HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

Members present:

Ms L Linard MP (Chair)
Mr MF McArdle MP (Deputy Chair)
Mr SE Cramp MP
Ms LE Donaldson MP
Mr AD Harper MP
Dr MA Robinson MP

Staff present:

Mr K Holden (Committee Secretary)
Ms A Honeyman (Inquiry Secretary)
Mr J Gilchrist (Assistant Committee Secretary)

PUBLIC BRIEFING—INQUIRY INTO THE HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL 2017

TRANSCRIPT OF PROCEEDINGS

TUESDAY, 27 JUNE 2017

Brisbane

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Committee met at 9.23 am

BOWLES, Mr Russell, Commissioner, Queensland Ambulance Service, Department of Health

HARDY, Mr Matthew, National Director, Notifications, Australian Health Practitioner Regulation Agency

HARMER, Mr David, Director, Legislative Policy Unit, Strategy, Policy and Planning Division, Department of Health

LIDDY, Mr James, Manager, Legislative Policy Unit, Strategy, Policy and Planning Division, Department of Health

ROBERTSON, Mr Chris, Executive Director, Strategy and Policy, Australian Health Practitioner Regulation Agency

CHAIR: I declare this public briefing of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee open. I want to begin by acknowledging the traditional owners of the land on which we meet this morning and pay my respect to elders, past, present and emerging. My name is Leanne Linard. I am the chair of the committee and the member for Nudgee. Other members of the committee are Mr Mark McArdle, the deputy chair and member for Caloundra; Ms Leanne Donaldson, the member for Bundaberg; Mr Sid Cramp, the member for Gaven; Mr Aaron Harper, the member for Thuringowa; and Dr Mark Robinson, the member for Cleveland. Today's briefing is part of the committee's examination of the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017. The bill was introduced by the Hon. Cameron Dick, the Minister for Health and Minister for Ambulance Services, on 13 June 2017. The committee is required to report on the bill by 11 August 2017.

There are a few procedural matters before we begin. The committee is a statutory committee of the Queensland parliament and as such represents the parliament. It is an all-party committee which takes a nonpartisan approach to inquiries. This briefing is a formal proceeding of the parliament and is subject to the Legislative Assembly's standing rules and orders. The committee will not require evidence to be given under oath, but I remind you that intentionally misleading the committee is a serious offence. Witnesses have been provided with a copy of the instructions for witnesses, so we will take those as read. Hansard will record the proceedings and you will be provided with a copy of the transcript. This briefing will also be broadcast live on the parliament's website. For any media present I ask that you adhere to my directions as chair at all times. The media rules endorsed by the committee are available from committee staff if required. I remind all those in attendance today that these proceedings are similar to parliament to the extent that the public cannot participate. I remind members of the public that the public may be admitted to or excluded from the briefing at the discretion of the committee. I welcome our panel—Commissioner Russell Bowles from the Queensland Ambulance Service, Mr David Harmer and Mr James Liddy from the Department of Health, and Mr Chris Robertson and Mr Matthew Hardy from AHPRA. Welcome. I invite you to brief us on the bill before we open for some questions.

Commissioner Bowles: Madam Chair and members of the committee, thank you for your invitation to brief you today about the Health Practitioner Regulation National Law and Other Legislation Amendment Bill. My colleagues and I are pleased to speak to you today about the bill, which is the culmination of a significant process of national reform. All national reforms require a great deal of effort and commitment from participants, and this bill is no exception. It is the result of cooperation and hard work amongst health ministers, governments and public servants in every state, territory and the Commonwealth. In broad terms, the bill consists of two groups of amendments. The first relates to the health practitioner regulation national law, which I will refer to as the national law at today's briefing. If enacted, the national law amendments will automatically apply to most states and

territories. Western Australia must pass corresponding legislation for the amendments to apply there and South Australia must make regulations to apply the changes. The second group of amendments apply only in Queensland and are made principally to the Health Ombudsman Act 2013.

