



Speech by

Hon. Margaret Keech

MEMBER FOR ALBERT

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

Hon. MM KEECH (Albert—ALP) (4.40 pm): I am pleased to rise to speak briefly in support of the Health and Other Legislation Amendment Bill and the Health Practitioner Regulation National Law Bill in this cognate debate. I will be focusing in particular on the provisions which introduce mandatory reporting of misconduct by doctors. Unlike the contributions from the member for Glass House and the LNP, I do strongly support the mandatory reporting of misconduct by doctors because I believe there is a strong focus on patient safety.

Patients have a right to expect the very best professional knowledge and experience when they visit their doctor. They would be most concerned if they knew that one of the doctor's colleagues was aware or had reason to suspect that a particular doctor was engaging in misconduct which was of a serious nature. The amendments are being made to the Medical Practitioners Registration Act 2001 to require doctors to notify the Medical Board of Queensland if they become aware or reasonably suspect that another doctor has engaged in reportable misconduct. I will speak further about the definitions of this term.

The objective of the amendment is increased protection of the public by enhancing the Medical Board's ability to identify instances of serious misconduct by doctors. As I said earlier, it is very important that Queenslanders have absolute confidence when they visit their doctors. Sadly, there have been incidents in Queensland in recent years where medical practitioners have been aware of misconduct by their colleagues but have not reported their concerns, leading to patients suffering serious injury or death. Currently, there is no statutory obligation for a doctor to notify the Medical Board of Queensland if the doctor is aware that another doctor has engaged in misconduct in the practice of a profession. This failure to report misconduct of a fellow doctor to the board means that the board can be prevented from taking appropriate action to intervene to protect the public.

The bill amends the Medical Practitioner Registration Act 2001 to require doctors to notify the Medical Board if they become aware or reasonably suspect that another doctor has engaged in reportable misconduct. The definition of 'reportable misconduct' is conduct relating to the practice of the profession that would reasonably be considered to be sexual misconduct or practising whilst intoxicated by a drug or alcohol. Reportable misconduct also means practice of the profession while affected by physical or mental impairment or practising in a departure from acceptable professional standards but only if the practice in either case causes, or is likely to cause, harm to a person receiving professional services from the doctor.

A failure by a doctor to comply with the obligation to notify the Medical Board will be a ground for disciplinary action against the doctor under the Health Practitioners (Professional Standards) Act 1999. It will be for the Medical Board to decide what disciplinary action, if any, is to be taken depending on the circumstances of each case. A notice given to the Medical Board in compliance with the reporting obligation will be regarded as a complaint. Therefore, doctors who report will have the same protections from legal liability and reprisals as conferred on other persons who make complaints under the Health Practitioners (Professional Standards) Act. The amendments are consistent with reporting obligations for health professionals proposed under the National Registration and Accreditation Scheme for Health

Professionals. The NRAS is scheduled to be fully implemented on 1 July 2010 and will apply to the medical profession and nine other health professions.

On 5 March 2009 Australian health ministers endorsed that a model for mandatory reporting by health professionals for inclusion in legislation be developed as part of the implementation of the national scheme. In June 2009 health ministers endorsed the release of an exposure draft of the Health Practitioner Regulation National Law 2009, the second stage legislation to implement the national scheme. The exposure draft included provisions about mandatory reporting by health professionals. Mandatory reporting provisions for Queensland doctors were originally introduced into the House in November last year in a bill that lapsed when this year's state election was called in March. This occurred prior to Australian health ministers deciding that mandatory reporting should be addressed in the national scheme. Although provisions in the current bill will only operate on an interim basis until the national scheme commences, the government decided to reintroduce the provisions in a form consistent with the national scheme for a number of reasons. Firstly, mandatory misconduct reporting is a very important measure to improve patient safety. It is appropriate, therefore, that the government takes action now to protect patients rather than waiting for the implementation of the national scheme, and this is a provision I strongly support. Secondly, the introduction of mandatory reporting at this stage for Queensland doctors will assist in the transition to the national scheme later.

The amendment is welcome and reflects community and society values regarding our joint responsibility to look after each other by reporting dangerous or illegal workplace behaviour. I congratulate the Minister for Health on these two bills which strengthen patient safety. I commend the bills to the House.