

**Health, Communities, Disability Services and Domestic and Family Violence Prevention  
Committee Inquiry:**

**Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017**

**SUBMISSION**

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I provide this submission to the inquiry of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) into the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017 (the Bill), to present as evidence for Committee's consideration a statement of my personal experiences, including the direct impacts I have witnessed upon a health practitioner, during and after being subjected to investigation by a health authority so empowered under the *Health Practitioner Regulation National Law Act 2009* (the Law).

This submission bears direct relevance to the Bill, because the Bill as tabled will provide additional powers to those health authorities established and/or empowered under the Law and some of those proposed additional powers, in my view, will only serve to increase the potential for health practitioners, subjected to such investigation under the amended Law, to suffer impacts similar to, and most likely even worse than, those I have witnessed, those powers without doubt being and becoming even more so, excessive, unwarranted, unfair and harmful.

**IMPACT STATEMENT – 'a health practitioner's lived experience'.**

I would like to take this opportunity to my express personal and professional views on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017. My submission is from a general perspective and extends to various areas in health and from several years training as a 'Peer Support' person in a very large Emergency Department where trauma, including both physical and emotional, was an every-day occurrence.

Being acquainted with several health practitioners in the fields of Medicine, Nursing, Psychology and Allied Health over a period of 45 years I have been fortunate in developing very fulfilling personal and professional relationships. However, on more than one occasion and in various fields of health I have witnessed how vexatious complaints can affect people's lives. In fact, it can change lives in ways that we least expect and in some instances result in death by suicide or death by heart attack.

Vexatious complaints and indeed any complaint not only affects the health practitioner under investigation but extends to family members, significant others, colleagues, patients and neighbors. Therefore, it is vital that a health practitioner under investigation be communicated with in a professionally respectful, transparent and honest way.

Common experiences shared with me over the years have been feelings of trauma, helplessness, feeling like a criminal - 'guilty until proven innocent', a recurring theme in many stories, intimidation, shame, and feelings of being worn down and the inability to

cope with everyday life. These feelings often result in anxiety, depression and Post Traumatic Stress Disorder which further affects a health professional's health, work, livelihood and income earning capacity. Furthermore, families and colleagues often struggle to find ways to support the person affected back to their 'normal' life. Sadly, in more than a few instances some people never return to 'normal'.

Indeed, it is crucial that the reporting system be utilized to protect and ensure the public receives expert treatment and care. However, the time has come where we need to get real, draw the line and use some common sense and develop a keen eye in discerning what is a **credible complaint and what is vexatious**. If this does not occur the system itself is consciously **perpetuating the same affects as that of a vexatious complainant**.

Publically notifying employers, employees and other staff members that one of your colleagues is under investigation, particularly if vexatious, is nothing short of harassment and abuse. This in fact will, i.e. if legislated, result in the health industry experiencing an increase in stress leave, rising rates in health practitioner anxiety and depression, absenteeism and loss of productivity which will most certainly affect patient care.

**Vexatious complaints are premeditated acts of emotional violence intended to cause maximum harm. In this context offenders should be held to account. In social legislation car accidents and traffic offences incur consequences such as loss or suspension of license and/or fines. The National Law should strengthen and apply current deterrents in the form of penalties and consequences such as jail time to protect health practitioners from vexatious and malicious complainants.**

**Consideration should also be given to implementing an electronic 'Alert' system to flag complainants with a history of vexatious complaints. This action will save the government precious dollars and can be better spent on improving the current system of notifications.**

## **RECOMMENDATIONS**

Based on what I have witnessed and shared with health practitioners under notification I recommend that:

1. The committee recognizes the evidence submitted to the committee by health practitioners and in other submissions to this inquiry and validates all expressions in that evidence of practitioners feeling, and being witnessed to have been, unfairly treated, harmed and traumatised, their experiences in having their careers irrevocably impacted, by the harsh and overbearing powers and conduct of authorities permissible under the current Law.
2. The committee, proceeding from recommendation 1 above, accepts that the Law as implemented is producing harmful outcomes that are either not intended by the original policy intentions, or if intended by those policy intentions, are an indication that the **policy intentions were/are disturbingly wrong**, and either way accepts responsibility on behalf of all participating legislatures take immediate and assertive actions to initiate the required far-reaching reform so clearly needed.

3. The committee, with regard to the Bill before it, in examining the Bill scrutinises all provisions of the Bill to identify all clauses that may impose upon, or permit, further unfairness, harm and detriment to practitioners in addition to that which is currently permitted and occurring under the existing Law, and recommends either that the Bill not be passed in its entirety, or the removal of those clauses from the Bill.
4. The committee, as an instrument of the Parliament of Queensland, the host jurisdiction for the application of the National Law in Australia, recognizes its key responsibility, and that of the Queensland Parliament, to initiate appropriate measures to correct the significant and disturbing deficiencies of the Law and the resulting harm and detriment to practitioners as presented in the evidence before this inquiry and outlined in this submission.
5. The committee, in recognizing its responsibilities and those of the Queensland Parliament, as stated in recommendation no. 4 above, recommends in its report to the House on this Bill that Queensland acts assertively and urgently to call for a royal commission, as a matter of priority, to review the Law and the operations of all health authorities that are established by and empowered under the Law in all participating jurisdictions of Australia.
6. The committee, as paramount to the Bill proceeding, recommends amendments to the Bill to enact that the rights and interests of practitioners are seen as equal to those of their patients and the general public. Practitioners have equal rights to be protected from abuse, a right to freedom of association and should not be investigated on the basis of vexatious, malicious or otherwise unsubstantiated complaints.
- 7. The committee, in recognizing its responsibilities and those of the Queensland Parliament, as stated in recommendation no. 4 above, recommends in its report to the House on this Bill that Queensland acts assertively and urgently to address current inadequacies in imposing disciplinary action and penalties to complainants where complaint/s are found to be vexatious or malicious in nature.**

In making my submission I note that I am willing for my submission to be made public under parliamentary privilege.



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