With your permission I will briefly summarise the key amendments to the national law and outline the considerations that informed the Queensland specific amendments. The most significant reform in the bill is of course the national regulation and registration of paramedics under the National Registration and Accreditation Scheme for health professionals. Paramedicine is critical to our healthcare system and has evolved significantly over the past decades. Ambulance services have been transformed from traditional treat-and-transport models as paramedicine has become a specialised and increasingly complex field.

Just to draw on my own experience, I started in the Ambulance Service in the very early eighties and it was 96 individual services in this state at that time. It depended pretty much on where you got sick as to how well you were looked after because it was basically how the community could raise funds through ticket sales to provide ambulance services. If you got sick in Rockhampton you may well have got looked after, but if you were 50 kilometres away the chances are that you may not have. Back in those days our level of practice was less than that of what we teach in a school first-aid course when we had shared oxyvivers. I remember myself being chastised at a hospital for carrying a stethoscope, so it has evolved quite significantly. If you think of today's paramedics and what they do in the community, our advanced care paramedics—which are our baseline paramedic that is the main body of our workforce—are now doing prehospital thrombolytics and they are sedating acutely disturbed patients using the drug Dropevidol. You work your way up in that you do procedural sedation as a critical care paramedic where you are using anaesthetics to sometimes relocate very displaced fractures, to stop haemorrhage and to take away pain, so it is becoming more skilled.

In the last few years we have introduced what we call high-acuity paramedics. There are different iterations of it as you travel nationally. They are there 24 hours in urban areas giving warm bloods, diagnostic ultrasounds with direct admission into surgery. The role has changed, as I say, from being chastised for carrying a stethoscope to what a paramedic does today. These invasive procedures were traditionally only ever carried out within hospitals, so the vast majority of paramedics have traditionally been employed in the publicly oriented and public funded ambulance services in state and territories. This too is changing rapidly. Today there is increasing demand for paramedics in a range of industries including oil and gas exploration, stevedoring, mining, construction, public transport, aeromedical services and educational roles. Of course, paramedics are also well-known for the role they play at music and sporting events, rodeos and campdrafts, and a whole range of other public gatherings.

As the scope of practice and risks associated with the practice of paramedic grows along with the expansion of privately employed paramedics, Australian governments consider that it is time to register paramedics under the national law. The Queensland Ambulance Service provides a very high standard of prehospital care supported by sound governance and robust systems; however, there are significant benefits to be gained from the national registration of paramedics which will see a consistently high level of education, training, workforce mobility and complaints management across jurisdictions in both the public and private sector delivery of paramedical services. Paramedics already hold a very high standing in our community. National registration will build on this and further minimise the risk to the public.

The measures in this bill will mean that the community can have confidence that the services they receive from paramedics are delivered by people who have the right training and experience and are bound by national standards to be set by the Paramedicine Board. Locally, the Queensland Ambulance Service has formed a steering committee to oversee the transition to registration under the national law. We will be doing everything we can to support our paramedics through this change, working closely with AHPRA and the Paramedicine Board once it is appointed. It is also worth noting that there is widespread support for the registration of paramedics amongst stakeholders including representative bodies, unions, employers and the private sector.

The other significant amendments in the bill to the national law have been canvassed in detail in the minister's first reading speech, the explanatory notes and the written briefing, so I will not describe them again; however, I would be happy to take any questions on issues that may be of particular interest to the committee after I have briefly outlined the key amendments in the bill that are specific to Queensland.

Queensland is what is referred to in the national law as a co-regulatory jurisdiction. Under Queensland's co-regulatory arrangements, more serious complaints about registered health practitioners are handled by the Health Ombudsman and less serious matters are referred to AHPRA

and the national boards. As a result, the complaints and disciplinary and enforcement processes for registered health practitioners in Queensland may be dealt with under either the Health Ombudsman Act 2013 or the national law. To ensure that these practitioners are dealt with consistently, the bill amends the Health Ombudsman Act 2013 to assure alignment with the changes made to the national law by the bill. During the committee's inquiry into the performance of the Health Ombudsman the Ombudsman submitted a list of suggested amendments to the Health Ombudsman Act 2013. While most of these suggestions are still being considered, a small number will be made as part of this bill. The most significant of these amendments is the inclusion of the new power for the Health Ombudsman to vary his own decisions to take immediate action.

