

## **Inquiry - Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024**

**Submission No:** 5  
**Submitted by:** Qld Network of Alcohol and other Drug Agencies (QNADA)  
**Publication:** Making the submission and your name public  
**Attachments:** See attachment  
**Submitter Comments:**

20 December 2024

Health, Environment and Innovation Committee  
Queensland Parliament  
Submitted via online portal

Dear Committee

Thank you for the opportunity to provide feedback on the Queensland Government's Health Practitioner Regulations National Law and Other Legislation Amendment Bill 2024. The Queensland Network of Alcohol and other Drugs Agencies (QNADA) submission is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have more than 60 member organisations, representing the majority of specialist NGO AOD providers. This submission is made following consultation with QNADA members.

QNADA is pleased to provide further information or discuss any aspect of this submission. Please don't hesitate to contact me at [REDACTED] or by calling [REDACTED]

Yours sincerely



Rebecca Lang

CEO



Submission to the *Health  
Practitioner Regulation  
National Law and Other  
Legislation Amendment Bill  
2024*

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*December 2024*

This submission has been prepared by the Queensland Network of Alcohol and Other Drug Agencies (QNADA). Its content is informed by consultation with QNADA member organisations providing alcohol and other drug treatment and harm reduction services across Queensland, as well as a review of relevant research and reports.

QNADA welcomes the proposed amendments within the Health Practitioner Regulation National Law and Other Amendment Bill 2024. Given the positional power practitioners have in clients' lives, additional protections are welcome. Our submission is focussed on the:

- Requirement that disqualified or cancelled practitioners must obtain a reinstatement order from the responsible tribunal before applying to a National Board for re-registration
- Increased reporting and transparency for the public regarding practitioners who have been found to have engaged in sexual misconduct
- Strengthened protections for complainants against victimisation, inclusive of requirements regarding non-disclosure agreements

QNADA welcomes strengthening protections for clients in clinical settings for people who access either private or public treatment and harm reduction services for alcohol and other drugs.

These proposed amendments will also support the achievement of the Closing the Gap targets one (everyone enjoys long and healthy lives), two (children are born healthy and strong), and fourteen (people enjoy high levels of social and emotional wellbeing).

The vast majority of people who use alcohol and other drugs do not experience problematic use and never come into contact with any services for reasons related to their use, however it is important that for those seeking help there are evidence-based, non-stigmatising clinical services available, delivered by qualified and appropriately regulated professionals. Our [2023 Policy position paper](#) discusses the impacts of stigma and discrimination on people who use drugs in more detail.

It is particularly important to protect the safety of individuals who use drugs within health settings given the power imbalance between an individual using drugs and seeking help and the health practitioner. For example, many practitioners have the power to make reports to police or child protection systems, and in the opioid dependence treatment program, prescribers exercise immense power over a clients life, controlling decisions about access to things like take home doses, which can significantly impact employment and family connections.

Patients need to know that their practitioners will act in a way that is trustworthy and reflects the very high levels of respect that the community places in them.

#### ***Requirement to obtain reinstatement Order from Responsible Tribunal***

We support raising the bar for practitioners to regain their registration following cancellation or disqualification. We support the requirement for a cancelled or disqualified practitioner to obtain a reinstatement order from QCAT prior to applying for re-registration.

This process may bring to bear greater knowledge of the particular circumstances of the case in determining whether reinstatement is appropriate at that point in time, which may not be readily apparent to a different agency.

We also support The RACGP's call for a concomitant requirement that re-registered practitioners attend ongoing counselling with a peer and report to registration bodies for a stipulated period. We agree it would support national consistency and improve transparency.

***Public information regarding practitioners found to have engaged in sexual misconduct***

We support expanding the information available on the public register for practitioners who have engaged in serious sexual misconduct. Increasing transparency is likely to help prevent sexual misconduct and will improve accountability.

Ensuring patient safety is critical, and patients must have the opportunity to make an informed choice about which health professionals they consult. This includes being able to view a practitioner's regulatory history. In the case of professional misconduct of a sexual nature, the breach of trust between practitioner and patient is of such a nature and degree that we support the publication of this information.

***Strengthening protections for complainants***

We support the creation of an offence of threaten, intimidate, dismiss, refuse to employ, or subject a person to other detriment or reprisal because they intend to or have made a notification. We also support clarifying that the signing of non-disclosure agreements (NDA) do not remove the right of a patient to make a notification to Ahpra about the conduct of a practitioner which is the subject of an NDA.

We recognise that the regulatory process itself can also be traumatising for people who have already been subject to the harm arising from the misconduct. They should feel safe in being able to report the conduct without fear of reprisals or intimidation.