


Mrs Elizabeth Kable



26th 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

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 a submission to the current Queensland Parliamentary Inquiry related to the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018.

I understand the overall objectives of the Health Practitioner Regulation National Law and Other Legislation Amendment Bill. 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”.

I am the sister of two medical practitioners, and many of my friends are nurses, doctors and health practitioners, who will be affected by this legislation. I believe that this **new legislation will increase the barriers** experienced by health practitioners, when they seek to access health care for themselves.

It is critically important that our health practitioners can confidently access health care for themselves. Early access to treatment enables these professionals, to continue to **work optimally and reduces risk** to patients. Put simply, **healthy doctors and nurses** are better able to **deliver high quality care** to their patients.

The **proposed legislation** is likely to **increase** the **risk** of health professionals **NOT seeking or delaying** treatment required to address physical and mental health conditions. Consequently, the proposed legislation will **fail** to achieve its aim to “maximise the public’s protection from harm”. In particular, the **change of wording** in the new legislation (from “Risk of substantial harm” to “Substantial risk of harm”) is of concern. This change will **lower the threshold** for reporting (despite the explanatory note suggesting that the wording will increase the threshold). The common understanding of the terminology proposed will **reduce** the **confidence** of health practitioners wishing to seek treatment for medical conditions.

It is important that health practitioners can access treatment without worrying about the **impact on their registration**. There is growing evidence indicating that mandatory reporting is also linked to medical suicides. The government needs to **actively reduce barriers** so health practitioners will access treatment early and confidently. Therefore, the new legislation should **not require** (or mandate) the **treating doctor to report** the health practitioner.

The government has the opportunity now, to **reduce the risk** of public harm **by reducing the barriers** faced by health practitioners when accessing health care. The Western Australian amendment to section 141 that provides an **exemption for the treating health practitioner**, is effectively addressing this issue and provides a **solution** to increase confidence for **Queensland health practitioners** to seek early treatment, maintain optimal patient care and ensure community is safe.

I respectfully request that the government reconsider the proposed amendments to mandatory reporting, and **adopt the WA amendment to section 141**, when finalising the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018

Yours faithfully,

Mrs Elizabeth Kable