As the committee is aware, we have with us today Mr Chris Robertson and Mr Matthew Hardy who represent AHPRA. As AHPRA is responsible for administering the national law across Australia, the majority of the implementation work arising from this bill will fall to Mr Robertson, Mr Hardy and their colleagues. They assure me that they will be happy to answer any questions you might have regarding the operations of the bill for AHPRA. My colleagues from the Department of Health will answer questions about the amendments to the Health Ombudsman Act. Thank you once again for this opportunity to brief the committee. I am now happy to answer any questions the committee may have.

CHAIR: Thank you, Commissioner. Having worked in the area of ambulance policy with you 10 years ago, it has been wonderful even in 10 years to see the evolution and professionalisation of the paramedic workforce, so I think this is a great outcome and I am sure a very welcome outcome. I know you have been working towards it for a long time, so it is lovely that you have been the one to brief us on those elements. Having said that, my questions do not relate to this element. I am particularly interested in the independent review of the national scheme.

On page 4 of the briefing note the department provided the subheading 'Other changes resulting from the independent review'. There are a number of dot points there. I wanted to clarify the final two dot points. I know that the briefing continues '... and how will it affect the co-regulatory system in Queensland', and I want to clarify whether all of the elements that change resulting from that independent review will be practically effected in Queensland? Will our co-regulatory environment also benefit from national consistency and improvements? They are not all mentioned. I am particularly interested in improving communication with notifiers who make complaints about health practitioners and introducing review periods when conditions on registration or undertakings are changed. Will that have practical application for the Ombudsman's office as well?

Mr Harmer: Yes, it will. Essentially, what we are doing here is looking to ensure that the legislative framework proposed in the national law applies consistently in all jurisdictions. Where equivalent powers do not already exist in Queensland we are amending our legislation to ensure that it is consistent with national law, but in some cases there may be existing arrangements in the Health Ombudsman Act that give us powers that do not exist in the national law.

CHAIR: They will apply in totality; it is just that they may not be reflected here because something may already exist in that respect, and that is why it is not reflected in the briefing note?

Mr Harmer: Yes.

CHAIR: That is all I wanted to clarify.

Mr CRAMP: I have two questions, Commissioner, regarding the ambulance paramedic section of the act. Considering that the different states are all coming on board with national registration and qualifications are similar across many of the states, what is the viewpoint about standardisation? Is each state going to remain with its individual standard? Correct me if I am wrong, but in a lot of cases in Western Australia they run with one paramedic and one volunteer. In Queensland our qualifications are different to other states'. Are you going to standardise that, or are they going to remain individual based on what the states believe they require?

Commissioner Bowles: Each state and territory currently does have a set of standards which apply. They are mainly in the space of accrediting someone for their level of practice. Almost universally most states and territories now recruit from universities. As you would be aware, in Queensland that is basically how we bring most of our staff into the system. One of the things that the Council of Ambulance Authorities started to do, I think about four or five years ago, was to take on the role to accredit the programs that the universities offered from which the eight states and territories would employ. The very nature of that has given us a standardised base to work from, but there are some different practices that have come in to suit the various states. For example, in Queensland we get people to learn how to administered box jellyfish anti-venom, whereas you would not have to do that in Victoria. The basics are all there, but there are just some different iterations of what we do in our different jurisdictions. That will not change post registration either.

Mr CRAMP: New paramedics coming out are going to be degree based. What about existing paramedics, especially some of our older, experienced paramedics? My history is that I have spent 14 years in the service. Are Charlie and Bravo paramedics, who have been around for a while, going to be provided with bridging courses, or is it accepted that their current qualification will be acceptable under the new registration?

