Speech by

Hon. WENDY EDMOND

MEMBER FOR MOUNT COOT-THA

Hansard 26 October 1999

HEALTH LEGISLATION AMENDMENT BILL

Hon. W. M. EDMOND (Mount Coot-tha— ALP) (Minister for Health) (12.49 p.m.): I move—

"That the Bill be now read a second time."

I am pleased to bring this Bill to the House as it highlights three significant initiatives in Health undertaken by this Government. The Bill amends three separate Acts—the Tobacco Products (Prevention of Supply to Children) Act 1998, the Medical Act 1939, and the Health Services Act 1991.

The purpose of the amendments to the Tobacco Products (Prevention of Supply to Children) Act is to extend the application of this Act to non-tobacco smoking products such as herbal cigarettes and herbal loose smoking blends. By restricting children's access to these products, not only will their immediate health be protected, but the number of children who take up smoking will be reduced, thereby protecting their long-term health.

Herbal cigarettes have been available through a variety of retail outlets in Queensland for many years. However, the Queensland release of a new brand of tobacco-free cigarettes, Ecstasy, which has been targeted for sale to young people, has raised concerns regarding the health risks associated with young people smoking tobacco-free cigarettes as an alternative to conventional tobacco products.

There are a number of health concerns relating to herbal cigarettes. These concerns are—

- the direct impact of cigarette smoke on health;
- marketing claims that herbal cigarettes are a healthy alternative to tobacco products and are an aid to quitting tobacco cigarettes; and
- their appeal and accessibility to young people.

As a result of research conducted in Australia and overseas it has been established that—

- the deliberate inhalation of smoke from the combustion of any matter is injurious to health, whether or not the smoking compound contains addictive substances such as nicotine;
- combustion in any cigarette creates a variety of tars and other cancer-causing chemicals;
- the degree of exposure to carbon monoxide from smoking herbal cigarettes is similar to that of conventional cigarettes. Carbon monoxide is strongly linked with the development of coronary heart disease and may contribute to the development of cancer and other respiratory tract diseases;
- adolescents who smoke will have more asthma, respiratory tract infections and allergic symptoms than non-smokers of the same age due to the toxic chemicals in smoke; and
- some cigarettes contain psychoactive substances that can result in psychotic symptoms. There have been a number of cases documented overseas where young people have been hospitalised soon after smoking or ingesting herbal cigarettes.

The Office of Smoking and Health of the Federal Centre for Disease Control and Prevention in the US has provided warnings about herbal cigarettes. These warnings refer to the lack of clinical trials proving that smoking a tobacco substitute helps people to quit smoking permanently. The centre has highlighted the potential of alternative cigarettes to entice some young people to take up harmful smoking by offering the look of tobacco products, without restrictions on sales.

I gave a public undertaking earlier this year that the sale of products such as Ecstasy cigarettes to individuals under 18 years of age would be prohibited. This Government has responded quickly to bring the necessary legislative amendments to the House to protect the health of children. The Government's swift intervention to restrict access to these products will significantly help prevent short and long term disease and ill health in young Queenslanders.

I now turn to the amendments to the Medical Act. The shortage of doctors in rural and remote areas has been a longstanding problem for Queensland and this Government has taken positive steps to remedy the situation. In June this year, I announced that Queensland Health had developed the Doctors for the Bush scheme in collaboration with the Commonwealth and peak medical professional bodies. This scheme, which is scheduled to start in January next year, is aimed at recruiting and retaining increased numbers of overseas trained doctors and Australian medical graduates in rural and remote areas of the State by removing the barriers that prevent doctors practising in the bush.

In the case of overseas trained general practitioners wanting to practise in the bush, there are considerable obstacles. For example, they are unable to be registered to practise without geographical restrictions or to obtain permanent residency status unless they pass the examinations set by the Australian Medical Council. In addition, they cannot obtain an unrestricted Medicare provider number until 10 years after they commence practice in Australia.

Under the scheme, these obstacles will be largely removed for overseas trained doctors with suitable qualifications in general practice who agree to work in specified rural or remote communities for five years. During this period, post graduate training opportunities and support will be provided to assist those doctors to obtain an Australian qualification in general practice. For overseas trained doctors who have worked in rural or remote communities for a period prior to the scheme commencing, I am hopeful that the Commonwealth will agree to the recognition of this time.

