



STATE DEVELOPMENT, INFRASTRUCTURE AND WORKS COMMITTEE

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PUBLIC HEARING—INQUIRY INTO E-MOBILITY SAFETY AND USE IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Wednesday, 27 August 2025

Brisbane

WEDNESDAY, 27 AUGUST 2025

The committee met at 10.34 am.

CHAIR: Good morning, I declare open this public hearing for the inquiry into e-mobility safety and use in Queensland. I am Jim McDonald, the member for Lockyer and chair of the committee. With me here today are: Ms Jonty Bush, the member for Cooper and deputy chair; Mr Terry James, the member for Mulgrave; Mr David Kempton, the member for Cook; Mr Shane King, the member for Kurwongbah; and Mr Bart Mellish, the member for Aspley. The purpose of today's hearing is to assist the committee with its examination of e-mobility safety and use in Queensland.

This hearing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation, but I remind witnesses that intentionally misleading the committee is a serious offence. I also remind members of the public that they may be excluded from the hearing at the discretion of the committee.

These proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during the proceedings and images may also appear on the parliament's website or social media pages. Please turn your mobile phones off or to silent mode. Finally, please remember to press your microphone on before starting to speak and off when you are finished. When it is red, it is dangerous!

TWYFORD, Mr Luke, Principal Commissioner, Queensland Family and Child Commission

WALKER, Ms Tammy, Director, Monitoring, Advocacy and Reviews, Queensland Family and Child Commission

CHAIR: Good morning. Would you like to make an opening statement before we start our questions?

Mr Twyford: I would like to invite Tammy to make the opening statement. Before I hand over, I will say that one of the most significant responsibilities I hold is to maintain Queensland's child death register. It records the death and cause of death for any child under the age of 18 here in Queensland. In the 2024-25 financial year, we continued to produce data and reports. That database is now 21 years old, providing us with a rich insight into the lives of children.

In the last year four children have died from fatal assault and neglect, 24 from suicide, 10 from drowning and 23 from transport related incidents. When we looked into the transport related incidents, we started to identify the e-micromobility devices and personal mobility devices not as a category but as content that was coming through to us, so we determined to undertake analysis of that data and that is what Ms Walker will now speak to.

Ms Walker: Thank you for the opportunity to speak today on behalf of the Queensland Family and Child Commission. In June this year the commission published an insights paper titled 'Improving safety when young people ride e-scooters and e-bikes'. This paper was developed in response to concerning trends in youth road incidents involving these devices. E-scooters and e-bikes have become increasingly popular among teenagers and young people. They offer practical transport solutions, particularly in areas with limited public transport infrastructure. Importantly, e-scooters and e-bikes do not require a licence, enhancing accessibility and independence for younger riders before they reach driving age.

The use of e-bikes and e-scooters has increased considerably in recent years, in part due to greater access to shared services in metropolitan regions and increased availability to purchase personal devices or modify regular bicycles. Our insights paper suggests that this rapid uptake has outpaced safety. We are seeing increasing rates of serious incidents and presentations to emergency departments. In the five years from 2016 to 2020, there were 14 deaths of all ages reported nationally evolving e-mobility devices. Queensland recorded six deaths relating to e-scooters and e-bikes in the

past two years—2023 and 2024. Five of those were in 2024 alone. An analysis of those six child deaths following e-device use identified that in most cases the child was the rider of the device, was riding on the road or was attempting to cross a roadway and was involved in a collision with a vehicle.

Last year, in 2024, children accounted for 25 per cent of all Queensland road crash deaths involving personal mobility devices, bicycle riders and pillion. In the reporting year 2023-24 the Queensland Ambulance Service recorded 341 e-bike and e-scooter incidents involving children under the age of 17 years. Emergency department data shows most child injuries are falls and collisions, often resulting in head injuries. These incidents often involve non-helmet use, high speed or illegal riding behaviours.

Our engagement with young people reveals a mixed stance towards e-mobility devices. Many value the independence that e-mobility provides, but there is limited awareness of safety norms or road safety rules. The insights paper we published in June this year stresses the importance of a co-designed awareness campaign to ensure messaging resonates with young people. Broader research echoes this. Riders often view e-mobility devices as safe and convenient, while non-riders express concern, especially regarding path sharing and risk behaviours, like pavement riding, speeding or low helmet usage.

When we ask what it is that places young people at greater risk of injury or death, we must consider cognitive development for teenagers and adolescents and the influence this has on their attitudes towards e-bikes, e-scooters and personal mobility devices. We know that adolescents exhibit heightened impulsivity, peer influence susceptibility and distorted risk perception, particularly in overestimating their ability to avoid danger. Compounding inexperience with complex traffic environments, including road safety rules and hazard awareness, children and teenagers riding e-bikes or e-scooters, doubling with passengers or riding on or near roads and other vehicles face specific vulnerabilities, placing them at risk of injury or incident. Frequent riders may become overconfident and engage in riskier behaviours, like speeding or running red lights. Experience alone does not necessarily improve hazard perception.

Our insights paper notes the interaction of these physical, cognitive and social factors with young people's attitudes to e-devices and their riding behaviours, especially where there is limited access to youth-centric and age and developmentally appropriate safety information. We advocate for robust community education and safety campaigns delivered by trusted voices such as young peer leaders, community leaders and athletes through school environments. These programs should include both broad public messaging for all road users and targeted, youth focused education.

The commission recognises the benefits of the safe integration of e-scooters and e-bikes into Queensland's transport mix. We urge that safety must come first. With well-targeted regulation, data informed practice, safe infrastructure and youth informed education, we can reduce preventable harm while preserving the benefits that e-mobility presents for young Queenslanders. Thank you.

CHAIR: Thank you, Tammy. Thank you for the work that you do. They are very sad reports that you have to produce. Thank you for your ongoing work.

Ms BUSH: Thanks, Luke and Tammy, for coming in today. I am just having a look at your insights paper as well. Thanks so much for doing that work for us. I have a couple of questions. We all want the same thing: we want young people to be safe and we want every road user to be safe, including adults and older folk who have reported to us they feel anxious about shared use. We have a range of options available to us as a committee, including enforcement and compliance. You have focused more on the education space. There may be a view that that is a soft option. Can you talk to the benefits of education and the proven evidence that sits behind what an education campaign can do and why the committee, in your view, ought to be considering that?

Mr Twyford: Regulating behaviour is all about balance. No one option will work for everyone all the time. What we see is new and emerging technologies such as e-mobility devices being ahead of regulation. Uptake amongst young people is generally higher than amongst adult populations; therefore, the risks are first seen within teenage cohorts. We saw that for vaping. We now see it for e-scooter use.

