




Speech By  
**Dr Christian Rowan**

**MEMBER FOR MOGGILL**

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

 **Dr ROWAN** (Moggill—LNP) (5.09 pm): I rise to contribute to the debate on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022. On 18 February 2022, Australian health ministers agreed to amend the health practitioner regulation law, also known as the national law, and implement the second stage of the nationally agreed reforms to the National Registration Accreditation Scheme for health professionals.

As previously outlined, given that Queensland is the host jurisdiction for the national law, on behalf of all participating states and territories, such amendments to the national law as agreed to must first be debated and passed by the Queensland parliament. Accordingly, on 11 May 2022, the Minister for Health and Ambulance Services introduced the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 into the Queensland parliament to amend the Health Ombudsman Act 2013 and the Health Practitioner Regulation National Law Act 2009. As per the explanatory notes, the objectives of the legislation are to: firstly, strengthen public safety and confidence in the provision of health services; secondly, improve the governance of the National Registration and Accreditation Scheme for health professionals; and, thirdly, enhance the effectiveness and efficiency of the national scheme.

As a specialist physician and as a fellow of a number of medical colleges, including the Royal Australasian College of Physicians' Chapter of Addiction Medicine, the Australasian College of Medical Administrators and a number of other colleges, I understand the importance of professional standards and what that means for good clinical patient outcomes. Having served in a number of roles as an executive director of medical services and a deputy chief medical officer, I understand the importance of robust clinical governance frameworks and what that means for safety and quality across our health system. What that also means is that I have a strong appreciation that all health professionals need to be held to the highest standards not only in Queensland but also across all jurisdictions in Australia.

Such standards, backed by appropriate checks and balances, are critical so as to ensure the optimum standards of professionalism and care are delivered to patients and that these patients and their families can have absolute confidence in the health practitioners who are registered to work in their respective fields. Equally, it is of the utmost importance that in requiring the national law to hold registered health practitioners to the highest professional standards, there must also be comprehensive mechanisms in place to ensure that any issues that may pertain to a practitioner's performance, professional conduct or personal health are appropriately considered and addressed. Ultimately, it is pivotal that there is confidence in the design, scope and application of the national law and any associated changes by both practitioners and patients alike.

To that end, I wish to turn to the specifics of this legislation. It must be acknowledged that through the examination of the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 by the Queensland parliament's Health and Environment Committee, significant concerns were raised by a number of important and leading stakeholders and representative organisations. A

primary concern raised and one that is specifically shared by the Liberal National Party opposition is the apparent subversion of natural justice specifically via clause 20 and clauses 100 to 102 of the legislation.

In its current form, the legislation would provide for a public statement to be issued by the Australian Health Practitioner Regulation Agency, national boards or the Health Ombudsman prior to the completion of a full and proper investigation into alleged practitioner misconduct. The profound negative professional implications of such provisions cannot be overstated. As it stands, these proposed changes have the potential to significantly penalise health practitioners for complaints which are later proven to be either vexatious or unsubstantiated.

It is not enough to simply highlight that the bill requires the revocation of a public statement if the aforementioned bodies are satisfied that the grounds on which the statement was made no longer exist or did not exist at the time the statement was issued. The revocation of such a statement will not undo the professional, reputational and emotional damage to an individual health practitioner. In effect, the damage could already be done under those circumstances. Whilst we have to balance patient safety against some of those matters related to individual practitioners, if an individual practitioner has been the subject of either a vexatious or unsubstantiated complaint and this has been put into the public domain there can be not only those reputational issues and damage but also significant harm to people's mental health as well.

As a former president of the Australian Medical Association of Queensland in 2013-14, I specifically note the submission provided by current AMA Queensland president Dr Maria Boulton and CEO Dr Brett Dale in which they state—

These amendments contravene fundamental legislative principles relating to natural justice. They expose medical practitioners to risks of permanent and irreparable reputational damage based on unfounded accusations. Naturally, where a practitioner is subject to an accusation that has been fully and fairly investigated and substantiated, then a public statement to protect public health and safety may be fully justified and would garner the support of the medical profession.

They further state—

The requirement for a public statement to be revoked if the grounds no longer exist, or never existed, is wholly insufficient to remedy the harm caused by an inaccurate public statement. The unfounded accusations will remain available, permanently, in the public domain, and a revocation by the regulator cannot effectively and practically correct the public record.

Such concerns and sentiments have also been shared by the Australian Doctors' Federation, the federal branch of the Australian Medical Association, the Australian Dental Association of Queensland, Speech Pathology Australia, Doctors' Health in Queensland, the Australian Association Psychologists and the Queensland Law Society. An appropriate balance must be struck on this important issue.

Briefly, I now also wish to acknowledge the public commentary and concerns expressed in relation to proposed amendments that an individual practitioner's registration will require public confidence in the safety of services provided. Whilst it is important that the proposed amendments do not lead to an individual health practitioner being put in a position of conflict with their respective professional code of conduct or common law obligation to individual patients, I believe it is incumbent on the Minister for Health and the Queensland government to at least consider and comprehensively address these concerns.

The events of the last two years have demonstrated the absolute importance of sound public health advice and community adherence to associated health measures. Clear, concise and accurate communication of such health advice and measures is also important. As we have seen over the last two years, there should be no place for deliberate dissemination of intentionally false or misleading information which may jeopardise public confidence in such sound public health advice. All public health measures, including COVID-19 vaccination, have been vital in reducing morbidity and mortality as well as suppressing the community transmission of COVID-19. It is very important that those who have spread inaccurate or deliberately misleading information are held to account with respect to that.

Finally, in my remaining time, I wish to address an aspect of the health practitioner regulation national law which deserves the full attention of the Queensland state government given the significant ongoing medical workforce capacity issues across our state and indeed Australia. When Queensland's most senior and experienced doctors step down from full registration, they are prevented from using their medical skills and knowledge in any way for public benefit. A solution has been proposed by AMA Queensland and the Australian Senior Active Doctors Association which would see the reintroduction of a limited registration category called senior active doctor that enables doctors to step down from full registration and regular practice to a limited registration category with occasional practice provisions for services in the public interest.

The proposed model builds on the limited registration public interest occasional practice category as described in part 12 division 11 section 273 of the national law. Such a model would see a proposed amendment to session 273 so as to allow for doctors to step down to limited registration in the public

interest. I would like to take this opportunity to commend Associate Professor Geoffrey Hawson, the president of the Australian Senior Active Doctors Association and the senior doctor representative on the AMA Queensland branch council, and also Dr Kym Irving, a research consultant to the Australian Senior Active Doctors Association, for their exhaustive work and advocacy in this space. I would certainly encourage the Queensland state government to fully consider such a proposal.

Before concluding my contribution, I wish to reiterate my support for legislative and registry requirements that ensure high professional standards and recognise the critical importance of patient safety. Whilst consistency of laws is vital, particularly when we are debating laws which have been agreed to by all states and territories, this cannot be at the expense of sound policy and appropriate professional safeguards.

I wish to thank all members of the Queensland parliament's Health and Environment Committee for their work and examination of this legislation. In particular, I acknowledge the deputy chair, the member for Southport, as well as the member for Bonney, the committee secretariat for its support and all stakeholders who contributed to this committee's consideration of the legislation.

Finally, as other contributors to the debate have said, I conclude by thanking and acknowledging all health professionals for their important work over the last two years and also the work they do each and every day. I would certainly specifically like to acknowledge all of my professional medical colleagues.