Mr Harmer: I will essentially answer this by referring to page 8 of the explanatory notes, which sets out the pathways to registration. All applicants for registration under the new board will be required to meet registration standards developed by the board, but there are three pathways to registration. One of them is a pathway that contemplates grandparenting arrangements that would ensure that those staff who qualified or are qualified paramedics now will be able to be registered under the scheme.

Mr CRAMP: We will see more details as that comes along, I take it?

Mr Harmer: Certainly you will see more detail as the Paramedicine Board develops the requirements for registration, but I would say that most of the detail is probably already present in the explanatory notes and information made publicly available about the bill.

Mr CRAMP: Obviously we would expect that registration would fall mainly with the ambulance services of each state, but what about private contracting companies of all natures from mines to sporting events? There are a lot of private companies out there. I take it from reading the information that a paramedic will become a professional title as such. With private companies, if their staff are appropriately qualified and do not work for a state body, are they entitled to access those qualifications?

Mr Harmer: Yes. As you say, it will become a protected title so in order for a mining company, for example, to hire someone who holds themselves out as a registered practitioner, they would have to submit their qualification standards to be registered in the first place.

Mr CRAMP: Would a person have to have worked for an ambulance service at any time to achieve that qualification? Because it is a degree based profession, could they not have that degree based profession and then work in private industry?

Commissioner Bowles: I will use nursing as an example of a similar profession. You can graduate from university and not be employed by a health or hospital system or even privately, but you can register as a registered nurse. I suppose the core of your question is about patient safety. As you walk into the mine site in the morning and you see the person with 'paramedic' written on their back; then as you leave the mine site you go to the Gold Coast and see someone with 'paramedic' written on their back; or you have a motor vehicle accident in Mackay and the paramedics come along, what you should expect as a consumer is that the paramedic in the mine is the same as the paramedic on the Gold Coast as is the same as the one in Mackay. Unfortunately, that is currently not the case because the title is not protected, so you can basically call yourself a paramedic. In Queensland you cannot call yourself an ambulance officer without being under the Ambulance Service Act but you can call yourself a paramedic, so this protects that title.

Mr HARPER: I do like the term 'grandfathering'; I do not know if I want to be put into that category just yet. I will say, Commissioner, I did a volunteer shift on Saturday at Kirwan station and thoroughly enjoyed it. I commend all the paramedics across the state for the great work they do. How many paramedics do you currently have in the service?

Commissioner Bowles: Approximately 3,500 paramedics. We have a workforce of about 4,300, and that includes communications staff and everyone else. The bulk of those are advanced care paramedics.

Mr HARPER: This is clearly something that the service has been wanting for some time. You have had good feedback across the board from the staff. You mentioned that you have been working through the registration process. Who have you been working with in regard to that? You have touched on a couple.

Commissioner Bowles: One of the things that we have done as an Ambulance Service is that we have started a steering committee within Queensland, if I step down below the national law as such. The consultation then takes place with a whole range of groups, including United Voice, the union that represents paramedics, and other key interested stakeholders, but, as importantly, directly with our staff. We have held a couple of summits in recent times where we have got a little over 100 staff together and asked them to tell us what is annoying them and then we go through basically where we need to go. A whole range of consultative methods are taking place within the Ambulance Service.

Mr HARPER: I am glad you touched on the word 'protected title' earlier. There are some people out there who can do a course in a few days or a week and call themselves paramedics. This does give a standard across the board and I certainly welcome that into the profession. I understand AHPRA will be managing misconduct—unprofessional conduct or poorly performing paramedics. There are 3,500. That is a lot more work for AHPRA to do. Hopefully you do not have too many of those. Commissioner, what is the process if there is an adverse event in terms of paramedic practice?