Doctors who fulfil their contractual obligations under the scheme and obtain a relevant Australian qualification in general practice will be able to continue in general practice with no geographical restrictions and will not need to pass the Australian Medical Council examinations. In addition, they will be eligible to be granted permanent residency status and an unrestricted Medicare provider number. The requirement to hold a relevant Australian qualification in general practice ensures that standards in general practice will not be eroded under the scheme.

I must emphasise that this scheme is for the bush. The Commonwealth has made it clear that unrestricted provider numbers will not be granted under the scheme to overseas trained doctors in provincial centres and that other strategies will need to be developed to address shortages of general practitioners in those centres.

For the scheme to be implemented, amendments to the Medical Act are needed to allow overseas trained doctors recruited under the scheme to be registered under the Act. Practitioners will only be able to be registered by the Medical Board if registration is for the purpose of enabling the requirements of an "unmet area of need" to be met. The Medical Board currently has the responsibility for deciding if an "unmet area of need" exists.

If the board retained this responsibility, the Act would not be able to effectively operate to allow the registration of doctors recruited under the scheme. This is because the Minister, rather than the board, will have responsibility for deciding which rural or remote communities are covered by the scheme and where an "unmet area of need" will therefore exist.

To overcome this problem, the Act is to be amended to provide that the Minister may decide there is an "unmet area of need". The amendments clarify in what circumstances the Minister may make such a decision. The Bill also inserts a new ground for registration under the Act which will enable the ongoing registration of practitioners recruited under the scheme who obtain the relevant Australian qualification in general practice.

I now turn to the amendments to the Health Services Act 1991 contained in the Bill. The undertaking of quality assurance activities is fundamental to improving health service delivery and outcomes. It involves collecting data about operations of a service, analysing the data and developing recommendations for changes to systems, procedures and clinical practices to improve services for consumers. It can have a direct impact on outcomes for consumers—in reduced mortality and morbidity.

The provisions on quality assurance in the Health Services Act impose restrictions on the disclosure of information from approved quality assurance committees and provide immunity for committee members against legal actions or claims. The eligibility criteria for approval of committees ensures that only those committees that can demonstrate that the strict protections are necessary for their effective operation are approved. Due to oversights in its initial drafting, the legislation has never been applied. This situation has restricted the operation and establishment of a number of significant quality assurance initiatives.

The amendments in this Bill will resolve three specific problems in the current legislation. Firstly, the amendments in this Bill expressly provide for private hospitals and the Chief Executive of Queensland Health to establish quality assurance committees. This will ensure private hospitals are not disadvantaged in relation to their quality assurance activities and will provide for circumstances where a joint public/private sector quality assurance committee is sought. It will also facilitate the application of the legislation to Statewide projects conducted by Queensland Health. These projects have the potential to improve clinical practices and diminish adverse outcomes to the benefit of all Queenslanders.

Secondly, the Act currently specifies the functions that quality assurance committees must have to be eligible for approval. The mandatory inclusion of the specific function of "reviewing clinical privileges" limits the eligibility of many committees that would otherwise benefit from the application of the statutory protections available under the Act. In practice, clinical privileges committees comprise peers from a specific discipline. In Queensland Health facilities, the functions and operations of clinical privileges committees are set out in a policy and procedures document. These committees, in practice, are separate from other quality assurance activities and structures within health facilities. To only be able to approve committees that have clinical privilege review as one of their functions is cumbersome and unnecessary. The Bill removes this mandatory requirement, thus allowing greater scope for committees to be approved under the Act.

I seek leave to have the remainder of the second-reading speech incorporated in Hansard

Leave granted.

Thirdly, the Act currently places a duty of confidentiality on employees, officers and agents of the department in relation to information about persons who have received a public sector health service. This duty effectively prevents staff from providing patient identifying information to a quality assurance committee or to a person preparing information or reports for a committee.

This creates an unnecessary obstacle to the effective functioning of quality assurance committees. It needs to be remedied to ensure adequate information is available to a committee to perform its functions. The existing provisions, which restrict disclosure and use of quality assurance committee information, ensure that the confidentiality of patient identifying information is safeguarded.

The immediate benefits of these amendments to the Health Services Act will be that relevant bodies will be able to apply for approval for their quality assurance committees. Where the committees meet the strict eligibility criteria, approval will trigger the necessary protections to ensure practitioners feel secure in providing sensitive treatment data to such committees and committee members feel secure in making open and objective recommendations about service improvements, without reservation. The health of all Queenslanders will benefit in the long term. I commend the Bill to the House.