




Speech By  
**Hon. Dr Steven Miles**  
**MEMBER FOR MURRUMBA**

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Record of Proceedings, 26 February 2019

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

 **Hon. SJ MILES** (Murrumba—ALP) (Minister for Health and Minister for Ambulance Services) (12.36 pm), in reply: I would like to thank all members who have contributed to the debate on this bill. As Minister for Health and Minister for Ambulance Services, I have the privilege of visiting health services in all corners of our state. I am incredibly proud of our hardworking health practitioners and I have seen firsthand the dedication they show in providing world-class health services to the people of Queensland.

We must recognise that health practitioners are not immune to the same health issues that can affect all of us. Health practitioners are patients too and deserve access to the same high-quality care they provide to their own patients. Health professionals must be encouraged and supported to seek help for their own health.

This bill addresses concerns about the current mandatory reporting provisions in the national law by raising the reporting threshold and giving treating practitioners more discretion to decide if a mandatory report about an impairment is needed. The reforms provide guidance to assist treating practitioners in determining whether a practitioner patient's impairment reaches the level at which it must be reported so that the public is protected from harm. The bill makes clear that treating practitioners are not required to make a mandatory report if a practitioner patient has insight into their health condition and is taking appropriate steps to manage it. This sends a clear message to health practitioners that they can and should seek treatment for their health issues.

By encouraging practitioners to look after their own health, the bill will also deliver better health outcomes for patients and the public. To ensure the public is protected, the bill retains mandatory reporting obligations for treating practitioners to ensure practitioner patients are reported if they engage in sexual misconduct or place the public at substantial risk of harm. These protections do not detract from the goal of empowering and encouraging practitioners to seek help when it comes to their mental health.

Although the reforms in the bill are a significant step forward, practitioners may be reluctant to seek treatment for a variety of reasons. Legislation can only go so far in addressing this issue, which often stems from long-held attitudes not related to mandatory reporting laws. This is one reason the committee highlighted the need for a comprehensive education campaign, to raise awareness of the reforms and change attitudes and perceptions among health professionals when it comes to dealing with their health issues. The Australian Health Practitioner Regulation Agency will develop and lead this education campaign in partnership with key stakeholders and professional bodies.

In addition to mandatory reporting reforms, the bill also provides improved protections for healthcare consumers by strengthening the penalties for holding out and related offences under the national law. These important reforms are needed to deter deceptive conduct that can harm consumers.

The increased penalties for these offences, including the potential for imprisonment in the most serious cases, will put the imposters on notice and promote trust in registered health practitioners and the care they provide.

The debate on this bill has focused on the mandatory reporting reforms contained in the bill. In particular, members opposite have argued that reporting should not be mandatory even where a practitioner's impairment poses a substantial risk of harm to the public. I note that the member for Mudgeeraba has given notice of her intention to move an amendment to the bill that would give treating practitioners a complete exemption from mandatory reporting requirements except for reporting of sexual misconduct. This means that they would have no obligation to report a practitioner patient on the basis of an impairment, intoxication or substandard practice, even when this behaviour is ongoing and is placing the public at substantial risk of harm.

I remind the House that this bill enacts reform to a national law. It implements an agreement between all of Australia's health ministers through the Council of Australian Governments Health Council. Health ministers from the Commonwealth, states and territories carefully considered the merits of a complete exemption from mandatory reporting by treating practitioners and health ministers decided not to provide treating practitioners with a complete exemption from mandatory reporting or to adopt the WA model because these models fail to adequately protect members of the public. Let me give some examples. With a complete exemption from mandatory reporting or the LNP's proposed laws, a treating practitioner would not be required to report a practitioner patient who has dementia, psychosis or another serious impairment that cannot be managed with treatment or would be placing the public safety at risk.

Likewise, a treating practitioner would not be required to report a practitioner patient who has been, and is likely to continue to be, drunk or under the influence of drugs while at work. These are scenarios in which patients would be put in harm's way. There is no evidence to support the claims made by the opposition that the West Australian model is optimal. Rates of mandatory reporting by treating practitioners are very low across all jurisdictions and there is no evidence that the West Australian model has led to better health outcomes for either practitioners or their patients.

We must provide an environment in which health practitioners can confidentially seek proper treatment for their own health conditions—this is not in dispute—but this cannot come at the cost of patient safety. That is why health ministers agreed that treating practitioners should continue to have mandatory reporting obligations in limited circumstances. The bill defines those circumstances narrowly to ensure that mandatory reporting occurs only where there is a real danger to the public.

I also note the comment from the member for Mudgeeraba that stakeholders raised concerns about a lack of consultation during development of the bill. These reforms were developed through an extensive policy development and consultation process over an 18-month period. It included multiple rounds of consultation within the national processes and also by individual states and territories. It started with a discussion paper released by the New South Wales government in September 2017 with four possible policy options. Then in April 2018 the COAG Health Council considered the results of the consultation process. At that meeting health ministers agreed that the reforms should ensure that registered health practitioners can seek help when needed but must also protect the public. A further round of consultation was undertaken in August 2018 to determine if the proposed reforms fulfilled the policy intent of health ministers. The bill was also examined in detail by the Queensland parliamentary committee, which endorsed it and recommended it be passed.

In closing, I again want to thank the members of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for their consideration of the bill. I also want to thank the organisations and individuals who took the time to provide feedback on the bill during both the parliamentary committee process in Queensland and through the extensive national consultation process. This bill reflects the hard work and dedication of many people around the country.

I extend my sincere appreciation to my colleagues from the COAG Health Council for their collaborative approach. I also acknowledge the extensive work that happens behind the scenes to reach agreement in each jurisdiction and to navigate the approval processes of each state and territory and the Commonwealth. Finally, I call upon all stakeholders to help communicate these critical reforms to their members and work together to promote a culture that encourages practitioners to seek help for their own health and wellbeing. I commend the bill to the House.