



Speech by

PETER LAWLOR

MEMBER FOR SOUTHPORT

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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 LAWLOR (Southport—ALP) (4.47 p.m.): I rise to support the health practitioner registration bills. Health practitioners in Queensland have been regulated by statute since 1861. Each of the current registered professions was registered as follows. Medical practitioners and pharmacists were registered in 1861. Dentists, pursuant to the Dental Act, were registered in 1902. Optometrists were registered in 1917 and nurses in 1928. Physiotherapists were registered, pursuant to the Physiotherapists Act, in 1964. Psychologists were registered in 1977, and various other professions were registered pursuant to other acts along the way. The impetus to legislate in this area has been influenced by a range of factors, including pressure from the professions, developments in interstate and overseas jurisdictions and the need to consolidate years of piecemeal amendments.

In relation to dental practitioners, for instance, the introduction of the Dental Act in 1902 to provide for the registration of dentists was prompted by the increased incidence of tooth loss and the need to ensure that the public was protected from charlatans selling cheap and poorly made artificial teeth. In 1910 the Home Secretary was petitioned by opticians who sought the establishment of a registration board to licence opticians. The profession's push for statutory regulation was vigorously resisted by the medical profession for the next seven years.

The move towards statutory regulation of the psychology profession was prompted by the advent of Scientology in Australia in the 1960s. The Victorian government was the first to legislate to restrain the practice of Scientology through controls over hypnotherapy and psychological practice. Registration of psychologists was a secondary consideration. At the time, the profession was critical of this approach. It was not until the mid-1970s that the Queensland government expressed a desire to control unorthodox health practitioners who used pseudo psychological methods. At about the same time, articles in the Queensland press about para energy, hypnotherapy and unorthodox medicine prompted submissions from the profession to the Health Minister arguing the case for registration of the profession.

The situation regarding optometry was quite interesting. In 1910, opticians petitioned the then home secretary to establish a registration board to license opticians. There was significant opposition to the official recognition of opticians from the medical profession, who argued that opticians were not qualified to recognise eye defects caused by diseases that needed medical treatment rather than the prescription of glasses. This opposition was voiced during the debate on the unsuccessful Medical and Other Practitioners Bill 1911.

The Opticians Bill 1916 passed the Legislative Assembly but failed before the Legislative Council. In 1917, the upper house referred the Opticians Bill to a select committee, which heard the opposing views of opticians and the medical profession. The select committee sided with the opticians and suggested that the upper house proceed with the bill after certain amendments were made. The Opticians Act 1917 established the Board of Optical Registration and provided for the keeping of a register and the setting of examinations.

The underlying premise of the legislation regulating the health professions has always been protection of the public. Time and time again, the introductory speeches and parliamentary debate of many of the current acts have clearly recognised and emphasised the primary objective of the legislation to advance and protect the public interest. For example, during the debate in Committee in relation to the Dental Bill 1902 it was stated—

The object of the Bill is to afford some protection to the public against people who practise as dentists without having passed an examination, and who are quite unskilled in the art of dentistry, so that the community run some risk in submitting themselves to the treatment of those men.

Again, in that same debate it was stated—

It was absolutely necessary that there should be some check on their conduct. If there was none, and a dentist behaved in a most disgraceful manner, or robbed people right and left, there would be no means of getting at him.

...

Power must be given to the board to make the members go straight professionally, or to pull them up.

In other words, it was legislating against charlatans and quackery, basically—and I am not talking about the feathered variety.

During the debate on the second reading of the Medical Act 1939 it was stated—

It must be understood that in a Bill such as this consideration has always to be given first to the welfare of the community.

... the purpose of the Bill is to place preventive medicine and the medical system of Queensland generally on a secure foundation.

Again, in relation to the Opticians Bill 1917 it was stated—

... while it will place persons qualified to practise on a proper and rightful basis, it will at the same time afford protection to the public in preventing unskilled persons from practising.

The new bills have been drafted in response to the need for a complete overhaul of health practitioner legislation. Together with the Health Practitioners (Professional Standards) Act 1999 and the Health Practitioner Registration Boards (Administration) Act 1999 they will form the package for a totally new scheme of health practitioner legislation for Queensland.

The Minister's second reading speech for the health practitioner registration bills noted that the power to make laws regulating the health professions is one of the most important mechanisms available to the state to direct the health care system. Through this legislation the parliament effectively sets the ground rules about the nature and quality of the professional services available to health consumers.

As the objects clauses of each of the bills indicate, the purpose of the new legislation is to protect the public, uphold standards of practice within the professions and maintain public confidence in the professions. The bills have been introduced to advance and protect the public interest.

Almost 70 years ago the honourable E. M. Hanlon made the point that boards are established in the public interest to administer a system of occupational regulation on behalf of the government. This principle is preserved in the bills currently before the parliament.