We, as adults in positions of power, need to be very careful that we do not inoculate risk across our community. Risk is actually part of growing up. Risk is normal. Risk is ever present. We have many road accidents involving adults behind the wheels of vehicles, which is tragic and something we need to limit and prevent, but prohibition of cars is not something that is on the table. Community education and making people aware of what the risks are to themselves and how they can best make decisions around mitigating risk is the single best solution. It is the most cost-effective in terms of evolving and maturing community understanding, but it also places that responsibility into each

individual's hands to operate as part of a society in a safe way. Community awareness campaigns have to be our first form of defence in any social harm or ill that we are trying to address, particularly where it is a new and emerging technology or a new and emerging social behaviour, because it is the awareness that then drives and enables decision-making.

Mr KEMPTON: What a fantastic presentation. I am quite encouraged by its depth. Term of reference No. 4 refers to the suitability of current regulatory frameworks. We have had submissions in relation to product safety, enforcement, traffic regulation, council compliance—a plethora of subjects. Would it be fair to say that, generally, the regulatory framework has not kept up either at an individual level or right across the board and needs to catch up and that we also need to work together to resolve this issue?

Mr Twyford: Absolutely. That is something that I think we say in the introduction to my submission. The pace of technology and social uptake of new and emerging technology far outpaces regulation, so it is about placing that regulation within the broader vision of: who do we want to be as a society; what does a modern city look like; heading into the Olympics, how does Brisbane see itself; and how do we consider traffic congestion alongside pedestrian safety and business access? All of that has to work together, so focusing solely on e-scooter regulation is something I would caution against. We need to consider the holistic picture.

Mr KING: Thanks for coming in. I note that you talked about risk. Coming from a safety background—hazard versus risk—the biggest hazard in the world does not have to be a risk or actually dangerous, if you go through the hierarchy of controls. Usually we are starting at the other end with PPE, which is the last—you would usually use a helmet—and then education, which is administration. There is isolation and other ways of elimination that are not feasible here. These are great initiatives, as you said here. I see you have highlighted some work DTMR has done over the years with cycle safety. If we go down that path with some hybrid, could you explain those policies that worked for us so we can see where we go?

Mr Twyford: Hopefully you can seek more information directly from them on their work. I do not want to speak on their behalf. To the extent that we partner with both transport regulators and agencies, policymakers, for our child death register, it is about defining what is preventable, to what extent it is preventable and what the policy solutions are. Within their work, looking at the regulation of the vehicles themselves and the users of those vehicles, to what extent should there be age limits? Whose job is it to enforce age limits? How do you attribute legal, criminal or civil accountability to riders who may be under-age? That is obviously a critical question for your committee to consider.

What I would highlight in their work is that they have placed their policy issue within the broader ecosystem—for example, a bike rider who is not wearing a helmet on a road compared to a pedestrian pathway. Based on age limits, there is a graduated mix of regulatory responses such that how we approach a five-year-old on a pathway is very different to an adult on a highway or motorway. I believe—and I encourage—that that is what we need for e-mobility scooters. There is no single regulatory law that will work by itself.

We need to be very cognisant that people in metropolitan areas with traffic congestion are more prone to hire scooters and other mobility devices. People in regional areas, particularly teenagers not yet of the age to drive, are seeking ways to get to work, seeking ways to get to friends, seeking ways to get to school. The bicycle of old was the preferred method of transport. Now there are options available. To what extent should we enable and allow a 12-year-old who wants to go and volunteer at a surf club to get there on an electronic vehicle versus not allowing them to do that? The regulation of the vehicle and the licensing of the rider have to occur within that broader social decision-making.

Mr KING: They take cars off the road so therefore they help reduce the ultimate hazard. Thank you very much.

Mr JAMES: Luke, you spoke about the modern city. It is pretty hard to get adolescents and teenagers to listen to regulations. They think they are outside the law and they are not really interested. Should we be focusing more on modern infrastructure, particularly with the advent of AI and things like that?

Mr Twyford: Infrastructure has to be a key part of this. I will confess that I use e-scooters at times. The green pathways through Brisbane city that are specifically designed to make sure that those devices are not on a footpath or major roads has to be very clever cityscape design. That obviously has infrastructure costs and it requires new rules. Absolutely, how modern society traverses from point A to point B is shifting and changing. Public transport usage has changed in the last five

years, as has traffic congestion from COVID and work-from-home arrangements. There are a whole number of levers shifting and changing how Queenslanders decide whether or not they will travel and then what form of travel they will take.

In response to the first part of your question, I would say that I have seen very effective teenager focused behaviour change campaigns run and designed in Queensland. I would particularly point out the anti-vaping campaign that Queensland ran two years ago following a committee of inquiry into vaping. That particular advertising was designed by teenagers. When governments or organisations listen to the voices of young people whose behaviour they are seeking to change and use the words and styling those teenagers need to hear, you can see very dramatic and very effective behaviour change and behaviour shift. I would suggest that community education is one of the best tools for broadscale social behaviour change, but the communication has to be targeted to the audience. The best way to target the audience is to speak to that audience and understand that audience.

Mr MELLISH: Thanks for the amount of work you have put into this inquiry into e-scooters and e-mobility more broadly. I have a two-part question. Does there need to be more standardisation amongst hire schemes across different council areas, which are predominantly the regulators of that side of it, and more broadly between states on the vehicles that are allowed and road rules, age use, helmets and things like that?

Mr Twyford: That is a very good question. I might see if Ms Walker wants to contribute. All of these levers need to work together. There are competing problems within what we are trying to design a solution for. If we are focused purely on child deaths and the safety of children and devices, then clearly speed limitation of those devices, regulation of the quality and design of those devices along with laws around age limits on riders and what safety equipment they must wear would all be part of protecting a child from a significant injury.

I acknowledge there are other social and policy problems we are trying to solve, including: pathway safety for people who are not on devices; the desirability of having scooters littered throughout our city streets; the public transportation issue; and the availability and equitability of teenagers and young people being able to travel from point A to point B. There are a number of social policy problems involved in this debate. Each of them will have its own solution. It is not necessarily the regulation of the point-of-sale device or the regulation of hire companies and who can and who cannot hire these devices. They all need to work together.

I think the reason for this committee and the reason for our paper is that this has emerged upon us in the last few years. We are trying to now understand the root drivers of the concerns we are hearing and seeing and placing them within the ecosystem of broader regulation. Tammy, is there anything you want to add?

Ms Walker: What we also identified through the insights paper was the need for strengthened data collection and understanding attitudes and behaviours and how people are using e-mobility personal mobility devices, e-scooters and e-bikes. The more we understand about the way people, particularly children and young people, are using these devices, the better we can understand what we then need to lead with, whether it is through the shared device companies, whether it is around point-of-sale accountability for vendors to provide comprehensive safety advice, or whether it is around the availability of modification devices that can be added to existing bicycles or vehicles.

