



Speech by

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MEMBER FOR TOOWOOMBA NORTH

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**CHIROPRACTORS REGISTRATION BILL
DENTAL PRACTITIONERS REGISTRATION BILL
DENTAL TECHNICIANS AND DENTAL PROSTHETISTS REGISTRATION BILL
HEALTH PRACTITIONERS LEGISLATION AMENDMENT BILL
MEDICAL PRACTITIONERS REGISTRATION BILL
MEDICAL RADIATION TECHNOLOGISTS REGISTRATION BILL
OCCUPATIONAL THERAPISTS REGISTRATION BILL
OPTOMETRISTS REGISTRATION BILL
OSTEOPATHS REGISTRATION BILL
PHARMACISTS REGISTRATION BILL
PHYSIOTHERAPISTS REGISTRATION BILL
PODIATRISTS REGISTRATION BILL
PSYCHOLOGISTS REGISTRATION BILL
SPEECH PATHOLOGISTS REGISTRATION BILL**

Mr SHINE (Toowoomba North—ALP) (4.28 p.m.): The issues addressed by the new health practitioners legislative package, including the 14 health practitioner bills currently before parliament, have been the subject of the review of medical and health practitioner registration acts, or HPRA review. The HPRA review commenced in 1993. The review has been a major project involving a comprehensive examination of one-third of the Health portfolio's legislation, that is, 27 separate pieces of legislation including 12 acts. The project is one of the largest legislative review activities ever undertaken in Queensland.

The objective of the review was to formulate an effective and efficient regulatory system for the registered health professions aimed at protecting the public and promoting quality health care standards. The review examined the regulation of chiropractors and osteopaths; dentists, dental technicians and dental prosthetists; allied oral health practitioners, for example, dental hygienists and school dental therapists; medical practitioners; optometrists; occupational therapists; pharmacists; physiotherapists; podiatrists; psychologists and hypnotists; and speech pathologists.

The scope of the review was subsequently extended to incorporate the registration of medical radiation technologists in order to give effect to a 1993 decision of the Australian Health Ministers Conference to regulate this profession nationally. The major issues addressed by the review included the following: functions, powers and composition of registration boards; criteria and processes for registration of health practitioners; complaints and discipline of registrants, including relationships with the Health Rights Commission; business and commercial issues such as advertising, business structure and ownership; and the scope of professional practice. In relation to the need for review, collectively the current health practitioner registration acts have not previously been subject to a simultaneous and comprehensive review. Although the health practitioner acts have been consolidated or amended from time to time and on many occasions, they nevertheless contain numerous deficiencies of a technical and policy nature.

Most of the current acts are based on a model which was developed early last century. For example, the current Medical Act is over 60 years old. The current acts have not kept up with changes in the health profession, nor do they adequately reflect contemporary expectations about the regulation of the profession. The current legislation unreasonably restricts business and commercial activities with no health benefit for the public. The provisions of the current acts do not conform with current drafting practice or fundamental legislative principles, especially in respect of the matters dealt with by subordinate legislation. Despite their common subject matter, the various acts contain different approaches to many issues with little obvious rationale for the difference. These differences largely reflect the times at which the acts were drafted rather than any sound policy rationale. There is widespread agreement that the current legislation is totally inadequate and that new legislation is needed as soon as possible to provide an appropriate level of consumer protection.

Before these bills were introduced in the House, immense consultation took place. In fact, the level of consultation was unprecedented in terms of public consultation. There was the release of public consultation documents. These took the form of a Medical Act information paper in 1993, a discussion paper on the Medical Act in September 1994 and a discussion paper on the health practitioner registration acts and 10 profession specific attachments in 1994 of which 3,000 copies were distributed and 197 submissions received in response. There was a draft policy paper on the medical and health practitioner registration act in September 1996 of which over 2,000 copies were distributed and in respect of which 252 submissions were received. As well as these consultation documents, there was a series of public meetings in October and November 1994 in Brisbane, Toowoomba and other areas throughout Queensland. These public meetings occurred to discuss issues raised primarily in the consultation documents and the submissions that followed.

A further area of consultation involved stakeholder advisory groups. The Medical Act Steering Committee, comprising senior public and private sector medical practitioners, medical board members, representatives of the Queensland branch of the Australian Medical Association and the Health Rights Commissioner, and the departmental advisory group, comprising registration board members employed by Queensland Health and the Health Rights Commissioner, contributed to the research and policy development stage of the review. In addition, during the research and policy development phase consultation was undertaken with public members of the registration boards and the Health Rights Advisory Council and nominees of all registration boards and peak professional associations.

As well as the public consultation indicated, there was a series of targeted consultation with key stakeholders. The review undertook targeted consultations with 31 key stakeholders, principally the registration boards and peak professional associations, and consumer groups over a five-month period in 1997. This targeted consultation process involved the provision of detailed information regarding the policy proposals, clarification of stakeholder issues, discussion of options and settlement of the stakeholders' final position. The strategy adopted in each case varied according to the sensitivity of the issue and needs of the stakeholder group. For example, the review had three meetings—more than nine hours in total—and 20 pages of correspondence with the Queensland branch of the Australian Dental Association. While time consuming and resource intensive, the target consultation process was extremely useful in clarifying key stakeholder issues and explaining and obtaining support for the preferred positions in the draft policy paper. A substantial degree of stakeholder anxiety and misinformation was addressed by this process.

