




Speech By  
**Ali King**

**MEMBER FOR PUMICESTONE**

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

 **Ms KING** (Pumicestone—ALP) (4.40 pm): I rise in support of the Health Practitioner National Law and Other Legislation Amendment Bill. It is always interesting to follow the member for Mirani. As usual, he has gone off on a number of tangents that have absolutely no relationship to the bill before us today. In his contribution the member for Mirani hit every mark in the conspiracy theory drinking game. We have heard about the Geneva Convention, the Hippocratic Oath and shadowy unelected bureaucrats— I was expecting to hear something about QAnon!

**Ms Bates** interjected.

**Ms KING:** Ultimately, the member for Mirani is hardly an expert in medical ethics. The primacy of public safety and public confidence in our health services are literally the point of this legislation. I note that the member for Mudgeeraba is backing up her mate, the member for Mirani, the One Nation member in this House. We heard a range of incorrect claims crowdsourced from the member for Mirani's favourite Signal group, I would suggest. His conspiracy theory fuelled fantasy land that we have just heard is on point with his usual contributions through the committee process. Certainly that was what we heard in the examination of this bill. There are careful checks and balances that protect health practitioners, but ultimately the safety and confidence of the public must absolutely come first when we are talking about situations that provide opportunities for very serious harm of members of the public by the occasional health practitioner who is doing the wrong thing. It is time for the member for Mirani to stop fretting about vaccinations and read the actual bill before us and contribute to that rather than James Ashby's speaking points.

This bill is complex and the issues it covers go to the very heart of ensuring a safe and well-regulated health system in Queensland. Through the amendments to the national law we are seeking to uphold public confidence in our health system and the safety of health services delivered by individual health practitioners. As the host jurisdiction for the national law under the intergovernmental agreement, Queensland's role is nation leading. Our national scheme now covers 16 national health profession boards and over 825,000 individual health practitioners. The amendments in this bill have been examined and approved by all state health ministers and the federal health minister and the proposed changes were subject to extensive stakeholder collaboration and input from across the country, in which our Health and Environment Committee's examination and the 40 submitters who contributed to that played a part. The key reforms in this bill ensure that the national law is contemporary and fit for purpose, including enhanced investigation and enforcement measures and a new focus on cultural safety, which is very welcome.

Critically, the bill updates the guiding principles of the national law to make the protection of the public and public confidence in health services paramount when discharging functions under the national law. In practical terms this means that when a decision is made where the rights of health practitioners must be balanced with the safety of the public and public confidence in health services, the weight must fall in favour of public safety and confidence. That is absolutely as it should be. Of our

168,000 health practitioners in Queensland who each year provide hundreds to thousands of episodes of care, there were only a total of 9,000 complaints made in 2020-2021, mostly with no further action taken. Of those there were 178 investigations, 29 immediate actions, 32 interim prohibition orders, 11 final prohibition orders and 57 matters referred to QCAT. While these changes will only ever impact a very small number of practitioners, I do absolutely acknowledge the challenge of being a health practitioner who has a complaint lodged against them.

Our committee heard submissions describing the heartache that practitioners can face when a complaint is made against them and that sometimes those complaints are either improperly based or improperly motivated. I thank the organisations who submitted to our committee about the impact of those complaints and I thank each and every one of our healthcare workers for their committed work within a system where the primacy of public safety and confidence must always come first. It is not an easy role and we all appreciate that they do it.

Likewise, these are really difficult decisions for regulators. The balancing of the rights of practitioners and the safety of the public and their confidence in the provision of health services are profoundly challenging matters to weigh up. Ultimately though, the committee agreed that if a practitioner presents an unacceptable risk to public safety, such as by committing, for example, a serious boundary violation or being drug impacted in the course of their practice, or otherwise practising unsafely, the balance must land with public safety. This is not, as the member for Mirani likes to fantasise, something to do with gagging health practitioners. It is literally about the provision of health services to members of our Queensland public and nothing can be more important than public safety and public confidence in healthcare provision and our healthcare system.

Health ministers felt so strongly on this point that in 2020 they issued a policy direction providing for the paramountcy of public safety and public confidence in health services. The bill is now actually being changed to embed that already operational principle into the national law.

The bill allows Ahpra, the national boards and the OHO the power under limited circumstances to make a public statement about a health practitioner to protect the safety of the public, but by way of checks and balances it also provides safeguards and recourse for practitioners, for example by embedding natural justice and providing rights of appeal against interim orders within the national law.

Queensland Health, in fact, submitted that other changes proposed in this bill will improve and streamline the way notifications are handled and serve to reduce the impact on practitioners of the sometimes extended wait times for complaint processes to be followed through. These changes are seeking to find an appropriate balance between giving practitioners enough time to understand a complaint against them, get advice and respond, versus the public interest in a responsive complaints process and having complaints managed quickly.

The recent report in relation to health care at the Mackay Hospital and Health Service area shows exactly why it is so profoundly important that our national scheme prioritises public safety in the delivery of health services, even as we recognise the challenges that healthcare workers face.

What a massive display of double standards we heard in the contribution of the member for Mudgeeraba. The member for Mudgeeraba said that this bill will preclude natural justice and allow adverse statements to be made before an investigation substantiates a complaint, yet over and over we hear the member for Mudgeeraba demand that the minister do exactly that prior to the handing down of the report in relation to the investigation into the Mackay Base Hospital. It is exactly the kind of naming and shaming that she has tried to demand from the minister before the investigation was complete. The member says one thing to the community when tragic events occur and when those tragic events show exactly why these changes are needed, and the opposite when she is trying to cosy up to her fake union stakeholders. This has been nothing but the usual self-serving political hopscotch from the LNP and from the member for Mudgeeraba.

Originally this bill included amendments to remove the prohibitions on the use of testimonials in advertising for medical services. During the course of our committee's inquiry, stakeholders raised significant concerns regarding those changes, in particular where they relate to the use of testimonials to advertise cosmetic surgery services. That is an area of medical practice that has enhanced risks of harm and where clear and distinct advertising standards are particularly important. The committee shared those concerns.

In response to feedback, through our report the Health and Environment Committee recommended that the minister delay the commencement of those provisions until the independent review of the regulation of health practitioners in cosmetic surgery was released. The committee's view is that the delay would enable Ahpra and the national boards to consider the results of the review and develop appropriate guidelines and educational material. In that respect, I welcome the minister's advice that, following the release of the independent review, Australian health ministers unanimously

agreed to withdraw changes to testimonial advertising from the national law to allow for further consideration. I look forward to hearing where they land on the consideration of that really nuanced and complex area of medical practice and advertising of services.

In conclusion, over the past 10 years since the national law was introduced Queensland has been proud to serve as the host jurisdiction as we continue our commitment to update and refine the national scheme. This bill delivers on that commitment. I commend the bill to the House.