



Speech by

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### HEALTH PRACTITIONER REGULATION (ADMINISTRATIVE ARRANGEMENTS) NATIONAL LAW BILL

**Mr LANGBROEK** (Surfers Paradise—LNP) (4.51 pm): It is my pleasure to rise to speak to the Health Practitioner Regulation (Administrative Arrangements) National Law Bill. I want to acknowledge the Deputy Leader of the Opposition, the honourable member for Caloundra and shadow health minister, for his very comprehensive presentation and also the contribution of the honourable member for Currumbin and, of course, of members opposite as well. I note the comments about our health system. Whilst there have been major problems, all of us acknowledge that the people who work within our health system certainly work very hard and do their best under increasing pressure.

The LNP will not be supporting this bill, and I want to go into some of the reasons that is so. The purpose of the bill is to provide the legal framework in Queensland, for introduction and ratification by all Australian states and territories, to achieve a national registration and accreditation scheme for health practitioners. This intent is reflected in clause 3 of the bill which also refers to objectives contained in the Council of Australian Governments—COAG—agreement regarding a national registration and accreditation scheme. As the explanatory notes state—

At its meeting of 14 July 2006, COAG agreed to establish a national registration scheme for health professionals, beginning with the nine professional groups registered in all jurisdictions.

Other members have mentioned those particular professional groups of which dentistry is one, and I of course am a dental surgeon. The explanatory notes go on to state—

COAG further agreed to establish a separate, national accreditation scheme for health education and training, in order to simplify and improve the consistency of current arrangements.

That was something that all of the professions acknowledged was something they supported. I became the shadow health minister after the September 2006 election and I remember reading many of the journals from the various professions which all supported a separate national registration scheme and a separate national accreditation scheme. But, as is mentioned in the explanatory notes—

Following extensive consultation on these proposals, COAG agreed at its meeting of 13 April 2007 to establish a single—

I highlight 'single'—

national registration and accreditation scheme. This model includes a number of major changes to the original 2006 proposal, including the combining of the registration and accreditation functions into the one national scheme, and the creation of an independent advisory council for the scheme. The intergovernmental agreement for the scheme was signed by COAG on 26 March 2008.

The health minister has mentioned that it was John Howard who was the Prime Minister at the time that that COAG agreement was reached—that is, 13 April 2007—to establish a single national registration and accreditation scheme. Even if he was the Prime Minister now, I would still have a problem explaining to whoever the coalition's federal health minister would be in terms of supporting the single scheme. That is the crux of the issue. Whilst the Rudd government has come in and kept going with the process that started on 13 April 2007, it is that issue of making it a combined registration and accreditation scheme that

is the problem. That is what the professions have had a problem with since and why they have advised caution.

Unfortunately, since that decision of 26 March 2008, it has now come to this where we have a combined registration and accreditation scheme, and that is what all of the professions are up in arms about because, as I will come to later, accreditation is really not the problem. The registration issues were the issues that affected us with Dr Patel. It was the Medical Board of Queensland which did not note something that was affixed to his registration qualifications, and of course that led to him being registered inappropriately and then used by Queensland Health, which was taking areas and making them deemed areas of need. That led to the problems that we had. It was nothing to do with accreditation, and that is why the professions are concerned about setting up a bureaucracy when accreditation is not the problem.

**Mrs Stuckey** interjected.

**Mr LANGBROEK:** As the honourable member for Currumbin says, accreditation is done well and is acknowledged by many people, including Tony Morris QC and other experts. Accreditation—that is, how we say people are qualified to do their professions—is not the problem. The registration issues are the things that are the problem, and all of the professions agree that there should be a national registration scheme.

It is perhaps apt that Queensland is the first state to debate this legislation given our state's tragic history with the public health system. The Bundaberg Hospital tragedy revealed an insidious culture and practice in Queensland where health practitioners were hired by Queensland Health and given lucrative posts within the public health service without adequate vetting. Since the Dr Patel scandal, there have been many other instances where doctors have been employed by the state's public hospitals without proper checks on their qualifications and experience. I shudder to think how many there were before the Queensland Public Hospitals Commission of Inquiry. There were a number of interns employed at Cairns Hospital who were unregistered. They were stood down on full pay for weeks while their qualifications and registration were checked—checks which should have occurred before Queensland Health offered them contracts of employment. There have been a number of scandals involving doctors with questionable qualifications found working the wards of Queensland hospitals. There have even been doctors who have been deregistered elsewhere who have gone on to have careers in Queensland's public hospitals. Again, in the vast majority of these cases the appropriate checks were not carried out, and I will come to the registration issue again in a moment.

In 2005, about the same time that Jayant Patel was working at Bundaberg Hospital, the Howard government commissioned a study into the health workforce and asked for recommendations as to how to improve delivery of health care in Australia. One of the key recommendations of the report *Australia's health workforce* was the establishment of a single national registration and a separate single accreditation board for health professional education and training, as I have just mentioned and as I quoted from the explanatory notes. However, as I said, in 2007 COAG agreed to implement the recommendation with a single national registration and accreditation scheme, and that brings us here today.

The purpose of such a scheme is to consolidate the 80-odd stand-alone health practitioner registration boards in operation across Australia. The desire is that a single registration board would not only address the interstate registration discrepancies and issues with doctors practising in a number of jurisdictions; it would also improve the processes and checks carried out on prospective registrants before they are employed as health practitioners in Queensland and across Australia. This is a principle that the LNP fully supports, as I have mentioned—that is, a scheme that will improve on the historically inadequate registration processes in Queensland. This has been acknowledged by the Labor government in the form of the health minister bringing in the stand-alone Medical Board which we debated in this place relatively recently.

