

Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022

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30 May 2022

Committee Secretary

Health and Environment Committee

Parliament House

George Street

Brisbane Qld 4000

By email to: hec@parliament.qld.gov.au

Dear Secretary

**RE: Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 -
ADAQ Submission**

Thank you for the opportunity to provide a submission on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022.

The *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022* ('the Bill') introduces a number of procedural and practical changes to the *Health Practitioner National Law Act 2009* (QLD) ('the National Law') and the *Health Ombudsman Act 2013* (Qld) ('OHO Act'). The amendments are being proposed in order to increase clarity around the referral pathways for both organisations and has the aim of minimising timeframes for all parties involved in the process including health practitioners and health consumers.

ADAQ is a member based professional Association for dentists. We are well placed to comment on the effects of these changes on health practitioners as we are experienced in assisting our members through various regulatory processes involving Ahpra and the Health Ombudsman.

ADAQ notes that the Bill introduces a new Section 3A to the National Law which makes "protection of the public and public confidence" the paramount guiding principles for the National Law. Whilst ADAQ recognises and supports "public confidence" as a guiding principle for decision making, ADAQ does not support "public confidence" as a "paramount" guiding principle for decision making as this can impact health practitioner's rights, including their rights to practice.

ADAQ generally supports most of the changes outlined in the Bill. However, ADAQ does not support Clause 20 of the Bill (**Part 8AA Public statements**), which will permit the "naming and shaming" of health practitioners. In the view of ADAQ, not only could this lead to unfounded and irreparable reputational damage to the individual, but it could also have harmful effects on practitioners' mental health. Given how fast information can disseminate on-line and how on-line information remains indefinitely on the internet and is not bound by location, naming and shaming health practitioners has the capacity to follow an individual everywhere and forever.

Whilst it is acknowledged that naming and shaming can sometimes lead to positive behaviour change and alert the community to perceived risks, its effects are unpredictable and irreversible. Naming and shaming practitioners could also have the impact of causing negative consequences, such as depression and anxiety and in extreme cases, even lead to suicide.



Rather, it is ADAQ's strong view that the current process of suspending a practitioner where there is a risk to the public is the most appropriate remedy as by suspension, the health and safety of the public is maintained and the public is protected.

In summary, ADAQ supports "public confidence" as a guiding principle but not to the extent that it impacts practitioners' rights, i.e., this should not be a "paramount" consideration. Further, we are strongly against any "naming and shaming" given the potential for reputational and health risks this brings on practitioners', inadvertently or otherwise.

Once again, thank you for the opportunity to make this submission.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Matthew R. Nangle', with a stylized flourish at the end.

Dr Matthew R. Nangle

President