



Speech by

Jarrold Bleijie

MEMBER FOR KAWANA

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL; HEALTH PRACTITIONER REGULATION NATIONAL LAW BILL

Mr BLEIJIE (Kawana—LNP) (5.14 pm): I rise this afternoon—

Mr Kilburn: Be nice.

Mr BLEIJIE: I will be nice. I will go easy on the Deputy Premier today. I rise this afternoon to add my contribution to the cognate debate on the Health and Other Legislation Amendment Bill 2009 and the Health Practitioner Regulation National Law Bill 2009. I am supporting the bill introduced by the government but will add that there are certain aspects of this bill that need amending, particularly the provision for the introduction of mandatory reporting. I concur with the comments from the Australian Medical Association of Queensland that mandatory reporting of misconduct by medical practitioners into hospitals would be detrimental to the administration of the overall health system in Queensland.

The former AMA Queensland President, Dr Chris Davis, stated that the proposal was extreme and the government's responsibility must be to address system failures rather than making doctors accountable for reporting inadequacies. We have seen recently how Queensland Health treats the great doctors in this state. At the end of the day, the fundamental responsibility of reporting misconduct falls on the department rather than the individual doctors. It is no wonder that we are continually struggling to attract medical professionals to fill this void across the state. A press release states—

'The AMA acknowledges clinicians have a role to play in maintaining patient safety through the reporting of misconduct where appropriate, but the proposal to make this requirement mandatory must be very carefully considered,' Dr Davis said.

'Clinicians currently undertake a range of surgical and clinical audits to monitor patient care and these should be further utilised through addressing screening and reporting problems to make this system work more effectively.

'The Government has a responsibility to address the system flaws in the current reporting system and to get this process right— simply forcing clinicians to make subjective judgements and report these will not solve the problem,' he said.

These statements were made in August 2008. Sadly, over one year later, we see the same scant disregard for doctors shown by this government.

The culture of promoting the wellbeing of our doctors and medical professionals in the health system should be balanced with an underlying determination to provide medical treatment of the highest quality. Rather than having a health system that works, we once again see a government that is chasing the tough media headline. That seems to be in this government's DNA: always on the back foot, no legislative foresight or vision at all. This legislation in its current—

Mr Shine interjected.

Mr BLEIJIE: I will take the interjection asking about our visionary foresight. It is not up to the opposition to fix the problems of the government of the day. I think governments have to take responsibility for the actions they take that affect the livelihood of Queenslanders. If they cannot take the responsibility and if they cannot stand the heat, they should get out of the kitchen.

This legislation in its current form would require a medical practitioner to supply a written report if they became aware of or suspected any misconduct. Failure to do so could make them eligible for

disciplinary action. The mandatory reporting of misconduct component of the legislation will prevent the creation of an open and trusting working environment for health professionals. An environment which fosters harmonious work practices would obviously benefit the patients and allow the medical professionals to focus their attention solely on the medical case, rather than who is watching them behind their backs.

Certainly, misconduct should not be tolerated, but promoting a work culture that requires mandatory reporting is too black and white and takes away the state's trust in the medical professionals employed in the health system. This legislation could create a situation where practitioners will be discouraged from either disclosing incidents and seeking assistance from colleagues or treating other doctors. Any such situation would obviously be detrimental to the overall health system.

Since the inception of mandatory reporting in New South Wales by Labor in October 2008, the industry has generally condemned a number of cases where practitioners have raised concerns about discussing matters with other medical professionals due to a fear of being expelled. This has led to the overall deterioration in many professionals' health and wellbeing. The LNP fears that imposing mandatory conduct on health professionals will create a retaliatory environment and a culture of fear among other health professionals. The obvious example which I believe has been raised focuses on a suicide letter in December 2008 where a doctor felt unable to seek medical help or to raise his problem with other medical staff given the compelling nature to report certain instances under the mandatory reporting requirements. This situation obviously needs to be addressed.

When is the government going to question the legislative program in New South Wales rather than simply following its path? Given the legislative history we have seen in the past five months, we have certainly become a 'yes' state, where all we seem to do is sneak a peak at our neighbouring states and seemingly copy their legislative agenda. In school it is called cheating. In the state government it is called ignorance. The fact that we seem to follow the New South Wales government on legislative reform is even more embarrassing, because the New South Wales government set such a good example for governments in Australia! The fact that we copy New South Wales on most legislative principles is embarrassing.

Some good news which has my support is the government's decision to legislate against anyone who smokes in a vehicle with a child under the age of 16. Before I discuss this point further, I would like to congratulate Renee Gastaldon for the comprehensive research brief done on banning smoking in cars carrying children, tabled in May 2009. This legislative amendment follows the release of a Queensland government discussion paper titled '2007 Review of Smoke-Free Laws'. The key points raised were—

The prevalence of people who smoke is reducing and in particular the number of smokers who smoke in cars. A majority ... of car owners surveyed in 2005 reported that smoking does not occur in their cars. Of smokers, only 31% with children below 14 years reported that they still smoked in their cars. This represents less than 6% of the whole adult population in Queensland.