What is clear from our consultation with stakeholders is that the scheme proposed by this bill is not supported by health practitioners. We understand their concerns. We believe that it is ill considered, bureaucratic and lends itself to political interference. As the honourable member for Caloundra has mentioned, we cannot support the bill in its current form, but we do support the principle of national registration.

During the PA Hospital funding crisis, Tony Morris QC, one of the key figures of the commission of inquiry into public hospitals, wrote a thought-provoking article in the *Courier-Mail*. One of the points he made in that article was that most Queenslanders would be surprised to learn that doctors do not run our public health system. He made the observation that courts and law officers are run by lawyers, banks by financiers and economists, mining companies by engineers and geologists, newspapers by journalists and so on. Mr Morris then went on to say—

Only in our public hospitals are experts in the field subordinated to people whose only relevant training and experience is confined to the arcane mysteries of pen pushing and number crunching.

Whilst I personally would not be so harsh—I acknowledge that not all doctors are experts in the field of administration—I think the point was well made by Tony Morris QC that he believed that the balance had shifted too much and that the focus had come to be on administration and bureaucracy as opposed to patient care. The need to provide doctors in areas of need was the thing that got this government into trouble and subjected the people of Queensland to the problems that we have seen.

As I say, we have a problem with bureaucracy dictating to doctors, nurses and other health practitioners about how they should be treating patients. This is what the bill proposes to do; that is, have bureaucrats potentially making judgements about who can practise in various fields of health—the nine areas that, as I said, have been mentioned by other members.

Part 3 of the bill establishes the Australian Health Workforce Advisory Council at clause 13. Part 2 of the bill gives the ministerial council powers to appoint persons to the advisory council at clause 9(1). I note that, in relation to the ministerial council referred to in part 2 of the bill, the minister stated in his second reading speech—

... the Ministerial Council will assign accreditation functions to existing bodies—

which means that existing registration bodies will still be able to accredit—

with the requirement that within the first 12 months of the national scheme they meet the standards and criteria set by the Agency.

The point is that currently the existing bodies do accreditation very well, as acknowledged again by Tony Morris, who said that provided the colleges operate under a strict statutory framework, as they do, and that the accreditation process is open and transparent, which it is, no better system could be devised. This assigning of accreditation functions and saying that the ministerial council will, within the first 12 months, have standards and criteria set by the agency concerns me.

The Health Quality and Complaints Commission is another body that was set up in this state by the minister to replace the Health Insurance Commission. I was privileged to be on the select committee to oversee the Health Quality and Complaints Commission in terms of how it had been set up and how it was proceeding after its first year. That Health Quality and Complaints Commission also came up with seven standards for various aspects of the practise of medicine and medical procedure. There is not a problem with the standards and having standards, but as we went around the state—and there were members opposite who were with me—it became very clear that the stakeholders who were going to have these standards applied to them were not aware of the standards, that there was replication of standards, and that the people who had to implement those standards were sometimes unsure about the process. That again showed that, even though the intentions are good, having more standards and criteria can sometimes be confusing for the very people who have to implement them. That is the issue with accreditation. If there is no problem with accreditation at the moment and there is no problem with people deciding who are our doctors, our dentists, our nurses, our paediatricians and all the other medical professionals, then why are we changing the system that we have currently? That is the point that we are making with this bill.

Clause 7 also gives the ministerial council the power to give policy directions to the national agency and the national board. From a preliminary survey of this bill it is quite clear that the framework proposed by the members opposite will potentially give rise to an unacceptable level of political interference. A national registration scheme should necessarily be independent and without regard to the politics of the day. Its sole focus should be ensuring that Australia's future doctors, nurses and allied health staff have the proper qualifications, skills and training to be entrusted with the responsibility of looking after the health and wellbeing of patients.

The politico-bureaucratic framework proposed by this legislation will not operate in the best interests of the patients. The LNP believes that among the people who are best qualified to make decisions as to the registration of health professionals and the accreditation of education and training programs are the doctors in the operating rooms and their supervisors and the people who have taught them. They are the nurses who are patrolling the wards and the people who supervise them and who have taught them and who have accredited them and who ensure that patient care is carried out to best practice. They are the dentists, the pharmacists, the physiotherapists, the chiropractors, the osteopaths, the psychologists, the optometrists and the podiatrists who dedicate their lives to helping patients get well. The people who represent these professionals and their professional associations do not want members of their profession performing their tasks poorly and, therefore, reflecting on the accreditation that they have given out to their fellow members. Those are the people who should be consulted when making decisions about the future of an accreditation scheme and not, as the members opposite would have it, a handful of politicians and bureaucrats who may be no more qualified to administer patient care than many of us here in the parliament.

This belief is well supported by those in the medical industry and professions who agree that this bill should go back to the drawing board. They do not want it thrown out completely; they just want the consultation process to continue, obviously, so that it could be refined. Otherwise we are going to be back here at some stage making amendments to the legislation.

Over the past few months I have received correspondence from a number of stakeholders who are opposed to this scheme, as I note, as it presently stands. In what was an excellent contribution, the member for Caloundra gave a comprehensive survey of industry and professional sentiment regarding this bill. The overwhelming conclusion is that this legislation is not supported by those fraternities. The Australian Nursing and Midwifery Council has expressed concerns that the framework proposed by the Minister for Health is hurried and ill considered. To borrow a quote from the chief executive, Karen Cook, and the chairperson, Mary Chiarella—

To design a national system takes time. If insufficient time is allowed for legislative drafting and consultation with stakeholders on the development of the scheme, we will have let the community down.