

Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022

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From: Ray Bange [REDACTED]
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To: Health and Environment Committee
Subject: Re: HEC - Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 - inviting submissions

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Categories: Submission

Thank you for the invitation to respond to the consultation into the HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL 2022.

I have followed the development of these changes through the various consultative stages and the approval of the reforms by health ministers of participating jurisdictions, including the Commonwealth.

I support the underlying principles that are embodied within the bill.

I note that the bill amends the Health Ombudsman Act 2013 to reflect Queensland's co-regulatory arrangements and makes minor modifications to how the national law applies in the context of Queensland.

I am fully in agreement with the principle that the health and safety of the public should be a paramount consideration under section 3A of the national law and that Ahpra, national boards and other entities will be required to prioritise public safety and confidence in their deliberations and actions in applying the national law.

Having seen the outcomes of delay, I also support strengthening of the regulatory responses to risk and the introduction of the new power for Ahpra and national boards to issue interim prohibition orders to unregistered practitioners who pose a serious risk to others subject to adequate safeguards to ensure natural justice.

The bill specifically caters for Aboriginal and Torres Strait Islander peoples and this inclusion is strongly supported. However, the bill does not provide for other culturally diverse groups and consideration might be given to ensuring they are not excluded or forgotten by omission from the legislation.

I therefore am of the view that the explanatory materials and guidelines associated with the reforms should place importance on cultural safety and inclusion that goes beyond the vitally important references to our First Nations peoples. That commitment to cultural safety might also apply to public reporting of diversity so that it becomes an accepted part of corporate culture.

For example, in various submissions to government regarding ambulance services I have recommended that Annual Reports provide workforce information with not only gender balance, but also disaggregated diversity and disability status including key membership groups across various bands or levels of governance.

For reference I have also written about such matters often in the Paramedic Observer blog including:

Benchmarking Diversity <https://bit.ly/3o5qzTB>

Women and diversity in paramedicine <https://bit.ly/3CcuLIO>

HCPC's first diversity data report <https://bit.ly/3aAkZrd>

Diversity in paramedicine & the health professions <https://bit.ly/38xMRJB>

Yours sincerely,

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