




Speech By
Joan Pease

MEMBER FOR LYTTON

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HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL

 **Ms PEASE** (Lytton—ALP) (11.55 am): I rise to speak in support of the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018. This bill amends the health practitioner regulation national law—the national law—which commenced in 2010 following the agreement of the Council of Australian Governments to establish a national registration and accreditation scheme for health professionals.

This bill will amend the national law to implement two priority reforms agreed to by health ministers at the COAG Health Council on 12 October 2018. Firstly, the bill will change the operation of mandatory reporting requirements that apply in the situation where one health practitioner is treating another health practitioner. The purpose of these changes is to strike a better balance between improving access to treatment for practitioners with health conditions that potentially impact on their own practice while ensuring appropriate protections for consumers of health services.

Secondly, the bill will also increase the penalties that apply if a person holds themselves out to be a registered health professional when they are not, improperly uses a protected title, claims someone is a health professional when they know they are not, or contravenes a prohibition order. These changes will strengthen consumer protections and public confidence in the health system.

The goal of mandatory reporting reforms is to ensure that health practitioners have the confidence to seek treatment for health conditions while maintaining public safety and public confidence in registered health professionals. Mandatory reporting requirements ensure that the Australian Health Practitioner Regulation Agency, the national boards and co-regulatory agencies such as Queensland's Health Ombudsman are made aware of and can take appropriate action to protect the public if a registered health practitioner is engaging in conduct that could cause harm.

The mandatory reporting provisions in the national law require employers and registered health practitioners to report certain conduct of other registered health practitioners that may place the public at risk. The conduct that must be reported includes the following: practising while impaired, practising while intoxicated, practising in a way that significantly departs from standards and engaging in sexual misconduct in connection with practice.

These changes have come about in response to increased concerns from stakeholders that mandatory reporting requirements may be a factor in discouraging patient practitioners who are unwell from seeking treatment for their health issues, especially mental health issues or drug and alcohol problems, for fear of being reported by their treating practitioner. These concerns are serious because seeking treatment and support for health conditions is critically important to ensuring the health and wellbeing of practitioners as well as the patients they care for.

The community want to ensure that health practitioners get the help they need when they need it. To address these concerns the bill makes several important changes to the mandatory reporting obligations of treating practitioners and when they provide treatment to a practitioner patient. The bill

strengthens requirements for the reporting of sexual misconduct, including a new requirement to report risks of future sexual misconduct. This will ensure that, if a treating practitioner becomes aware a practitioner patient is, for example, grooming a child or a patient, they would be required to report that to the regulator.

The bill contains a new, higher threshold that governs when a treating practitioner is required to report a practitioner patient for an impairment, intoxication or substandard practice. Under this new threshold, a treating practitioner is only required to report this conduct if the public is being placed at substantial risk of harm. This is a higher standard, making it clear that the treating practitioner is not required to make a mandatory report unless the safety of patients or the public is assessed as being at substantial risk of harm.

I thank all those who made submissions. I thank my colleagues on the committee. I also thank the work of the secretariat, who continue to do outstanding work for the committee. Their time and efforts are always greatly appreciated. I commend the bill to the House.