




Speech By
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MEMBER FOR SURFERS PARADISE

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

 **Mr LANGBROEK** (Surfers Paradise—LNP) (4.15 pm): I rise to speak to the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017. The primary objective of the bill is to amend the Health Practitioner Regulation National Law as agreed by the Council of Australian Governments Health Council, sitting as the Australian Health Workforce Ministerial Council (COAG Health Council) on 29 May 2017. The bill proposes the following key reforms for the national law, and I quote from the explanatory notes—

- national regulation of paramedics, including the establishment of a Paramedicine Board of Australia
- enabling the COAG Health Council to make changes to the structure of National Boards by regulation following consultation
- recognition of nursing and midwifery as two separate professions, rather than a single profession, with the professions continuing to be regulated by the Nursing and Midwifery Board of Australia
- improvements to the complaints (notifications) management, disciplinary and enforcement powers of National Boards to strengthen public protection and ensure fairness for complainants (notifiers) and practitioners, and
- technical amendments to improve the efficiency and effectiveness of the National Law.

The bill also makes consequential amendments to the Health Ombudsman Act 2013 and other Queensland legislation. In addition, the bill amends the Health Ombudsman Act as requested by the Health Ombudsman as part of the inquiry into the performance of the Queensland Health Ombudsman's function pursuant to section 179 of the Health Ombudsman Act 2013 by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.

I want to thank, as the minister did, the work of the committee in preparing its report on this bill. I think once again it is a great example of how our committee system is working productively on analysing bills to improve them. It is a significant change from when I first came into this place. It is nice to note that the minister has also been considering those recommendations of the committee.

Fourteen professions are currently regulated under the national law including Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, nursing and midwifery, occupational therapy, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology. For each of the 14 nationally registered health professions there is a national board. The Australian Health Practitioner Regulation Agency, or AHPRA, was established as a result to provide regulatory services for the 14 national boards in addition to providing advice to the COAG Health Council.

The national scheme and national law carry out the important function of ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Health practitioners have a single registration that is recognised in any state or territory in Australia, and the national law works to monitor and take action on any health, conduct and/or performance issues that may arise.

The explanatory notes describe the scheme as a protected title model with 'powers to prosecute persons who falsely hold out to be registered or use a restricted professional title'. It also enables the continuous development of a flexible, responsive and sustainable health workforce and innovation in the education of health practitioners and service delivery by health practitioners.

Mr Kim Snowball, the former director-general of the Department of Health in Western Australia, was engaged by the COAG Health Council in 2014 to conduct an independent review of the national scheme. The independent review involved a consultation process which included forums in each capital city. Over 230 written submissions were also received.

The implementation of the COAG Health Council's response to the independent review is occurring in two stages. The first stage consists of the amendments to the national law that we are seeing in this bill. The minister has just referred to potential amendments that will be considered potentially in the second stage of amendments. I note that a number of written submissions were made by various stakeholders. Whilst they were generally supportive of the amendments to the Health Ombudsman Act, some raised concerns about specific amendments.

Prior to the introduction of the bill, one of the key issues that many stakeholders contacted me about—and I am sure many other members in this place—was the proposal to allow nonprofessionals to sit as a chair of a national board. I wrote to Minister Hunt, the federal health minister, raising concerns of the various bodies that are governed by the national framework, and this proposal was subsequently dropped from this round of amendments. It is great to have a federal health minister who listens to the concerns of Queenslanders.

As a registered non-practising dental surgeon, I must highlight the submission made by the Australian Dental Association Queensland, or ADAQ, regarding provisions at (4)(a) and (4)(b) regarding 'shared premises'. The ADAQ has suggested that the term 'shared premises' is ambiguous and could lead to issues surrounding its interpretation. As the ADAQ explained, 'shared premises' could be interpreted to mean a number of arrangements, including contributing to the rent of a facility or working in a facility with other health practitioners. As such, the ADAQ submitted that this section could be clarified by providing that the—

practitioner ought to be under an obligation to supply practice information at all sites at which he or she practices their profession, including the address of each of the premises and the business names.

The ADAQ also noted that the obligation to provide the names of other health practitioners with whom the practitioner shares the premises could be an issue in the instance that these arrangements are tenuous. The department reasoned that practice information would be sought from practitioners when they are subject to concerns relating to the health, conduct, or performance of the practitioner. Further, the department states that the information on practice arrangements and such sought by a national board would depend on the circumstances of the case and the nature of the concerns.

The bill establishes the Paramedicine Board of Australia which will be responsible for regulating paramedics with administrative and other support provided by AHPRA as per clause 52 section 307. All paramedic stakeholders expressed strong support for national registration of paramedics and welcomed the decision of New South Wales to participate in the registration of paramedics under the national scheme. Currently, there are approximately 14,000 paramedics in Australia who, according to the department, perform higher level clinical roles than they have done in the past.

This is obvious, as members here have had ambulance and paramedics staff come into parliament to show us the changes that have happened through it becoming a profession. They are very highly trained. The minister has acknowledged that and I certainly acknowledge that too, having recently visited, with the minister's consent, ambulance services in Toowoomba, most recently in Beaudesert and also in Cairns. We certainly do appreciate the rapid response that patients are able to get from paramedics who are able to do triage prior to getting them to hospital. In the case of stroke or cardiac arrest, they can really be lifesavers.

