



Speech by

Hon. WENDY EDMOND

MEMBER FOR MOUNT COOT-THA

Hansard 12 November 1999

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

Hon. W. M EDMOND (Mount Coot-tha) (Minister for Health) (4.07 p.m.), in reply: I thank members opposite for their support for this legislation. Many of their queries in terms of why the legislation is needed and how it will work have already been answered by backbench members and members of my legislative committee.

A couple of concerns were raised by the Opposition that I wish to address. Firstly, this Bill has been under discussion, consultation and production since 1993. It was expected to be introduced into this House in late 1996 or early 1997. The suggestion that this model is not the preferred model is rather strange, because the Opposition did have the opportunity to change it and put in its own model during the time it was in Government. The model that we now have is the one that was started by the Labor Party back in the early nineties and has progressed through. Also somewhat amusing were the comments regarding the Health Rights Commission—the HRC. I remind members opposite of the comments by the Health spokesperson and other members of the National Party at the time that the Health Rights Commission Bill was debated. They gave a guarantee that they would oppose it and that they would repeal the legislation when they got back into Government. It is a little rich to say now that the HRC is not getting everything it wants and that we should be doing more for it.

I remind members that about 90% of what the Health Rights Commission has indicated it would like to see in this Bill has been included in the Bill. I have a letter from the Health Rights Commissioner saying that he supports me. He has assured me of his support and that of the commission for the implementation and the administration of the legislation in the most efficient and effective way possible. I think any concerns that the Health Rights Commission may have had earlier on have been well dealt with.

In relation to the concerns that the Health Rights Commission is not resourced adequately, I have to express my absolute confidence in the fact that it is doing its job—and a very good job. Indeed, I think it is probably fair to say that every organisation lobbies regularly for increased funding. I understand that the Health Rights Commission is intending to put on extra PR staff to spread its knowledge and to make more people aware of how and when they can lodge complaints. Clearly, it is very confident that it is coping with the workload it has and the way it is working through that.

Another issue that was raised repeatedly was the concern about the cost of the legislation and the cost to the boards. I understand that a review of what would be needed in terms of extra resources or extra investigators showed that there would only be a need for one additional investigator to be engaged by the office of health practitioner registration boards, which across all of the boards would not be a huge impost. So I think we can rest assured that that is not the reason for the pressures on them.

I should inform members that Cabinet recently improved a fee increase for all of the health practitioner registration boards, excluding the Queensland Nursing Council, which had only been established recently. This includes a CPI adjustment as well as recognition of the increasing requirements of the boards to respond to matters of professional conduct and discipline. There has been a significant increase in litigation and complaints to the boards and, indeed, I have been lobbied for all of the time that I have been Minister—long before this legislation was introduced—for an increase in funding of the boards to enable them to deal with the increasing costs that they were facing.

This week's Courier-Mail provided clear evidence of the expanding role of the Medical Board, for example, in monitoring medical practitioners recognised as impaired by virtue of illness or drug and alcohol dependency. Clearly, the role of the boards has changed. The previous Minister sought an audit of the board's responsibilities and expenses and relative fees, and these fees have now been agreed to by Government at the request of the respective boards and are in line with the recommendations of that audit. All of the boards have members from relevant professional associations. The fees are still very competitive compared with those in other States. I should also note that the registration fees may also be affected by the GST when it comes in next year.

As to the concerns of the member for Caloundra that these increased registration fees will mean a huge impost on these professional people—an increase of, say, \$50—I point out that if that is divided by 1,000 or so patients, the amount that is going to be passed on will be minute indeed.

Specific mention was made of an increase in the osteopaths' registration fee. Of course, that is still tax deductible, so most of them will only be paying, in real terms, half of that increased fee. When I was the Opposition spokesperson, I was subjected to enormous lobbying from the osteopaths—as I am sure the member has been—regarding their wish to be separated from the osteopaths and chiropractors board and to stand alone as a profession. It was explained to them—and they acknowledged and accepted and, indeed, welcomed—that doing so would lead to an increase in their fee structure because of their small number of participants. However, they have continued to lobby strongly and, I would have to say, unanimously for that separation, including the increase in fees.

The member for Caloundra raised concerns about the fact that the exposure draft was limited in consultation. Yes, the consultation was curtailed. It had been going on for six years. We put the exposure draft out only to those people who had been involved closely so that no-one's time, including that of the professionals concerned, was wasted by going over old arguments and restarting debates about policy.

With regard to the selection of the executive officer, I can inform the House—and I think honourable members would be aware of this already—that the position has been advertised. The selection panel is intended to include representation from the boards. It is highly likely that the panel will include the chair of the Medical Board and someone from the other medical registration boards as nominated by them. In this way, the boards do have direct involvement in the selection of a suitable executive officer, and it is really difficult to imagine circumstances in which the decision to terminate the appointment of the executive officer would not involve consultation with the boards.

I have circulated a list of amendments, which are largely of a minor machinery nature and which I understand the Opposition has no problem with.