CHAIR: I would be interested to know what other information you can provide around this or if you have any thoughts about who we might be able to ask. Bikes have been around for a long time. There was a phenomenon around little scooters a while ago that overtook the market but there was not a large amount of injuries. Your insights paper made me think. When you get a new bike, skateboard or scooter, you are not very good, so you are only going to go slow and so when you fall off you do not get hurt. Then as you get better and better, you get quicker and quicker and you make fewer mistakes. I think there is some education around that because, as you say, all of a sudden you have these technologies that let them go at 12 kay or 25 kay straightaway, without developing base skills. Could you share with us any insights you have around that and what thoughts you have with regard to co-design?

Mr Twyford: I think that is a really insightful pick-up from our paper. I will also go back to the question from the member for Mulgrave, because I missed a critical point in my answer to his good question.

The child deaths that we analysed in our paper were where an e-mobility user was crossing a roadway or was on a roadway and collided with a car or a vehicle. To the question around city design, how do you separate children on e-scooters from vehicles on roads? That seems to be the critical question for the lives of Queenslanders.

To answer your question, I think that is absolutely right. The high speed that you can travel with no experience on your first-ever ride of a scooter would suggest there is a safety issue to be managed there. The speed limitation of these devices is important. We do know that people are accessing devices online which they can attach to their own bikes or use to modify their own devices to go at incredible speeds—speeds that would be equivalent to motorbikes, which obviously are longstanding in our community and have a range of regulations, including licensing. You also need to be an adult and pass learners and driving tests. I think that is absolutely right. We would not support unregulated or uninhibited access to high-speed vehicles for anyone, let alone young people. We have indicated that is one of the core issues.

It also brings us back to that public awareness, community awareness solution we were raising. For any person to know that the device they are about to hop on does travel at a speed that will cause brain injury if they fall off is such a simple message to convey. How are we conveying that to children in schools and children across our communities? 'You might see your friend on this, but your friend has had more experience. Your friend owns one. If this is your first time, be really careful. Children die on these devices.' That is the sort of community education I think I would like to see happen quickly because, to your point, it is the inexperience of hopping onto something that has a higher danger rate than you might expect when you sit in a park and see everyone else riding these things.

Ms Walker: In our insights paper we also did have a look at what else we can learn from interjurisdictional comparisons. Importantly, the United Kingdom, for instance, does require a minimum provisional driver's licence for e-scooters but also has some limitations based on location. In London, for instance, all first-time riders must complete mandatory education on how to ride safely due to the increased risk of engagement with other vehicles on roadways.

CHAIR: Are there any other jurisdictions, universities or learning areas that you have come across that might be able to enlighten us around best practice?

Ms Walker: We do have comparisons in the insights paper. New Zealand does have a maximum capacity for e-mobility devices to not exceed 300 watts. In the broader European Union, in Germany, whilst there is no legal age limit or varying age restrictions, there is a requirement for a bike pass or bike licence. That includes passing a theory test about road traffic regulations, and those types of devices are not allowed on formal roadways.

Mr Twyford: I will add to that also the point that Queensland is not alone in this situation. Each and every state and territory of Australia is experiencing similar harms and similar policy issues. I would also be encouraging the federal government and other state and territories to be working around consistency. We have to take action to protect Queensland's children, but making sure that our community awareness campaigns and regulations are not misunderstood, misconstrued or subverted because of other states and territories' inconsistent approaches will be equally important into the future.

Ms BUSH: I know we are pushed for time, but you are the dedicated youth service representative for us today. You have touched on the approach of co-design in terms of education and some of the resources. Do you think there is a place as well for broader education for adults? I am keen on your views from young people around the targeting of young people just for being young people sometimes. They are seen as breaking the law when actually they may not be. It is more like a broader tolerance that is required for all road users who are sharing spaces with young people to be aware that it is not a crime for them to be out doing things.

Mr Twyford: I can probably base that on my own lived experience of being a skateboarder in the early 1990s. Society and teenagers often have a vexed relationship. We were all teenagers. It is the period of life when you test boundaries, you test authority, you learn, you grow, you struggle with your identity and independence and you find better connections in peer groups. At times, those peer groups, your behaviours and boundary testing will be criminal and get you into trouble. That is a problem for us as a society. We want to minimise social harm. We want to minimise antisocial behaviour. We do that by respecting each other and we do that by understanding each other and that life stages come and go as time passes. Ensuring that in this debate we do not see it as a 'youth versus everyone else' issue is really important.

We have obviously focused on the deaths of people under the age of 18 because that is my legislated role. I think more analysis could be done on adult related deaths from e-mobility scooters as well as the injuries. I think death puts it at a very significant number, but we have tried to draw on ambulance statistics to try to tease out that there are actually disabilities, lifelong disabilities and other significant events not quite crossing into the child death register space.

In response to your overall question, we need to do more to see us as a whole society, not just young people. Young people are going through what they are going through. We are seeing many social changes in broader society—social media bans, school attendance falling, youth suicide increasing—and we have a number of different policy problems that the commission is worried about. Ensuring we are doing this together is what I would encourage us all to be doing.

Mr KEMPTON: With every meeting, this whole debate becomes more complex. For me, anybody under 16 should not ride one of these devices without parental supervision, but now you have made the case for a 12-year-old. I know that when I was a kid we rode a lot quicker than we probably should have, so you just cannot regulate this. This will really be a complex social, economic and governance issue for all users and also for the people who may become the victims of that—visually-impaired people or old people. There is no quick fix to it.

Mr Twyford: I absolutely agree. There is no single solution to the range of issues resulting from emerging technology. I draw parallels—I apologise for this, but in my role I am spending a lot of time around child sexual abuse, grooming and the online environment. I draw the parallel because it is a new and emerging way that society is engaging with each other where regulation and laws of government and criminal prosecutions are not the sole solution. We need society to be more aware of risk and harm in our current world and in our future world, and we need that awareness of risk and harm to lead to stronger relationships with understanding of behaviours. Once we have a social normalisation of what is appropriate and what is inappropriate, we get to a place of safety.

I am currently looking at work health and safety laws and how Australia went from high rates of worker injury and death to its current situation. Obviously, the work health and safety laws and national consistency around them are part of the story, but what it actually did was create cultures within workplaces and cultures and norms within society where we all started to look out for each other and started to say, 'No, no, that is not safe,' and we took on the obligation ourselves. I am hoping Queensland takes that approach with the Child Safe Standards, and I suggest that is the model we also need here for road safety and scooter use.

CHAIR: Thank you, Commissioner and Ms Walker. It is always a pleasure to see you both. The time now has finished. There are no questions taken on notice. Thank you for appearing today. I hope you enjoy the rest of your day.

