@parliament.qld.gov.au)

Dear Committee Secretary,

**Submission to the Queensland Parliament Committee reporting on the  
Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018**

Thank you for the opportunity to provide this submission to the inquiry regarding the Queensland Parliament Committee reporting on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018.

We understand that the objectives of the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018 are to:

- amend the Health Practitioner Regulation National Law (National Law) as agreed by the Council of Australian Government (COAG) Health Council on 12 October 2018 to:
  - introduce reforms to mandatory reporting by treating practitioners, to ensure health practitioners have confidence to seek treatment for health conditions, while protecting the public from harm, and
  - double the penalties for holding out and related offences under the National Law from \$30,000 to \$60,000, and introduce a maximum imprisonment term of three years for the most serious offences
- make consequential amendments to the Queensland local application provisions of the *Health Practitioner Regulation National Law Act 2009* (Qld) to:
  - align Queensland's approach to mandatory reporting by treating practitioners with the approach in the National Law by removing a Queensland-specific provision, and
  - provide for circumstances in which the holding out and related offences are prosecuted on indictment and summarily in Queensland, and
- make consequential amendments to the *Ambulance Service Act 1991* (Qld) and *Hospital and Health Boards Act 2011* (Qld).



This submission focuses specifically on the amendment's objective to:

"introduce reforms to mandatory reporting by treating practitioners, to ensure health practitioners have confidence to seek treatment for health conditions, while protecting the public from harm".

Brisbane South PHN is part of a network of 31 PHNs which were established nationally to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time. PHNs achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.

Part of our role is supporting general practices in the provision of high performing primary care through showcasing and disseminating research and evidence of best practice. This includes providing training and education to ensure that practitioners are not only providing the best care but are also looking after their own professional and personal development needs.

Over the past year, following a number of doctor suicides, we have been providing additional support for practitioners to maintain self-care. We understand that medical practitioners who are able to manage their own health and also receive appropriate treatment when and where they need it are in the best position to manage their patients' care.

As a result we trust that any amendment to legislation would not have the unintended consequence of deterring a medical practitioner from seeking access to the care they require.

Our preferred option, worthy of consideration, is the Western Australia amendment (WA amendment). The WA amendment provides an exemption for the treating health practitioner, ensuring the health access barrier has been effectively addressed. The Western Australian model offers clarity for both treating practitioners and health practitioners seeking care.

The WA amendment provides reassurance to doctors and other health practitioners that they can access confidential health care. The amendment adds an extra category of exemption in s 141(4):

(da) the first health practitioner forms the reasonable belief in the course of providing health services to the second health practitioner or student.

The WA amendment still ensures that doctors and other health practitioners have a professional obligation to report a health practitioner when there are concerns related to their practice due to boundary violation, impairment, substance abuse or unprofessional behaviour. The legislation does not remove this obligation; even though it is not mandated, the obligation remains.

In conclusion, patient safety remains our highest priority. This includes the safety of medical practitioners as patients. We trust you will give due consideration to the WA amendment which we understand will support both the rights of patients and medical practitioners to receive the care they need.

Yours faithfully,



Sue Scheinpflug  
**Chief Executive Officer**