




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

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

Second Reading

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (4.04 pm): I move—

That the bill be now read a second time.

I would like to thank the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for its consideration of the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017 and for its report tabled on 11 August 2017. I note that the committee made a single recommendation—namely, that the bill be passed. I would like to thank all stakeholders who made written submissions to the committee, attended the public hearings on 17 July 2017 and participated in the consultation processes during the development of the bill. The contributions of a wide range of stakeholders to the national process ensure the development of well-considered and balanced legislation.

The most significant reform in the bill is the introduction of national registration for paramedics. Paramedics perform a critical healthcare role for the community, providing a very high standard of prehospital emergency medical care. The importance of paramedics in Queensland is highlighted by the fact that in the last financial year the Queensland Ambulance Service responded to over one million incidents. Every day they attend serious traffic accidents, near drownings, patients suffering serious conditions such as cardiac arrest or stroke, mothers delivering babies at home or on the side of the road, and patients with mental health issues. Through it all, they provide the highest standard of care to all Queenslanders—from Cape York to Coolangatta, Charleville to Cloncurry and everywhere in between. We can clearly see why paramedics are so highly respected in our community.

There would not be a member of this House whose families have not been touched by the work of paramedics. To our paramedics in Queensland, to those who are in the gallery today to witness this debate and to those who are on the road, who are in our communications centre or who are working as patient transport officers: I say thank you for the work you do through the Queensland Ambulance Service.

As I travel around the state, I often talk to paramedics who have been in the Ambulance Service for many years about the evolution of the role of a paramedic to the increasingly complex and specialised role it is today. The role has changed markedly from a time when paramedics were not seen as part of the health workforce to today, when they are very much a part of the clinical care that patients receive.

These days paramedics are trusted to sedate patients, use anaesthetics to relieve pain and treat displaced fractures. Our high-acuity paramedics are now performing procedures that were traditionally only ever carried out in hospital settings, such as administering blood or diagnostic ultrasounds, as well as a range of other invasive and often life-saving or life-changing procedures. In short, the training,

knowledge, skill levels and responsibilities of our paramedics—and the risks they bear—have advanced in leaps and bounds. That is why this bill is so important, because with the increasing responsibilities of our paramedics it has become imperative that we have a national registration and accreditation scheme for paramedics.

The bill will prevent people who are not qualified, registered or fit to practice from using the title 'paramedic'. It also provides powers to deal with professional misconduct by paramedics. Once established through the bill, the Paramedicine Board will establish minimum qualifications and national standards to ensure that paramedics across the country are delivering the highest standards of care to patients. This will give the community further confidence that the services they receive from paramedics are delivered by people who have the right training and experience.

During the parliamentary committee process, a number of key stakeholders supported the regulation of paramedics under the national law including United Voice, Health Consumers Queensland and Ambulance Employees Australia (Victoria). The registration of paramedics also received strong support from key paramedic stakeholder groups throughout the process of developing the bill. In particular, I want to acknowledge and thank United Voice, the union representing paramedics in Queensland, and Paramedics Australasia for their advocacy for this important reform. This reflects that representative bodies and unions were closely consulted during the process leading up to and during the development of the bill.

A number of stakeholders submitted that members of the Paramedicine Board should be reflective of the profession, with appropriate clinical and operational experience. Subject to the passage of the bill, the members of the Paramedicine Board will be appointed by the Council of Australian Governments Health Council, or the COAG Health Council. The members appointed to all national boards, including the Paramedicine Board, are subject to a rigorous selection process. For the first appointments to the Paramedicine Board, there was a public call for paramedics and members of the community with an interest in paramedic regulation to express their interest or be nominated for appointment.

This approach has been used for the establishment of other inaugural national boards. It ensures that interested people can apply or third parties such as key representative bodies can nominate people with their agreement. The public call for nominations was advertised in national and major metropolitan press and on the paramedic regulation web page of the Australian Health Practitioner Regulation Agency, or AHPRA. AHPRA also actively used social media to reach paramedics and the public. As a result, a large number of highly qualified practitioner and community member candidates from diverse backgrounds responded.