BARRETT, Ms Alison, Member, Queensland Law Society Accident Compensation and Tort Law Committee, Queensland Law Society

CONNOLLY, Ms Pru, Member, Queensland Law Society Accident Compensation and Tort Law Committee, Queensland Law Society

STUBBINGS, Ms Hayley, Special Counsel, Legal Policy, Queensland Law Society

CHAIR: I invite you to make an opening statement before the committee has questions.

Ms Stubbings: Thank you for inviting the Queensland Law Society to appear today. In opening, I would like to respectfully acknowledge the traditional owners and custodians of the land on which we meet. As the committee may be aware, the Queensland Law Society is the peak professional body for the state's solicitors. We are an independent, apolitical representative body advocating for good lawyers, good law and the public good.

QLS acknowledges the breadth and importance of the issues the committee will be considering. Our focus is on the significant gaps that exist in relation to compensating those who have been injured by e-mobility devices, mainly e-scooters, through no fault of their own and how those gaps may be addressed. I am joined today by Alison Barrett and Pru Connolly, members of the QLS Accident Compensation and Tort Law Committee, who will elaborate on those issues. We will then be very pleased to take your questions.

Ms Barrett: As foreshadowed, there are significant gaps for insurance coverage for those who are injured in e-mobility accidents. It generally leaves people in financial ruin and it is a lottery in terms of whether or not there is any compensation that will follow an accident. In Queensland we operate in a common law jurisdiction. Aside from where there is a catastrophic injury, or if you are injured at work, an injured person will not receive any compensation for an accident that occurs. Where there is a serious or catastrophic injury, the National Injury Insurance Scheme Queensland will apply to allow someone with some no-fault coverage for their treatment, care and support for the course of their life.

Some examples where there are existing insurance schemes in Queensland that currently apply to someone injured in an accident involving an e-scooter or an e-bike can include an ability to access a public liability claim. For example, where a rider might come off an e-scooter because of a fault or a defect in the scooter itself, there may be a claim against a manufacturer or if there is a maintenance issue with a hire scooter there might be a claim against the hire company. Where an accident occurs because of a defect in a footpath or some issue with the infrastructure that is being used, there may be a potential public liability claim against a local council. There are some ways an injured person can access Queensland's CTP scheme where the accident involves a vehicle. That, however, does depend on who is at fault for the accident—for example, if a driver fails to give way and collides with an e-scooter or an e-bike. Finally, the Queensland WorkCover Scheme can apply if someone is injured in the course of their employment using one of these devices or on the way to or from work.

Our members speak to numerous inquiries that have been injured where there is no insurance coverage or there are significant investigations required to determine whether or not someone might step in and provide insurance—for example, pedestrians hit by these e-mobility devices. More often than not, a pedestrian who has been injured or killed by one of these devices will not be insured by any existing scheme. It is unlikely that these riders are taking out any bespoke insurances themselves to insure against claims like this. Some—however very few—home and contents policies that riders have may cover them in these situations.

There can also be issues for pedestrians tripping on e-scooters around footpaths. That is obviously a problem, and often there is no insurance attached to that sort of injury that might occur or lengthy investigation processes may need to occur. There is also no coverage for people riding e-scooters or e-bikes where the accident is their own fault, whether it be caused by misadventure or a genuine accident. That, however, is just like the driver of a car in these circumstances. There is no difference there. They have to access the public system or any private insurances they may have taken out, like private health insurance or income protection insurance.

The other significant gap that our members are seeing is in relation to where the rider of an e-mobility device causes an accident and there is a passenger or an additional rider on that particular device. The passenger might be able to bring a claim against the rider who is at fault; however, there is generally, again, no insurance attached to that situation and the riders generally do not have a lot of assets, so whether any compensation will ensue is highly unlikely.

Given the severity of the injuries we are seeing for these sorts of accidents, the QLS is in support of consideration being given to a compulsory third-party type insurance arrangement being developed. There are a number of factors, though, that need to be considered in relation to that. One is whether or not modified or illegal devices would be included in that sort of scheme—just like, again, in the Queensland CTP scheme the nominal defendant steps in in that situation. Any scheme obviously needs to be futureproofed to ensure that advances in technology mean that new devices can also be included in the scheme. Finally and most importantly, any scheme needs to be affordable and accessible to people to access the insurance but also financially viable for insurers and the longevity and health of that scheme. There are a number of licensing and registration considerations which go hand in hand with some of those things as well.

Ms Connolly: Licensing and registration would obviously facilitate implementing a CTP system for those vehicles. I probably cannot tell you anything more than you already know in terms of the licensing that we already have and the ages required, but our members are suggesting there is no need for the licences for these devices to be exactly like a motor vehicle licence, which is obviously onerous—100 hours et cetera and you get your L-plates when you are 16. There are already examples of bespoke systems such as boats: you get a licence and you do a safety course. I think the committee has already heard from a number of schools that have implemented e-safety programs. The children are doing those programs before they are able to ride their e-bikes.

With regard to registration in Queensland, motor vehicles driven on public roads must be registered. There are all types of vehicles, including motorised mobility devices, that have access already to CTP. That is free when they register those vehicles. In terms of the possibility of hooking onto our existing infrastructure administrative things, our members say that that is a possibility, albeit they appreciate it is a very daunting task as to where you start.

Ms BUSH: I anticipate everyone is going to have a lot of questions for you so I will keep mine really brief. You mentioned that CTP needs to be linked to registration and licensing. Have you looked at the Bicycle Queensland model? They offer CTP insurance just for being a member.

Ms Connolly: I have not personally, sorry.

Ms BUSH: That is okay. I just thought you looked at that and dismissed it. No, that is fine. That might be another model, I do not know.

CHAIR: Could you have a look at that and see what you think? Of course, that would be on a pro bono basis.

Ms Barrett: In terms of a scheme like that, it attaches to a membership as opposed to a registration or a licence. You will have a variety of different organisations providing different types of insurances, which is where you get the inconsistency that we already see. One type of insurance with one regime is probably much more beneficial in terms of consistent outcomes for injured people.

Mr KEMPTON: This is probably just belabouring the point, but, with all of the available insurances you listed, what is the difference between lawful and unlawful vehicles in terms of liability? For example, how do we have a fair system that does not encourage unlawful use because people know they are covered by insurance if they do something wrong? It is a bit of a nightmare, isn't it?

Ms Barrett: One of the distinguishing features of most of the regimes, except for the Queensland workers compensation scheme, is that they are fault based, so there is consideration given as to the rider's conduct in causing the accident. That can include whether or not they have a modified device. They might be speeding. Not wearing a helmet can also reduce their compensation entitlements. There is consideration given in most of those schemes.

Mr KEMPTON: What about the second part of my question? It may encourage unlawful use if people know they are not going to be liable because they are covered by insurance.

