

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

Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017

SUBMISSION

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

On hearing about the proposed bill I was deeply concerned by the suggested changes, which further ingrain the culture of blame, shunning of those under investigation, fear of reprisal, [REDACTED] and witch hunting that is rife amongst the healthcare professions. Instead of being healers and leaders in our chosen professions, we play it safe, treat conservatively and stick rigidly to guidelines and best practice.

My observations are of a general nature, based on my experience as a registered nurse, a professional who works with nursing undergraduates and as a consumer of healthcare services. I have observed for over three decades the ills of our current health care system and more recently the misuse of regulatory bodies to attack individual practitioners. This is only getting worse as we become more and more litigious in Australian society.

The healthcare professionals I have seen affected by investigations were dealt with by AHPRA, to which I have been a member for many years. Until recently I paid my fees every year and knew little of the investigations that occur. I had been part of the consciousness that assumed that those investigated were guilty. It is only since meeting and personally knowing some of the people affected by these claims that alarm bells have rung for me with the whole investigatory process, as I am well aware of the outstanding quality of their practice.

In the cases I have observed there has been a complaint made against the health professional to AHPRA. In each of these cases there was a common thread to the motivation for the complaint being made:

- Jealousy – often the professional under investigation is a leader and innovator in their field. Without these people our medical practices would still be in the dark ages. Their passion and dedication can highlight their colleague's lack of innovation, depth of true care, vested self-interest and investment in the status quo.
- Resistance - Any change management presentations I have attended always start with the well-known concept that 'the greatest resistance to change comes from within the organisation'. Those with a vested interest (and there are many tangible and intangible investments in healthcare such as money, power, status, reputation), will do anything to stop those who threaten the status quo. Listening to some of the presenters speak about their cases at the 2017 Health Professionals Australia Reform Association (HPARA) conference, it became quite apparent that those who speak up and express the truth about what is not working, unfair, unsafe or motivated by greed or pride became targets of professional complaints from colleagues.
- Vexatious complaints – this has been the most common and disturbing themes in the cases I have observed. Our current investigative process is seriously flawed if serial complainants are allowed to waste the time and resources of AHPRA and the accused practitioners. AHPRA is being used as a puppet of these people for their own gains. I am sure insurance companies have a register of serial complainants which is taken into account. If private business can do it, why cant a Government body? Why are we allowing these people to abuse a system designed to protect the public? Surely our incredibly dedicated health professionals equally deserve to be protected from such harmful, vexatious claims.

To address the vexatious claims in more detail, I personally know and greatly admire some health professionals who have had claims made against them. These people are absolute leaders in their field and in the health care industry. They are deeply loved and respected by their clients and fellow staff. Most astoundingly, the complaints are often made by a person who has never even met, let alone been treated by the health professional. It is easy to discover this information and should be one of the first things that is flagged when a complaint is made.

I have observed the impact on these people, which has been far reaching. The request to defend themselves at short notice and lengthy restrictions on practice (sometimes years) whilst under investigation would be enough to create stress, exhaustion and hopelessness in all of us. Add to this being shunned by colleagues, the tarnishing of reputation and loss of income were difficulties that compounded the emotional and psychological impacts of investigation. On meeting some of the affected health professionals and hearing their stories at the 2017 HPARA conference, what stood out the most was the hurt and sadness they were carrying after serving the public so conscientiously throughout their extensive careers.

In dealing with the investigation, many of these health professionals had found AHPRA to be obstructive, bullying, misleading and completely unsupportive. They felt traumatized and tarnished, treated as a guilty criminal. In what state and quality will these health

professionals return to the healthcare system if found not guilty, when they have felt so judged, unsupported and treated with such a lack of care?

Of course the impact on the individual practitioner is only part of the story. There is a ripple effect into their families, social lives as well as the breakdown of trust and cohesiveness in work place teams.

I personally have nothing to gain from writing this submission as I have not had a complaint made against me and I am not actively employed in the health care profession. However I care deeply about the quality of care patients receive from staff who are working in a climate of fear, scrutiny and where innovation is so unwelcomed. I am concerned that those who are innovators will be shut down and we will see a modern day dark age return, where the safety of the practitioner comes before the needs of the patient. I care that those who are willing to speak up and express the truth about the ills and short comings of our health care system, can be silenced so easily by the manipulation of regulatory bodies.

I also care very much about the healthcare system that we are sending our students and new graduates into. I am concerned that they learn very quickly to work in a way that is motivated by the care factor (cover █████ retain employment) and are driven by fear of being watched and reported if they 'step out of line'.

Thank you for the opportunity to comment on the proposed bill. I have made the following recommendations.

RECOMMENDATIONS

Based on what I have witnessed regarding the practitioner nominate above and my own personal experiences, as outlined above in this submission, and my knowledge of the similar experiences of other health practitioners, I recommend that:

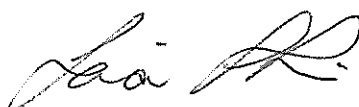
1. The committee recognizes the evidence submitted to the committee by health practitioners and in other submissions to this inquiry and validates all expressions in that evidence of practitioners feeling, and being witnessed to have been, unfairly treated, harmed and traumatised, their experiences in 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.

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

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