Under existing provisions of the Health Practitioner Regulation National Law, all national boards must have an appropriate mix of representation across states and territories, regional and rural areas, and practitioner and community members. In reaching agreement on appointments to the inaugural Paramedicine Board, health ministers are required to have regard to the skills and experience of candidates relevant to the board's functions.

As with all national board appointments, health ministers will give careful consideration to ensuring membership of the board reflects the diversity of the profession, our communities and the range of skills and experience necessary to discharge the board's important functions. As a member of the ministerial council that will decide these first appointments, I am confident the Paramedicine Board will have the ability, leadership and experience to manage the transition of the profession to national registration in partnership with AHPRA.

I will now turn to the provisions of the bill which allow the structure of national boards to be varied by regulation. Some stakeholders expressed a preference for the structure of national boards to remain in the act and were concerned that a regulation may be made without adequate consultation. I want to again emphasise the requirement of the bill that ministers comprising the ministerial council must undertake public consultation before a regulation is made to consolidate or dissolve national boards. I can assure stakeholders and this House that, if the ministerial council is considering making changes to the structure of national boards in future, there will be an appropriate public consultation process and stakeholders will have an opportunity to put forward their views.

The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee has noted the concerns of a number of stakeholders about national boards and the Queensland Health Ombudsman being able to take immediate action if the national board or Health Ombudsman reasonably believes the action is in the public interest.

The committee has brought the fundamental legislative principle issues raised by these amendments to the attention of parliament. The use of a public interest test is quite common in legislation which relates to the licensing and registration of individuals, especially where the protection

of the public is paramount. For example, in Queensland the practising certificate of a legal practitioner can be immediately suspended or conditions imposed on their registration on the basis of public interest under the Legal Profession Act 2007. Similar provisions exist in the legislation of other states and territories. As a public interest test already applies to lawyers, it is appropriate that a similar test should also apply to health practitioners who hold a position of significant trust in the community, with people often feeling vulnerable or uncertain when faced with illness, injury or surgery.

It is important to ensure that immediate action can be taken against health practitioners where public interest considerations require it. An example of where the public interest test may be used to take immediate action is if a serious criminal charge is laid but the charges may not be directly related to the person's conduct as a health practitioner. In cases like these it can be difficult to show that the threshold of 'serious risk to persons' in the national law is reached. However, it may be appropriate to impose conditions on the person's registration for public protection and confidence in the health profession.

The public interest test may also be used to take immediate action if historical issues about a practitioner or patterns of behaviour are uncovered, especially where the pattern or repeated behaviour indicates an underlying issue that requires addressing through conditions of registration.

The provisions of the bill about immediate action in the public interest are consistent with similar provisions in New South Wales. Decisions to take immediate action on the basis of the public interest are also subject to a number of safeguards including show cause processes and appeals to tribunals. On balance, these provisions are needed to provide greater protection for the public.

The committee report acknowledged the concerns raised by the Queensland Nurses and Midwives' Union that, in cases of domestic and family violence, information about a person's place of practice should be able to be withheld from the public register of practitioners kept by AHPRA. It is important to note that the national law already allows a national board to decide that information about a practitioner not be recorded on the national register if the inclusion of the information would present a serious risk to the health and safety of the practitioner.

I am assured that AHPRA has appropriate policies and procedures in place to ensure that, in cases of domestic and family violence, information is not published on the register that would put a victim of domestic or family violence at further risk of harm. However, I take on board the suggestion of the Queensland Nurses and Midwives' Union that it may be appropriate to require national boards to withhold this information from the public register rather than merely giving them discretion to do so. As such, I propose to refer this issue for further consideration by health ministers as part of the second stage of reforms to the national law.

In conclusion, this bill achieves a significant milestone by providing for the national registration of paramedics. The regulation of paramedics reflects the need for the community to have confidence that paramedics are appropriately trained and qualified to practise. The bill will also ensure the Health Practitioner Regulation National Law and the Health Ombudsman Act continue to meet their objectives and guiding principles; namely, the protection of the public. I commend the bill to the House.