Ms Barrett: I think that is a stretch and it is not going to occur, because we are not seeing that now in terms of motor vehicle accident insurance and existing CTP insurance because of the fault base that it requires—in the Queensland CTP scheme you cannot access any compensation unless it was a third party's fault—in the same way we have not seen a blowout in terms of drivers of cars doing doughnuts because they know they are covered. They are actually not covered.

Ms Stubbings: I think also this would go hand in hand with many of the other things you are looking at, which would include increased enforcement and education around illegal devices. You would hope to have a drop in the number of illegal devices being used improperly, or legal devices being used improperly because there will be other aspects of the regulation that would cover that, and hopefully insurance would sit within the whole ecosystem being a little bit more controlled.

Mr MELLISH: Further on the question around legal liability, the majority of e-bike sellers—maybe not the majority—will sell a device that is five, six or eight times the legal limit. If they are selling a \$5,000 device and then with a nod and a wink, as has been described by a few stakeholders, they are selling a \$30 or \$50 off-road throttle, as they are calling it, to make this bike completely illegal and, frankly, quite dangerous on the roads, is there any legal liability on the sellers? It is hard for a 15- or 16-year-old kid to make the right decision when all of their friends are buying this product and buying the device that makes it illegal. Is there any accountability or should there be legal liability on the sellers in this regard?

Ms Barrett: Again, you would need to have really careful consideration around the circumstances of the accident and whether or not that modification of the speed has then contributed to it and what warnings were provided to the rider of the device as to whether or not you could then bring in the manufacturer. In a personal injuries context, there are also Australian Consumer Law obligations and others that they need to ensure they are adhering to. There are actions that the ACCC or other consumer organisations are probably likely to be able to bring against them.

Mr JAMES: Alison, you spoke about footpaths. If there is a faulty footpath, for example, you could potentially sue the council for it. How does that go when the footpaths were originally designed for pedestrians and not for e-scooters with little tiny wheels? Does that mean council is not at fault or they have to upgrade that infrastructure?

Ms Barrett: It is actually a really complex and difficult area in terms of attributing liability to local council and local government. The council needs to be on notice that the particular defect in the footpath was a problem to have a successful claim, and then they have to have failed to have taken reasonable steps to remedy that. Again, we are lawyers so there is not one answer. It depends on the facts. That is a fairly significant burden to overcome to be successful in that claim. If the issue was not reported and then the council did not take reasonable steps—and reasonable steps may be that there are a huge number of issues with potholes around the area and these footpaths are designed for pedestrians, not e-scooters—it is reasonable for us not to take any action to remedy that.

Ms Connolly: I think your example of just the normal footpath would not be a successful claim.

Mr JAMES: Do they put up a warning sign—‘Not designed for e-scooters. Use at your own risk’—in the interim?

Ms Barrett: That could prevent them from being liable for those sorts of accidents.

Mr KING: You touched on something that has piqued my interest. With councils accepting revenue from hire companies for allowing their operation, what is their liability if they are not using that to increase and make safe the infrastructure they are ridden on? I notice tree roots growing through footpaths everywhere around the city.

Ms Barrett: If they are encouraging and facilitating the use of these devices, they certainly have a responsibility. If they are taking revenue as a result, they have a responsibility to provide appropriate infrastructure and respond to complaints and issues when they do occur, yes.

CHAIR: Are there any issues you have uncovered regarding the definition of PMDs and electrical vehicles versus vehicles? If you have a registered vehicle and are a licensed driver then you are fine to drive on the road and if something happens it is covered. If you are on an unregistered motorbike on a road, that is again illegal. Is there any difference between an unregistered motorbike on a road and a PMD or one of these devices in terms of the law?

Ms Barrett: At the moment there is no coverage for these devices on the road or footpath at all, so they just do not exist in terms of the existing laws. That is what needs to be considered. What we have discovered is that there is not necessarily a one-size-fits-all approach. It is not going to be the case that you can apply the Queensland CTP scheme that applies to motor vehicles to these devices because of the differences in licensing and registration, the different types of devices, how they are used, where they are used, when they are used and by whom. It needs to be a bespoke approach because of those variations.

CHAIR: I understand there is no cover for these. Is there any cover in terms of the Nominal Defendant or CTP if it is an unregistered trail bike, which is defined as a vehicle, versus a PMD?

Ms Connolly: In the current system?

Ms Barrett: If it occurs on a road. If the accident occurs on a road, yes.

CHAIR: If these vehicles of a certain power and above were defined as vehicles, as we heard from the Police Service on Monday, albeit illegally on a road, there would be cover like with an unregistered trail bike now?

Ms Connolly: They have to be registrable. I think that is the definition in that act. I am not aware. It might depend on the power.

CHAIR: I understand. So there will be trail bikes that are registrable but could be never registered and there are trail bikes that are unregistrable, like some of these. If used on a road the trail bike is considered a vehicle, whereas the PMD has an exemption. Have you looked at that? Maybe you could consider those things.

Ms Stubbings: I believe whether they are registrable or not is related to the Australian Design Rules.

CHAIR: It is, but, as the police said on Monday, if it is a vehicle they are able to stop that vehicle because it is defined as a vehicle. A PMD is an exempt vehicle on a footpath.

Ms Stubbings: It is certainly one of the issues that need to be considered.

Ms Barrett: Absolutely. I think the definition of a vehicle varies depending on the legislation as well. The police are dealing with a different set of laws as opposed to the CTP insurance laws.

CHAIR: I understand. That is why I asked you the question about an unregistered trail bike on a road where an injury occurs and one of these and the distinction. I look forward to your advice.

Ms BUSH: I want to quickly touch on fires caused by the chargers of e-mobility devices and what liabilities, obligations or issues have come up for you from landlords, bodies corporate and property owners. What are some of the barriers, challenges and issues that you have seen come up around not providing the infrastructure or their response to dealing with fires that occur through the charging of e-mobility devices? Shane was just saying some stratas may have banned them. Do you have any examples like that?

Ms Barrett: It is obviously a really significant issue. Again, it comes back to the circumstances of what started the fire—whether or not it was related to occupancy and issues in terms of electrical supply, whether or not it was specifically related to lithium batteries, for example. We certainly have seen inquiries around fires starting because of lithium batteries. The third factor to consider is whether or not the user—whoever was charging the battery—was following appropriate guidelines and had not left that battery charged for too long. There are potential claims against manufacturers in that situation under the Australian Consumer Law and also in negligence—so product liability and public liability type claims for any losses that are associated with that—and then also potentially against the occupiers, so your home owners or your bodies corporate, if there were electrical supply issues.

Ms BUSH: We have heard as well about the issue of selling second-hand items and not having matching chargers and that that is kind of an emerging issue for the second-hand market. I do not know if you have any thoughts on what is required there, if regulation is required or whether it is education?