Commissioner Bowles: If it is a notifiable offence the Health Ombudsman Act in Queensland not only looks after registered health practitioners, it also takes care of non-registered health practitioners. We fall under that. Currently if something clinically adverse happens as a result of whatever we would notify the Health Ombudsman, or if we are dealing with a drug theft or whatever. Currently we would notify the Health Ombudsman and the Health Ombudsman under their regulatory powers would deal with it. That will not change post registration because we will still go from the Ambulance Service to the Health Ombudsman. It is just that the Health Ombudsman now has other remedies or other ways of dealing with the issues. Because we will become a registered profession, the Health Ombudsman may, depending on the seriousness of the complaint, refer a matter to AHPRA for investigation.

From that adverse event we should not see a significant change for us as a system. Currently Queensland has that co-regulatory approach. We basically go to the Health Ombudsman. We would continue to do that post registration. It is just that the Health Ombudsman then has the opportunity to refer to AHPRA which it does not have now.

Mr HARPER: A question for AHPRA, do you see this process as being very similar or aligning with the nursing profession in terms of misconduct?

Mr Hardy: Yes. The complaints process for all professions is consistent under the national law so if the Ombudsman here in Queensland made a referral of concerns about a paramedic once they were registered it would be managed in much the same way that they are for other professions and the inquiry would be directed at looking at whether there was conduct or performance on the part of that paramedic that was below the standard that contributed to that adverse outcome.

Mr HARPER: The make-up of the Paramedicine Board nationally, how many people will be on that board and will QAS play any part in that or will it be separate and independent?

Mr Liddy: The board will be established upon passage of the bill through parliament. The national law then provides that the ministerial council, all health ministers, appoint the members of the board. Traditionally the national boards have either nine members or 12 members. I think it is expected that the Paramedicine Board will probably have nine members. The usual make-up, and AHPRA can confirm this, of a national board with nine members would be six practitioner members and three community members. There are provisions in the national law which talk about the make-up of the board. There have to be members from most of the large jurisdictions—New South Wales, Victoria, Queensland, et cetera. Then a number of members from the smaller jurisdictions and representation from rural and regional communities as well.

Commissioner Bowles: And we are involved in the selection.

Mr Liddy: Yes. A panel is being formed to consider nominations for membership of the national board. I believe the Commissioner is on that panel.

Dr ROBINSON: In terms of providing ambulance services in very remote and isolated parts of Queensland, are there any implications from the changes? I certainly support lifting of standards and standardising, but are there any potential impacts in very isolated situations? How does that impact on those kinds of scenarios?

Commissioner Bowles: Basically we deliver services from 290 locations of which 221 are staffed permanently with advanced care paramedics. Queensland is quite unique nationally in that we do have a permanent advanced care paramedic service in Aramac, for example, and a whole range of other communities. The registration of paramedics will not change that model of service delivery except the paramedic who works at Aramac will have to be a registered paramedic through the national registration scheme.

CHAIR: I think it is a great outcome that paramedics will be operating like other professions, such as nursing, under a board, and again coming back to the professionalisation of the workforce and, given the more invasive techniques that paramedics are now undertaking like nurses, that they will be I think open to that professional misconduct and the abilities that that model has. I think that is great. Will having a national board for registration standards change mobility? Has mobility between jurisdictions ever been an issue for paramedics and will that change and make that easier?

Mr Robertson: Generally I would say that part of the benefits of the national scheme are that there is greater mobility because there is a national requirement for qualifications. Once that standard is set by the national board and applied over time, and we have already talked about the grandparenting period to make sure that people who have been registered can continue to practise and have recency of practice, but into the future you will have a national standard that people will then be able to meet and practice anywhere in the country. From a qualifications and title protection perspective, mobility is then assured across all of the jurisdictions that participate in the national scheme, which is the whole of the country.

CHAIR: Which I think is an excellent positive, but have we ever really heard that mobility is an issue? I know we often do swap from different jurisdictions. I thought there had been an issue previously where sometimes that was not clear cut.

Commissioner Bowles: Yes, you would come to a different state or territory and you would have to actually go through an equivalence of qualification process. That will not be necessary. I suppose one of the things that you get out of the national board that overseas the profession is that you are not buying someone else's trouble, because that is all known through the eight states and territories. You will have a national database of people who have any sanctions, or whatever the case may be, on their ability to practise. It actually gives that next level of patient safety so that you just cannot state hop when it gets too hot.