Given their increasingly complex role, the regulation of paramedics is expected to, and I quote from the paper—

Provide public protection by enforcing nationally consistent registration standards and minimum qualifications for registration, as well as powers to manage poor performance and misconduct

Ensure high-quality training and education

Transparency and accountability

Provide a regulatory framework.

Another benefit to the registration of paramedics is to allow mobility of paramedics. Nationally consistent and recognised registration will allow a paramedic to work in any state or territory in Australia. Minor consequential amendments will also be made to the Queensland Ambulance Service Act 1991 as a result of this bill.

As I have mentioned, the LNP team values our hardworking paramedics who, as outlined in the committee report, are undertaking more complex roles than in the past. We know that emergency service workers have it tough enough protecting the community without the added worry of being physically attacked on the job. According to Paramedics Australia, physical attacks on members across Queensland have increased by almost 20 per cent compared to five years ago. In the first four months of this year alone, 176 ambulance officers were assaulted statewide. That really is not good enough and that is why we have a zero tolerance approach on this side of the House for attacks on ambulance workers and paramedics.

Whilst strong penalties are not the only deterrent, they are important in reinforcing the message that it is not acceptable to assault our hardworking emergency service workers. I am proud to be part of an LNP team that has made it an election commitment to follow the lead of other states and territories and introduce minimum penalties for serious assaults on our front-line emergency service workers. We think it is important to roll up our sleeves and stand up for our ambos.

On the issue of new powers to enable the COAG Health Council to make changes to the structure of national boards by regulation, a number of stakeholders raised concerns about whether there would be adequate consultation with stakeholders prior to the COAG Health Council exercising powers to change the structure of national boards by regulation. I acknowledge that clause 5 of the bill includes new section 31(4) to enshrine the requirement to consult on changes to the structure of national boards in the national law. I note that, while the independent review recommended the national law be changed to provide COAG with the ability to consolidate nine 'low regulatory workload' national boards, this was not accepted by the COAG Health Council. The COAG Health Council instead suggested that the national law should be amended to allow for the structure and membership of the board to be provided for in regulations. This was in an effort to achieve flexibility and to make sure that the governance of the scheme continues to be fit for purpose. The regulations may—

- continue existing National Boards
- establish a Board for one health profession, or two or more health professions—

In this instance, the bill ensures that where a board oversees two or more professions at least one member of each profession must be a member. The regulations also may—

- dissolve a Board, if another Board is established for that profession.

There is no current plan to change the structure of the national boards.

An issue that was raised by a number of stakeholders centred around the amendments to allow the Health Ombudsman to take immediate registration action or issue an interim prohibition order if the Health Ombudsman reasonably believes the action is in the public interest as per clauses 65 and 69, amendments to sections 58 and 68. According to the department, currently the national board may be constrained from taking swift action. A national board may take immediate action, as in suspend or impose conditions against a registered health practitioner, if they reasonably believe that—

- the practitioner's conduct, performance or health poses a serious risk to persons, and
- it is necessary to take immediate action to protect public health or safety.

The department reasoned that, for example, if a serious crime had been carried out by a health practitioner but the relationship of the crime had not yet been established with the practice, it would be in the public interest to constrain the practitioner's practice until the matter is finalised. While the proposed amendment received mixed views, the AMAQ from the outset suggested that the term 'public interest' was too subjective. The ADAQ, the Queensland Nurses and Midwives' Union, Avant and Together union did not support this amendment. The department has advised that the term 'public interest' had a legal definition under common law. The department also advised that taking immediate action on the basis of the public interest test would entail safeguards. These safeguards include a show cause and an appeals process.

The committee found that the amendments once implemented will align the Health Ombudsman Act with the changes made to section 156 of the national law, ensuring consistency between the powers of the national boards and the Health Ombudsman. This is important for registered health practitioners who may be dealt with under either the national law or the Health Ombudsman Act. In its report, the committee found that, if changes were not made to the Health Ombudsman Act, it would mean a different test would apply in Queensland than the rest of the country in relation to the threshold for taking immediate action.

The recognition of nurses and midwives as separate professions is another aspect of the bill I would like to highlight. Nationally, most midwives—around 30,000—hold dual registrations as both nurses and midwives. Due to a rise in the number of direct entry training programs as well as the use of alternative maternity choices, we have seen an increase in the number of midwives who do not also hold registration as a nurse. There are currently approximately 3,000 midwives who do not have a coexisting nursing registration. As such, the independent review recommended that midwifery and nursing be recognised as two separate professions whilst regulated by one national board. In light of this, the definition of health profession is split into separate entries for midwifery and nursing within the bill. Consequential amendments are made to the Health Ombudsman Act as well as other Queensland legislation.

I would like to take this opportunity to thank all health professionals across Queensland, who work tirelessly to keep our population healthy. Each of the professions represented by the national board and those who currently fall outside the scope of AHPRA are an important part of the fabric of our health system that is held to a high standard due in part to our national regulations. The LNP will not be opposing this bill.