Ms Barrett: I think it is a pretty significant education piece rather than any sort of regulation. A lot of the existing laws, again around consumer law, should be appropriate in guarding against that—ensuring suppliers and manufacturers are providing appropriate warnings and instructions but also that users make sure they are reading manuals and following the guidance.

Mr KEMPTON: Is there any issue with attaching duty of care to minors?

Ms Connolly: So far as them causing an injury, do you mean?

Mr KEMPTON: Well, obviously somebody who manufactures a motorbike has a duty of care, but with minors and their use are there going to be issues with that? I just wonder.

Ms Barrett: Arguably. In fact, the duty of care owed to minors is higher—

Mr KEMPTON: Sorry, owed by minors, not to minors.

Ms Connolly: What duty of care—

Mr KEMPTON: Would a minor have to an old person on the footpath?

Ms Connolly: Currently the common law deals with that. It would be what a reasonable person would expect for a person that age—

Mr KEMPTON: That is my point. For minors it is opening up a whole realm of discussion around that very issue.

Ms Connolly: Yes.

CHAIR: I have listened intently to your issue of registration, and I liked your comparison about boats or learners—a safety course and that sort of thing. If there was to be a registration system, would that be at the point of sale with one of these things? Have you thought about that, or is it a matter of buying the device and then taking it in to Transport and Main Roads and having that lesser standard of registration that you talked about? Have you thought about that at all?

Ms Connolly: Some of our members have suggested at point of sale—like a motor vehicle but an online system where you could combine it with a safety course, again depending on the device, the age and where you plan to use it. The key for registration is identification. You then have attached demerit points and those sorts of things; people can spot. I have no specific answers, sorry.

CHAIR: You have raised some really good points. I always turn back to the common law. Again, there is obviously a lot of common sense in that, but I also recognise the number of injuries and deaths that are occurring with no opportunity in these things. Thank you for your advice. The time for this session has now ended. There are no questions on notice, so there is no homework, unless you take me up on the offer of having a look at those things for us on a pro bono basis. Enjoy the rest of your day. Thank you very much.

NEWMAN, Ms Michaela, Queensland Executive Officer, Royal Australasian College of Surgeons

SETHI, Dr Harsheet, Deputy Chair, Queensland State Committee, Royal Australasian College of Surgeons

YIM, Dr Nick, President, Australian Medical Association Queensland (via videoconference)

CHAIR: Dr Yim is having some difficulties. We will try to resolve the technical difficulties. I give you the opportunity to make an opening statement.

Dr Sethi: Thank you for the opportunity to appear before this committee for the inquiry into e-mobility safety and its use in Queensland. My name is Dr Harsheet Sethi. I am a trauma surgeon and the Director of Emergency General Surgery at the Princess Alexandra Hospital. In addition, I am the Deputy Chair of the Royal Australasian College of Surgeons Queensland State Committee, whom I represent here today.

As a leading advocate for surgical standards, professionalism and surgical education in Australia and Aotearoa New Zealand, RACS is committed to taking informed in-principle positions on issues of public health at both the state and the federal level. The RACS trauma committee advocate for better trauma systems in hospitals bi-nationally in addition to sensible regulation of activities that can lead to reduction in trauma related injuries and death. The RACS trauma committee took the opportunity to provide a written submission to this committee focusing on the health impact on the Queensland public as well as on the health and hospital services.

I will give a bit of background. Globally, e-mobility has seen a rapid increase in recent years as a cheap, convenient and environmentally sustainable form of travel, particularly for short trips. As people are increasingly using this as a daily commute to work or university, they do need to be viewed as a significant component of the overall Road Safety Strategy. Increasing use of both private and hired devices has resulted in a corresponding increase in deaths and injuries, putting further pressure on the first responders including ambulance, police and hospital and health systems.

National and international studies have documented injuries related to e-scooter use and they report that the riders as well as other road and path users, which is pedestrians, are vulnerable to harm. The most common injuries caused by e-scooters are associated with upper limb fractures and head and face injuries. While some of these injuries are minor and only require presentation to emergency or to the GP practices, a significant proportion do require treatment with multidisciplinary surgical team involvement, prolonged rehabilitation and significant delay in return to work or school. Of course, individual risk-taking contributes to the severity of the injuries.

E-scooters and e-mobility devices are subject to various regulatory frameworks across Australia. These disparities mean that children in Queensland are legally permitted to ride younger than their peers interstate, and we have been hearing about that this morning. All other states and territories in Australia bar Queensland and ACT have a minimum rider age of 16 to 18 years. We have heard about the adult supervision requirement for 12- to 15-year-olds, but as a parent I am not sure that is a feasible option and any parent in this room could attest to that.

I would like to bring your attention the study by Dr Clanfield that I am sure my colleague Dr Yim will return to in his submission and his speech as well. This was aptly titled 'Breaking bones and the rules'. In two years in a single centre, in a regional trauma centre at Sunshine Coast, higher than 76 per cent presented with e-scooter related injuries. Some 71 per cent were male and the average age was 14 years. In fact, one in 30 ED presentations for 14- to 15-year-olds was because of e-scooters. Some 42 per cent of them self-reported not wearing a helmet and 36 per cent of them had bragging rights of exceeding the speed limit of 25 kilometres per hour.

This is what has me worried. I do have a photo that I have submitted. A quick Google search for kids scooters brought up this. There was no extensive search required. This is targeting the young boys and their need for speed without emphasising the importance of a helmet. The recent changes to the infringements for speeding and mobile phone use are very welcome, but the fines for not wearing a helmet are disproportionately low and perhaps do not serve as much of a deterrent.

The growing number of e-mobility related injuries is not restricted to children. It is placing an increasing pressure on Queensland's emergency departments and hospital wards. With over 6,300 confirmed presentations and nearly 1,500 hospital admissions in a single year, these unplanned, high-acuity events significantly burden a system that is already operating near capacity.

The issue for fellows of RACS is the competition daily between satisfying elective surgery demand within the recommended guidelines against the immediate need for rectifying significant and even minor injuries from road traffic accidents. The resources required to address emergency cases are generally twice that of a planned elective surgery operation. However, it is crucial to provide high-quality care for victims of these devices. RACS emphasises the importance of a well-coordinated trauma system that ensures rapid response to accidents; optimal care for the trauma patients and caring for the right patient in the right hospital, which often requires interhospital transfers across the state; and access to rehabilitation services that can help survivors regain independence and quality of life, which includes physical, psychological and social support to aid in the recovery process. It is also important to address the psychological toll of road trauma on patients' families. All of this creates a cost burden and a challenge for the health sector.