A further area of consultation was the exposure of drafts of the new health practitioner legislation. In February 1999 the review conducted targeted consultation on exposure drafts of the first stage of the new health practitioners legislative package. The Health Practitioners (Professional Standards) Act 1999 and Health Practitioner Registration Boards (Administration Act) 1999 commenced operation in February 2000. In March 2000 the review conducted targeted consultation on exposure drafts of the 13 profession specific registration bills with key stakeholders, including the registration boards, peak health professional associations, relevant tertiary institutions and specialist colleges, three consumer organisations, the Health Rights Commissioner and the Office of Health Practitioner Registration Boards.

Overall, there was a high degree of support for the legislative proposals put forward by the review. The key findings of the health practitioner registration acts review can be listed as follows. The review found that ongoing statutory regulation of all the health professions which are currently regulated in Queensland is justified on the basis that certain health procedures are risky and/or potentially harmful and should be undertaken by appropriately qualified persons. The consequences of being treated by a practitioner who is not suitably qualified are potentially serious from a public health and safety perspective and costly for individual consumers and the community as a whole. The review also found that protection of certain well accepted professional titles most efficiently enables consumers to identify appropriately qualified health practitioners in a market where there is a substantial degree of information asymmetry and consumers would have serious difficulties determining the validity of professional qualifications and/or standards of practice.

The review found also that registration of the profession is highly effective in ensuring that practitioners uphold professional standards, because of the potential for binding disciplinary action if they do not. It found that registration provides the most effective mechanism for consumer complaint about professional standards issues and the exclusion of unfit or unprofessional practitioners in order to protect the public. All professions under review are currently regulated in other Australian jurisdictions, with the exception of occupational therapy, speech pathology and medical radiation technology, which are partially regulated professions. The review found also that there are no viable alternatives to statutory regulation, that is, deregulation does not provide an adequate degree of public protection, effectively address information asymmetry or provide an effective means of upholding standards. On this basis, the review developed a comprehensive policy framework for new health practitioner legislation.

The new health practitioners legislative package came about as the end product of the HPRA review. The new health practitioners legislation package comprises 15 bills, namely, the Health Practitioners (Professional Standards) Bill, which deals with all issues regarding complaints, discipline and impairment across all registered health practitioners, except nurses; the Health Practitioner Registration Boards (Administration) Bill, which deals with administrative arrangements for all of the registration boards, and 13 profession specific registration bills which deal with the constitution, functions and powers of registration boards; registration criteria, categories and processes; business and commercial issues—for example, advertising; regulation of practice and protection of professional title; and other miscellaneous issues.

Due to the size and complexity of the review it was decided to progress the new health practitioners legislation package in two stages. Stage 1, of course, deals with the acts put in place in 1999—the Health Practitioners (Professional Standards) Act and the Health Practitioner Registration Boards (Administration) Act.

Of particular interest to me was the reference made by the member for Maroochydore to the consequences of a finding of negligence of practitioners referred to in the Health Practitioners (Professional Standards) Act. Under the act there is a duty upon the practitioner to advise their board of certain offences or if the practitioner is a party to a judgment or a settlement of proceedings involving negligence. This duty will effectively increase the degree of public protection afforded by the legislative scheme. That obligation on professionals is a severe one and demonstrates that the bills under discussion today and the act that came into effect in 1999 are a serious attempt to properly regulate these professions.

The introduction of those two acts was the first stage. What is before the House today is the second stage of the program—the proposed passage of the profession specific registration acts. The 13 profession specific registration bills currently before the parliament represent the second stage of the health practitioners legislation package. It was determined that an additional profession—medical radiation technology—should be registered under the legislative model proposed by the review. The registration of medical radiation technologists implements a longstanding decision of the Australian Health Ministers Conference to facilitate the operation of mutual recognition for this occupational group.

The registration of medical radiation technologists in Queensland will enhance the operation of mutual recognition arrangements and thereby facilitate greater mobility in the work force between Queensland and the three other Australian jurisdictions that currently register medical radiation technologists, that is, Victoria, Tasmania and the Northern Territory.

What are the anticipated outcomes of the new health practitioners legislative package? The major outcome is a more effective registration system which will provide greater protection of the public and a significantly reduced regulatory burden. On the one hand, there is greater protection for the public; on the other, there is a reduction in red tape.

The key features of the new health practitioners legislation package include improved accountability of registration boards, that is, through increased public membership on the boards, independent adjudicative processes, appropriate appeal rights from board decisions, improved annual reporting obligations, revised meeting procedures and requirements for declarations of interests; and the establishment of a statutory Office of Health Practitioner Registration Boards to provide responsive administrative and operational support to registration boards on a self-funding basis. Another outcome is the introduction of mechanisms to ensure the ongoing competence of health practitioners.

There will be clarification and streamlining of the relationship between registration boards and the Health Rights Commission in relation to complaints concerning health practitioners. There will be the establishment of a publicly accountable impartial disciplinary system, which effectively separates prosecutorial and adjudicative functions for all registered health professions. There will be the establishment of informal supportive statutory processes which focus on the rehabilitation of impaired practitioners. There will be a preservation of the current practice restrictions in the short term pending the outcome of separate national competition policy reviews of these issues. There will be the removal

of unnecessary anti-competitive restrictions on business structures and, finally, there will be a relaxation of the prescriptive controls on advertising by health practitioners.

The combination of all of these acts represents a massive effort in legislative reform in the health area and the minister, the Honourable Wendy Edmond, is to be truly congratulated on this great effort. It has taken a very long time to get to this stage, and I am sure the House would agree with those sentiments.
