Speech by

Mrs J. SHELDON

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HEALTH PRACTITIONER REGISTRATION BOARDS (ADMINISTRATION) BILL
HEALTH PRACTITIONERS (PROFESSIONAL STANDARDS) BILL

Mrs SHELDON (Caloundra—LP) (3.43 p.m.): In the discussions that I have had with various practitioners under the various health disciplines, a couple of familiar themes have arisen. Those themes reflect the fact that Queensland Health had been undertaking a very lengthy program of review and consultation that led eventually to the preparation of a draft Bill. The exposure draft was the culmination of input from a considerable number of individuals over a six-year period. However, when the exposure draft was made available to the various boards for a further period of consultation, only two members of each board were invited to attend a workshop at which the key features of the Bill were explained.

The procedure at the workshop was that the two members were provided with copies of the draft Bill and advised that their consultations with their fellow board members were limited. Such was the paranoia surrounding the draft Bill that board members were not allowed to copy the draft nor show other persons without the prior approval of the Health Department. Workshop participants found that discussions with fellow members of their boards could be conducted only on a strictly confidential basis.

Although I acknowledge that Government business requires tight restrictions and that various board members as well as various health practitioners provided invaluable input over that six-year period, it was inappropriate to treat those professionals in such a patronising and condescending manner. One would have thought that the consultation process with board members was to conduct some finetuning. Unfortunately, that was not the case.

In true Labor Government spirit, board members were informed that the overall policy of the Bill was not negotiable, resulting in the reality that the workshop was not a consultative process but merely a presentation process. It was most unfortunate that the six-year review process was accelerated when the draft Bill was finally in hand, particularly when the final product was this complex legislation. The boards are aware of the administrative deficiencies within their current legislation and they did not wish to see similar problems arising with the new legislation. However, that consideration was denied.

It is very interesting to note that the overall legislation deals in the main with registrant discipline. In dealing with disciplinary action, the various boards are very concerned that costs will outstrip the respective board fund reserves. Although it is understood that the Health Practitioner Tribunal and the professional conduct review panel will be financially supported by Queensland Health— and one must ask how long this is going to continue or whether there is a finite time on it—the health assessment committee will be the financial responsibility of the board.

On the subject of finances, the livelihood and/or practice of a health practitioner could be seriously jeopardised if that practitioner is suspended by the board to face the Health Practitioner Tribunal. As is often the case, long waiting times are prevalent in the District Court awaiting judges to hear the tribunal. Should the case be dismissed, the unnecessary delay could prove costly to the practitioner and subsequently to the board.

In relation to legal matters, I note that legal representation for a health practitioner may be sought and permitted during the hearings of a Health Practitioner Tribunal. However, legal representation is not permitted for the hearings of a professional conduct review panel, nor a health assessment committee. Similarly, I am aware that the various board members are concerned that a

practitioner facing discipline would seek a Health Practitioner Tribunal hearing rather than one of the lesser hearings due to a legal representative being made available to them automatically. Legal representation not being available in the lesser jurisdictions could cause unnecessary use and/or a backlog in the Health Practitioner Tribunal.

In these few examples, the underlying theme is the looming cost and obstacles that are awaiting the boards and practitioners alike. The Bill is very broad in several sections whilst being very explicit and extreme in its descriptive powers and inordinately prescriptive, almost to the point of producing unintentional loopholes. If loopholes become evident, the efficiency and effectiveness of the legislation will be put in jeopardy.

As I stated previously, this is complex legislation, and I believe that a simpler model could have achieved the stated objectives, particularly when the deficiencies in the current legislative arrangements tend to be more administrative than legislative in nature. Consequently, the success of this piece of legislation will reside in its practical application and its implementation. The Government heralds this legislation as a great step forward in consumer protection. However, the consumer protection sought in this legislation can be achieved only with the appropriate level of resources being provided to enable the boards to carry out their redesigned responsibilities. Of course, I refer to the role of the investigators. It is expected that the level of skill to be exercised by the investigators will be of the highest professional standard. However, on behalf of the various members of the health industry, I express a concern about the number of investigators that will be employed by the boards. It may well be minimal. It is quite obvious that an inappropriate level of resources in this area will result in another obstacle being created.

We have seen many examples where the Minister for Health has completely overlooked the need to provide the appropriate staff levels and to provide the appropriate level of funding. While the Minister engages in some tight-fisted economies to pay the Labor Government's 6% tax on everything that is stationary in the health precinct, not meeting the expectation that could be created by this new legislative disciplinary structure will leave the community disillusioned once again. At this juncture I must reiterate that this model will be costly and one that appears to be unnecessary.

I agree with the shadow Minister for Health: this complex system of various grievance tiers could have been more streamlined. Added to that complexity is the fact that additional complementary legislation is currently being drafted which deals with the specific issues such as scope of practice, title protection, licensing, health and safety issues and marketing. I hope I have not presumed too much here and that that complementary legislation is actually being drafted, for this Bill deals in its entirety with professional misconduct which, in the main, is not a problem for many of the boards. The Bill does not deal with the other matters mentioned, which I presume will be dealt with in more specific Bills.

With regard to the Health Practitioner Registration Boards (Administration) Bill 1999, I am most concerned that the boards do not have input into the selection process nor the termination process of the executive officer. While the boards are the employing body, they will not choose their senior manager. This process is most inappropriate, particularly as we have seen list upon list of Labor cronies appointed to highly paid executive positions in this Government.

While I can applaud the objective of the Bill to provide the best protection for the public and to ensure that health care is provided in a safe, competent and up-to-date manner, it is obvious that this Bill is the result of being in the pipeline too long. The original concept seems to have been lost in the drafting and, instead of being a landmark in consumer protection, it appears that we have been provided with a relic of the past.

Not so long ago, the President of the Medical Assessment Tribunal, the Honourable Justice Fryberg, described the medical Act as "ill-drafted, outdated, and in many respects just plain bad." Unfortunately, I believe that Justice Fryberg's description of the Medical Act could be aptly applied to this legislation.