RACS's recommendations are brief. Firstly, to keep Queenslanders safe, RACS implores the committee to enact a range of legislative measures which lead to better control of e-devices and their usage. This includes increased law enforcement, clear road and pathway engineering as well as data informed education and communication strategies. We ask that the committee considers increasing the minimum legal age for e-scooter riders to 16 years and focusing on campaigns to increase awareness of the current legislation amongst parents and adults as well as education in schools around safe and legal use of these devices. A more comprehensive approach to data collection at a national level would lead to a better understanding of the injury patterns and allow for research into trauma care innovations to maximise optimal recovery. At the very least we recommend securing permanent funding for the established Queensland trauma data collection to bring Queensland in line with other states.

Secondly, to address the steadily increasing burden to the health services, RACS advocates formal recognition of the increasing demands on health resources to treat these injuries and adequate funding, which needs to be redistributed across the health sector, to cover the cost of emergency care while upholding standards of planned care.

In summary, RACS supports a nationally consistent approach that prioritises safety of riders, pedestrians and other community members and reduces incidents of injury and impact on the health system. I thank the committee for their time and invitation to present today.

CHAIR: Thank you. We really appreciate it. Thank you for your evidence of the competing challenges of these sorts of things with your current waitlists. That is really appreciated. Dr Yim, would you like to make an opening statement before the committee will have questions for you?

Dr Yim: AMA Queensland thanks the committee for its invitation to appear today. I am Nick Yim, President of AMA Queensland and a GP in Hervey Bay. Our members, including emergency physicians, paediatricians and surgeons, are increasingly alarmed by the surge in injuries and fatalities linked to e-mobility devices. They are particularly distressed by cases involving children, especially fatalities. Every case—someone's child, family member or loved one—leaves them changed for ever. It also takes a health toll on our workforce, who are already struggling under staff shortages and the extra work to treat patients of increasing age and complexity. The most frustrating thing for doctors, including at the Sunshine Coast University Hospital, found helmet noncompliance and speeding. The doubling of risk factors is of concern.

Another study revealed that age is a significant factor, with one in three deaths being of children, despite the laws requiring kids to be supervised whilst riding. It is also worth noting that half of all e-scooter fatalities in Australia occurred in Queensland. Our written submission sets out some other findings of this research that make it clear that urgent attention is needed. It is our view that the committee must recommend that government enact sensible, evidence-based regulations to address the factors that lead to injuries and fatalities. That includes measures like raising the minimum rider age to 16, enforcing speed limits, mandating certified helmets and safety equipment along with investing in separated infrastructure to protect pedestrians and riders alike.

We also believe the government needs to launch a statewide educational campaign to inform all riders how to ride safely and also all other vehicle drivers how to drive safely around e-mobility riders. We also want to see increased investment in active travel infrastructure like dedicated bike lanes, safe pathways and school zone protections. This is the only way to support safe, sustainable transport and to reduce hospital admissions.

We support the recommendation of the Australian Institute of Traffic Planning and Management for all governments to allocate 20 per cent of their transport budgets to walking and cycling infrastructure. This not only keeps our people safe when walking and riding but also encourages people to use active transport, improving their overall health and reducing road congestion. Accidents,

injuries and deaths from e-mobility use is a serious public health issue for our community and our health system. This inquiry presents a crucial opportunity to prevent harm before it happens. Thank you for your time and consideration. I am happy to answer any questions.

Ms BUSH: Thanks for coming along today and for your testimony. Nick, it is interesting hearing you advocate for additional spend on infrastructure. We have heard that theme mostly from bicycle user groups and different user groups. From a medical and health perspective, though, it is interesting to have your insight into that. Can you expand on why you feel that is necessary and an evidence-based kind of investment for councils and governments?

Dr Yim: I can use an example I saw last night in Hervey Bay. I was driving home from work, travelling at 60 kilometres an hour, and unfortunately saw a young e-scooter rider travelling about 65 to 70 kilometres an hour, overtaking me. This is one of the great challenges when people are riding e-scooters: because we do not have dedicated e-scooter paths in Hervey Bay, it can be quite risky. When you combine speed, e-scooters, bicyclists along with pedestrians on the same infrastructure or path, that can increase the risk, which is the reason investment in infrastructure is a long-term investment and a good decision as well.

Ms BUSH: To drill into that, from a health perspective—I do not want to put words in your mouth, and thank you for that example—what we do not want to do is overregulate things to a point where no-one is using them. We want to encourage people to be out and moving—pedestrians, e-scooters, the whole lot. Is that investment warranted? Can you see there is a need to invest in that infrastructure to release the burden on long-term health chronic illness? Is that their evidence? We want people moving, having a healthy, active lifestyle. Does that investment stack up financially?

Dr Yim: Definitely. We know that prevention is better than cure. We know that weight is increasing, obesity rates are increasing, along with diabetes and heart disease. We want to encourage our population to use our pathways. If people are discouraged because of risk, perhaps potentially sharing a path as pedestrians and e-scooters, that will be a disadvantage to our community. That is the reason we feel investment is important.

Dr Sethi: To add to that, I think we know that most of the injuries, especially in younger people, happen with just falls or accidents against stationary objects, but the serious injuries and deaths happen when they crash against other cars. That is why it is extremely important to keep them out of the path of the cars. It is that impact, when they are T-boned by a car going at 50 or 60 kilometres an hour, which will result in serious loss of limb or life.

Ms BUSH: That is good information for us, thank you.

CHAIR: Dr Sethi, you asked earlier to table a document, which is this one here. You would like to table that? Is the committee happy? Leave is granted. Thank you.

Mr KEMPTON: Doctors, there would be absolutely no contest in relation to the evidence you are giving about the incidences of going to ED, and we have heard it a number of times. Your first recommendation says that no person under the age of 16 years should be able to use one of these machines. We had the commissioner for children in here this morning who made a very eloquent case for a 12-year-old getting to the local cricket match. He suggests there are circumstances in which most ages ought to be able to avail themselves of a mode of transport, whether it be a normal pushbike or one that has some assistance. You can see the complexity of what we are dealing with here. Is there a situation where younger people under some conditions might safely use one of these things, or do you think it is just 16 and that is it?

Dr Sethi: In my day-to-day life I am an adult trauma surgeon; I do not deal with paediatric traumas as much, so I am going by the information that our members have given us from the Queensland Children's Hospital or the Sunshine Coast hospital or Logan Hospital emergency department. However, as a mum, I will tell you that kids are pretty nifty on their pushbikes and regular scooters. I had to buy an e-bike just to keep up with my kids so I can actively supervise them on their pushbikes, so I do not know how I am going to keep up when they are speeding away on their e-scooters.

Mr KEMPTON: There is a rule that as a lawyer you should know the answer to a question before you ask it, so thank you.

CHAIR: I bet you did not know that, but I am determined to see that piece of evidence included in our report. That is genuinely honest and thank you for that; it is great.

