



Speech by

Mrs J. GAMIN

MEMBER FOR BURLEIGH

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

Mrs GAMIN (Burleigh—NPA) (3.17 p.m.): Research into these Bills revealed that since 1993 the Health Department has been conducting a review or reform of one-third of the Health portfolio's principal legislation. For some six years, 12 Acts and 17 sets of subordinate legislation have been under consideration and undergoing some form of consultation. That is a big task in anyone's book, and the departmental officers engaged in the task must be commended on their commitment. Nevertheless, I still have to question why the task was undertaken in the first instance. It is this question that keeps drifting through my mind.

When I posed this question, I was informed that the objective of this legislation is to provide occupational registration legislation 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. Of course, one cannot argue with that ethical objective. However, I have to ask: has the public not been receiving that level of professionalism or competency within the health system of this State? Of course they have. Naturally, there are a few misdemeanours within some health disciplines, but have these misdemeanours not been dealt with and handled professionally, efficiently and effectively by the respective boards or the Health Rights Commission? If not, why not? If not, what sort of liability is looming against the State?

If the answer to the question regarding the efficiency and effectiveness of the various health practitioner boards is in the affirmative, I have to ask once again why we need this legislation. I refer to the Health Practitioners (Professional Standards) Bill, which provides for a cumbersome and complex structure. I also have to ask: at what cost and who pays? Any increase in fees to the health practitioner will result in an increase in fees to the consumer. That is certainly not a positive outcome for our rural families, who do not have access to bulkbilling services.

I understand that an operational audit of annual licence fees for health professional registration boards was undertaken earlier this year. The objective of the audit was to review the annual licence fees and to determine a fee structure which enabled the boards to function independently of any public funding. Yes, the review was to determine a new fee structure which enabled the boards to operate without any public funding. That signals to me that huge licence fee increases are looming—and once again the consumer will pay.

Consider the current costs of boards and the current level of licence fees. Then consider for one moment the additional costs expected to be incurred by those boards—for example, establishment costs, such as accommodation and associated expenses; salary increases; and anticipated staffing increases. And of course, we should add in an estimate to address potential litigation expenses. I believe that, at this juncture, it would be advantageous also to provide some tangibility to the expense list.

Information to hand reveals that accommodation expenses, which include telecommunications, cleaning, electricity and waste removal—presently met by the Health Department—were calculated at \$313,000 in the last financial year. Under the new regime, the boards would be expected to pick up that tab, as well as covering the costs of relocation or lease and/or refit expenses, estimated to be in the vicinity of \$450,000. Add on legal costs, which are expected to increase by a conservative estimate of 10% on last year's figure of some \$700,000, and obviously the revenue realised from current licence

fees will not be enough to achieve the objective for boards to operate without any public funding. Consequently, health practitioners in this State are facing fee increases ranging from a minimum of 16% to a maximum of 142%.

During this last week of parliamentary sittings, the annual reports of the Pharmacy Board, the Medical Board, the Optometrists Board, the Physiotherapists Board, the Psychologists Board, the Speech Pathologists Board, the Occupational Therapists Board, the Chiropractors and Osteopaths Board, the Dental Technicians and Dental Prosthetists Board, the Podiatrists Board and the Dental Board were tabled, and all reports revealed that substantial fee increases commencing in the year 2000 or 2001 were imminent. To quote the reports—

"In the second half of the year, an independent operational audit was undertaken of the adequacy of the annual licence fees charged for registered health practitioners. This benchmarking exercise identified the need for substantial increase in fees to enable the board to become fully self-funding. At the close of the reporting period, the recommendations of the operational audit report were awaiting a decision by the Minister for Health. If approved, the recommendations would result in substantial fee increases to commence in the year 2000 or 2001."

There it is in black and white awaiting the Minister's signature.

Perhaps today the Minister for Health will advise honourable members, the health practitioners and the long-suffering consumers that they have a reprieve. Perhaps the Minister for Health will provide the health practitioners with an early Christmas gift and decide that no fees will be increased. Unfortunately, the likelihood of no fee increases is not good, and the estimated increases revealed in the operational audit—ranging from 16% to 142%—are extremely high. That brings me back to my original point: why go down this pathway to provide a cumbersome, complex structure which will prove very costly for practitioners and consumers alike?

Quality health care is provided by the overwhelming majority of health practitioners in this State. There has been no evidence presented by the Government that would suggest that the current systems, that is, the various boards and the Health Rights Commission, are not coping with the process. I understand that the Health Rights Commission has a backlog of approximately two years. That is a resource matter—not enough funding being provided by the Government to overcome the backlog and to address the community demand. With the exception of the funding issue, under the present system the Health Rights Commission is conducting its business most professionally and effectively.

As I questioned at the outset: why are we going down this path to establish a costly, cumbersome and complex structure which will provide three avenues for disciplinary action against health practitioners? Whilst seeing no evidence from the State Department of Health or the Minister to warrant such action—and similarly, I have heard no public outcry from the community to establish these disciplinary processes—I have to ask once again: is this another example of bureaucratic process for process' sake?

I am very surprised that the State associations of the various health disciplines have not been voicing public concern about the additional costs. And similarly, I must say that I have been very surprised to see the several health boards being led like lambs to the slaughter, meekly allowing this disciplinary process to be established. Surely those boards can see that this legislation deals mainly with practitioner discipline in an inordinately detailed manner that will outstrip the boards' fund reserves.

It is understood that the Health Practitioner Tribunal and the Professional Conduct Review Panel will be financially supported by the State Department of Health. However, the continuum in covering full costs is the subject of annual budget allocation and negotiation. In relation to the health assessment committee, the costs will be borne by the respective board. Perhaps when the hip pocket nerve suffers an assault from the Government next year, we will hear a public outcry from the various health practitioners.

As I stated previously, this Bill will provide a cumbersome and complex structure that would appear to be totally unnecessary. I have used those words several times during this speech. As well, this Bill will be difficult to apply, as it deals entirely with professional misconduct which, in the various professions, has not been a problem to many of the boards.

With regard to the Health Practitioner Registration Boards (Administration) Bill 1999, I am concerned about the potential politicisation of the position of executive officer. I note the Governor in Council determines the executive officer position without input from the various chairs of the boards—who, incidentally, are ultimately the employers of the executive officer. I believe that it is an oversight to diminish the input of the chairs in the selection process or termination process. This oversight leaves the boards employing a senior manager whom they did not necessarily select.

Speaking hypothetically, should the wrong person be selected in the position of executive officer, serious financial or administrative repercussions could be inflicted upon the boards.

Although these Bills have been in the melting pot for some six years, there are still many questions remaining. And in the short time that I have been speaking, I have identified several shortcomings which need rectification. But most importantly, I strongly believe that this Parliament is dealing with legislation that this State does not necessarily need. And sadly, this legislation will provide only additional costs, and it will offer no additional community benefit or improvement.

Consequently, whilst I will always uphold the provision of the best protection for the public which ensures that health care is provided in a safe, competent and up-to-date manner, I cannot support superfluous legislation that provides nothing more than what is already in existence but, of course, at substantial additional cost.