The government could have been easily content with those figures and the fact that smokers who smoke in their cars with children under 14 was reducing, but I welcome the continued legislative reform discouraging smoking in public places. The fact that six per cent of the adult population in Queensland still admit to smoking in their cars with children under the age of 14 is still a damning indication of the lack of regard some parents have for their children's health. As a father of two daughters and one child on the way, nothing frustrates me more than seeing, as my wife and I have on many occasions on the Sunshine Coast, as we drive past or pull up at traffic lights, mothers, fathers, or friends or family or guests in the car with the windows wound up and having one or two cigarettes with more than one person in the car. It represents a total lack of respect for the children, and it also shows a lack of respect for the health issues that we all should know about, particularly what smoking causes.

Cancer Council Queensland obviously welcomed the introduction of the laws, and I agree with the council when it said that it would eventually like to see the age of the child lifted to 18 rather than 16 for the purposes of the antismoking legislation. This would further reinforce the government's commitment to the health of all children in the care of parents who have a smoking habit. The health and wellbeing of our future generations should always be the primary focus of our health professionals and the Legislative Assembly, particularly when exposure to harmful and deadly substances passively inhaled is an involuntary circumstance for the children. If the parents are not going to take responsibility for the general health and wellbeing of their child, then it is the responsibility of this parliament to enact that legislation. This part of the bill will hopefully discourage any impressionable teens from taking up the habit of smoking in the future and exposure to any future risks to their health and wellbeing by smoking. I will also add at this point in time that legislation with the same intent was passed in New South Wales in November 2008.

With respect to the opposition amendments to the legislation proposed by the shadow minister for health, the member for Caloundra refers to clause 61 of the bill. The objective of the amendment is to ensure that registrants are exempt from the requirement to give notice about reportable misconduct in three particular circumstances. Requiring a registrant to give notice about reportable misconduct is considered undesirable when the first registrant is a spouse of the second registrant; the first registrant knows or reasonably believes that the reportable misconduct has previously been reported; and, finally,

that the first registrant becomes aware of the reportable misconduct as a result of the protection of confidence.

These exemptions make provision to protect the spouses we have working together in the medical profession by potentially forcing one against the other. Again I say I generally support the bill in commending it to the House with the abovementioned amendments proposed by the member for Caloundra. While we on this side of the House acknowledge that this bill does have some good intentions and initiatives, there are certain aspects which are too draconian and other parts which barely scratch the surface in terms of intent of the clauses.

The second part of this cognate debate addresses the Health Practitioner Regulation National Law Bill 2009. The bill covers a national registration and accreditation scheme for the regulation of health professionals and students which ensures that only suitably qualified and trained persons are registered; the administrative burden for health professionals is reduced, which means more time for patient care; a high standard of educational study conducted by registrants, which ultimately leads to a consistent high standard of health provision across the nation; and better access to services provided by health practitioners in accordance with public interest. This ultimately ensures that, wherever you are in Australia, you should be able to achieve the same level of quality of health care. The LNP supports the concept of nationally consistent medical practitioner registration, as do all of the key national stakeholders.

In the past we have expressed some concern in this place over the issue of a national register. However, we do support the bill in its current format, thanks largely to negotiations by the AMA and other key stakeholders. The role of the ministerial council is still under question and we will be keen observers in the transparency of this body when the scheme is eventually rolled out. This may not happen for some time, as all other states and territories have to also pass the same legislation through each individual parliament. It is refreshing to note that Queensland, for once, is leading the charge for this national register.

Ms Stone: Once?

Mr BLEIJIE: Just once.

Mr Kilburn interjected.

Mr BLEIJIE: It is not usual for Queensland to lead the charge, I put that to you, Madam Deputy Speaker.

Following the precedent set and the tradition of others in this debate, I could not possibly speak on this issue without speaking about the delay in the construction of the Sunshine Coast University Hospital announced by the government some time ago. Whilst a national register should ultimately improve the standard of health care across the nation, at a local level the situation on the Sunshine Coast is critical. We need beds and we need them now. If the government were serious about health and ensuring quality health care to all Queenslanders, it would have bought this hospital on earlier rather than delaying it by three years. Sunshine Coast residents are simply fed up.

While it is good to have national standards and consistency in terms of health provisions offered, we cannot forget the people in our own backyard, and for me they are the residents living in my electorate and the general health services that are offered on the Sunshine Coast. I do not expect any cooperation, however, from the government or the Deputy Premier considering his thuggery and goon-like comments earlier today with respect to a hardworking local community action group.

In summation, I would like to personally congratulate the shadow minister, the member for Caloundra, for the work he has done in the health portfolio since August 2008 and place on record the fact that while Queensland has a health minister that does not seem interested in talking for longer than 30 seconds on the health services provided in this state, there is a shadow minister who has dogged determination to see ultimate health improvement of services offered right across the state and, in particular, the Sunshine Coast. I look forward to marching in the rally with the shadow health minister on 8 November at 9.30 in the morning at Kawana Way to fight for the Sunshine Coast University Hospital. We say to the government, it is unacceptable to delay this hospital by three years. A total of 220 people a day are travelling to Brisbane. The Sunshine Coast is filling Brisbane beds.

I look forward to the rally where the people of the Sunshine Coast, local members of parliament and children on the Sunshine Coast will have the opportunity to voice their concerns and tell the government, 'We may be under the age of 18 years but we can have a say,' because it is unacceptable for children and everyone to be travelling to Brisbane for specialist services which we should be able to obtain on the Sunshine Coast.