CHAIR: That is great. Thank you. I am interested in the comment made on page 7 around consultation on the amendments specific to Queensland. The AMAQ raised concerns about the amendment to enable a person to waive their right to receive a quarterly report about progress of an investigation. Obviously we have submissions open at the moment, we may well get the same submission, but I was just interested, given that you noted that too, around why someone may waive such a right. The key concern was around accountability. Do you have any comments, Mr Harmer or Mr Liddy?

Mr Harmer: One of the amendments made in the bill at the request of the Ombudsman was an amendment which will give the participants to a complaint the ability to waive their right to receive updates from the Ombudsman about progress. At the moment the Ombudsman's legislation requires him to provide regular updates about the status of complaints. The Ombudsman has advised the minister and the department that from time to time when complaints are taking a reasonable period of time to resolve participants do not necessarily want to receive those updates regularly. There is potentially an efficiency to be had, both for the Ombudsman and the participants, if the participants to the complaint elect not to receive an update, waive their right to an update, where effectively there is nothing to report. It is an amendment made as an efficiency in terms of the Ombudsman's process that means he is not obligated to send reports to participants who do not want to receive them. It is important to recognise that the participants have to expressly waive their right to receive the reports and should they change their mind about wanting to receive them it is open to them to do that.

CHAIR: Expressly in writing?

Mr Harmer: Expressly in writing, yes. There have been extensive consultations with the AMA about their concerns. The Ombudsman has committed to work with them to develop the process around the waiver reform so I would hope that their concerns have been fully addressed or will be fully addressed through the process to implement the reform.

CHAIR: The department took the position of maintaining that in the act from an efficiency point of view?

Mr Harmer: Essentially the Ombudsman has said there is a potential process improvement. The power does not exist now and there probably are not a lot of complaints where this will apply, but there is a potential process improvement. If all the parties to complaints say I do not need to receive an update then an update is not being produced for the sake of it. Equally, if people do want to receive the information they will get it. The other consideration the department had in this context was that in some cases, depending on the nature of the allegations that gave rise to the complaint, receiving an update may be triggering for the complainant so they might elect to waive their right to receive an update because they do not want to be further traumatised by receiving information about their complaint until it is resolved.

CHAIR: An update would be in the form of a written letter perhaps? That is what an update is?

Mr Harmer: My understanding is there is a written communication that informs them of the status of the complaint.

CHAIR: An agreed form to formalise in writing, to have a file note to make sure that it is appropriately documented through the system, would be required if they wanted to waive this right and that is what you are working through from a process point of view?

Mr Harmer: It will be for the Ombudsman to work through in consultation with stakeholders, but, yes, it requires an express waiver of the rights and should someone change their mind and want to receive the reports again they will have that right.

CHAIR: I am really interested in the practical effect the proposal to treat nurses and midwives separately will have under the bill. I assume that it is because obviously there has been somewhat of a change around most midwives previously were nurses and midwives, they did the double degree. Is it more a clarification for those who are coming through and just doing the standalone midwifery degree now or what practical implication will it have?

Mr Robertson: I think in short the practical implications are really not substantial, but it does clarify the way that the professions are defined in the law, that they are two separate professions, which has become more pronounced, as you say, since the profile of midwifery as a direct entry profession has grown in recent years. There is not a practical change that will happen in the way that we will administer the law with the Nursing and Midwifery Board of Australia but it will, I think, sufficiently recognise the separate professions.

CHAIR: From the point of view of registration—I have mentioned before I am married to a nurse—they will not see any identifiable difference, it is more clarification within the system?

Mr Robertson: Yes.

CHAIR: There being no further questions, I make the comment that there has obviously been a lot of work that has gone into the explanatory notes and the briefing note and they were very comprehensive so thank you very much for that work. I thank you all for your attendance today, for briefing the committee and for assisting us with our inquiry. I declare the briefing closed.

Committee adjourned at 10.00 am