Mr MELLISH: Dr Yim and Dr Sethi, we have heard a bit about the hire schemes and how some of the hire schemes can actually, through technology, make it so that the device cannot be used unless the helmet is securely used and kept on. Is that something you think would be beneficial to be rolled out broadly across all hire schemes?

Dr Yim: This is going to be quite challenging. In some areas of the hire scheme they have speed regulations already in place. It is going to be tough, because in many regions we have seen that helmets may not come with the scooter. What happens with those? It may increase additional wastage. One of the challenges we face in many areas is the complexities of there being one regulation for compliance with the hire schemes but then the personalised e-scooter devices have additional speeds et cetera. Ideally, we would like to see a consistent regulation across the board.

Dr Sethi: I would support that. I think any regulation we can have to make it a reminder would be good. Our kids learn not to leave their house without a helmet when they are on their scooters or their bikes, so why is it that they are allowed to forget it when they become teenagers, and it is actually even more important? If your device then triggers an alert—and there is going to be some alert fatigue, but any sort of alert that reminds them to wear their helmet would be welcomed.

Mr JAMES: Dr Sethi, you mentioned shared data and that it should be shared at a national level. It is a common theme we have received throughout this inquiry. How do we go about getting shared data that is accurate from all of the organisations, be it hospitals, ambulance, DTMR or whatever, and who should collect that and whereabouts? Do you have any ideas?

Dr Sethi: I can only talk about the healthcare data and the trauma hospital admissions, and it is disappointing to see that we do not even have that available to us. I cannot look through our current coding system and tell you. If I had to bring up a report from my own hospital, I could not tell you how many admissions are related to e-scooters and what the impact of that was on the health department today, despite all the money being spent on coding. The need for shared data nationally is very important in a country like Australia, which is not that populated. Most of the research and studies that come from Europe or America are because of the volumes. They have those volumes because they have national registries. National registries for trauma have been suggested, but contributions to these registries is voluntary and not mandatory, so some hospitals do and some do not. The usual excuse we get from our hospital executives as clinicians advocating for databases is that there is no funding for a database manager. It is then down to the busy clinicians to be entering the data themselves and so it falls through the cracks. I am sure there are laws around it, but I do wonder if some of the revenues that are generated from, say, traffic violations or infringements should be reinvested into creating a database and having database managers enter that for us.

Mr JAMES: Thank you for that. That makes sense. Dr Yim, you mentioned that Queensland is responsible for half the injuries and fatalities. Could you expand on that and do you know why?

Dr Yim: I do not know the full reason, but of course it can come down to data collection as well. It is one of those fine balances where, across all jurisdictions in Australia, there are varying degrees of data collection. As our colleagues who are surgeons have alluded to, there is no consistent approach to collect data across the states. That could be an anomaly. In saying that, we also know that Queensland is a bigger state, so potentially people travel bigger distances. The e-scooter devices have allowed individuals to travel greater distances at greater speeds. That could be another reason. There are many compounding factors, and this is probably something we need to look into.

Mr KING: Dr Yim, I am glad you are from the lovely place that is Hervey Bay, but the elderly and those with a disability who use personal mobility devices up there do not wear helmets. I am not advocating they should, but, because there is quite a concentration of users there, are there more incidents from interacting with the new e-scooters as well? Is there a spate of incidents with those? I know that the three-wheeled ones tend to tip. Do you have any data on that?

Dr Yim: I do not have any specific data on hand. The personal mobility devices are slightly different. They are a bit more stable than the e-scooters because they have four wheels. As you alluded to, there are the three-wheeled devices. Many of them travel at significantly lower speed. However, because of the infrastructure—the pathways—I see many personal mobility devices travelling on roads shared with cars and some travelling on paths shared with pedestrians and also e-scooters. As we see increased traffic in my local area, there are increased incidents. Many of them are, fortuitously, minor incidents, but there are increased presentations to our emergency department because of collisions between personal mobility scooters and e-scooters as well as pedestrians.

CHAIR: Thank you both very much. I appreciate Dr Sethi for identifying and tabling this for us. It looks like the business is located in New South Wales, but they are certainly targeting kids in an illegal environ: on a road, without a helmet, poor shoes—a manner of different things. It is obviously Brisbane

the business targeting that market to parents. I am interested to understand your thoughts around the under-16-year-olds and the challenges we have. We heard great evidence from schools that principals are allowing these devices to come to school because that is the only way the kids can get there. Have you turned your mind to dealing with that cohort of 12- to 16-year-olds? Could that be managed through speed controls—travel at only six kilometres per hour amongst pedestrians, or 12 kilometres per hour? Dr Sethi, you mentioned that kids are pretty handy on their bikes. We grew up doing that. Right now, an eight-year-old can get on a bike with or without their parents, if they can ride, and ride the bike. It is about the danger of these things. I would be interested to understand your professional experience or your thoughts around that 12- to 16-year-old cohort. You have made some clear recommendations to us, and I thought if you made clear recommendations you would have turned your mind to the alternative. I would be interested to hear your thoughts.

Dr Sethi: It is a very important area to look at. The conflict for me is: what 15-year-old wants to be supervised by their mother going to school? That is the conflict, is it not? If you are saying they must be supervised by a parent, that just shifts the accountability to the parent, and we are already bearing the burden of teenage dramas and conflict every day in the house. I do not have teenagers yet, but I am anticipating this. The thing for me is: there are always going to be the breaking of rules where the parents are held accountable, so should we actually be balancing out that responsibility and accountability a bit more?

Dr Yim: I will add to that. As a general practitioner who does see a lot of children, maturity levels can be varying. One 12-year-old can be very different to another 12-year-old. This is going to be that fine balance of where we take a blanket approach or at which age group we draw a line in the sand for it to take place. One of the key differences of a bicycle is that the individual is controlling the speed. However, the great challenge with these electronic devices is that it is so variable, and the speed control can be quite challenging for, say, an eight-year-old, a 10-year-old or a 12-year-old as it depends on the maturity of that individual.

CHAIR: It is a point very well made. I was saying earlier to one of the groups that as you get better you get quicker, whether it be a scooter, a skateboard or a bike, and hopefully there would be fewer accidents. The time for this session has expired. Thank you very much for giving evidence today. Michaela, did you have anything burning you would like to add?

Ms Newman: No, thank you.

CHAIR: The doctors have done well. Excellent. Thank you for your genuine interest and really clear recommendations and submissions to the committee. We really appreciate it. We certainly understand there is a place for these things. We just want to make sure they are used in a safe way and we can all be safe in our communities. There are no questions taken on notice. Thank you again for your consideration and enjoy the rest of the day.

This concludes the hearing today. Thank you to everyone who has participated. Thank you to our Hansard reporters and broadcast staff, and thank you to our secretariat for your assistance. A transcript of today's hearing will be available on the committee's webpage in due course. I declare this public hearing closed.

The committee adjourned at 10.59 am.