




Speech By
Andrew Powell

MEMBER FOR GLASS HOUSE

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**HEALTH PRACTITIONER REGULATION NATIONAL LAW (SURGEONS)
AMENDMENT BILL**

 **Mr POWELL** (Glass House—LNP) (12.48 pm): I rise to make a contribution to the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023. I do not know if from time to time other members in the House take an interest in surveys, but one I particularly take an interest in is how the public perceives or has confidence in various professions, particularly in terms of trustworthiness.

Ms King: It is always rather depressing.

Mr POWELL: It is rather depressing; I take that interjection from the member for Pumicestone. We elected officials often rank very low on that priority list of trustworthiness—

Dr Rowan: Unless you are the member for Moggill!

Mr POWELL: I will get to that, member for Moggill. We often compete with used-car salesmen down towards the bottom of that list. What you will regularly see on that list of trustworthy professions is medical professionals. What this bill has demonstrated to those of us who serve on the Health and Environment Committee is that within that classification of medical professionals there are degrees of trustworthiness as well. The member for Mudgeeraba and the member for Greenslopes could probably mount a very compelling case as to why nurses are considered the most trustworthy. The member for Surfers Paradise would probably present a case as to why dentists are considered the most trustworthy, but, of course, we cannot show you his face. The member for Moggill would say specialist physicians are the most trustworthy. What consideration of this bill identified is that when the people of Queensland and the people of Australia are operated on—when they go under the knife—they want to know that they can trust their surgeons. At the heart of it, that is what this legislation is about.

The bill aims to protect the title ‘surgeon’ within the medical profession to safeguard the public and strengthen the regulation of cosmetic surgery in Australia. The bill also aims to clarify the decision-making authority of tribunals after hearing a matter about a registered health practitioner. It is important to point out that the law we are amending is a national law. As other speakers have said, Queensland is the host of the national law. The law applies in all jurisdictions around Australia. That is a very sensible way of approaching issues around medical professionals and health practitioners across the nation. We do not want people going from one state or territory to another and having to operate—tongue in cheek—under different legislation or different regulations. In making these changes today we are making them for the nation, and other jurisdictions will adopt them. We are making these changes based on the Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions. We do so knowing that all the Australian health ministers have agreed to the amendments proposed in the bill.

That being said, it was still important that we put this through the committee process to hear what various stakeholders had to say about the proposed changes. To be honest, the vast majority are very supportive of the proposed changes. What the feedback in the lead-up to this legislation found is that

many consumers—that is, Queenslanders and Australians—were experiencing confusion around the titles and qualifications of various medical practitioners. As we have heard, including in the contribution by the member for Greenslopes, there are significant concerns around some of the practices in cosmetic surgery. This change restricting the use of the title 'surgeon' has been put forward. There are copious amounts of support across the sector for this.

There were a couple that did not support the scope of title protection change. I want to mention those and unpack a couple of their concerns in a bit more detail. We are aware that there are still potential issues with these changes that need to be monitored and may need to be addressed further down the track. For example, the Australian College of Rural and Remote Medicine advocated for surgical training in their fellowship program to be considered sufficient for being included within the surgical class. I will come back to that in more detail shortly. The Australian Orthopaedic Association and the Australian Medical Association provided feedback that podiatrists should also be restricted from using the title 'surgeon'. The Australian College of Cosmetic Surgery and Medicine gave their feedback that title protection is unnecessary and that the ministerially agreed non-legislative reform of establishing an area-of-practice endorsement in cosmetic surgery was sufficient to address public safety concerns. In terms of the last one, obviously that is not the case and that is not what this bill enacts; therefore, those contributions by the Australian College of Cosmetic Surgery and Medicine were not taken on board.

I will draw on the input of the Australian College of Rural and Remote Medicine. ACRRM raised the issue around rural generalists. These are specialist GPs. They operate in many of the electorates that we on this side of the House represent. They are not just GPs; they have been provided specialist skills in scope of practice across primary, secondary and emergency care. They often provide surgical, obstetric, gynaecological and other non-procedural advanced skills. In that sense, they are the frontline heroes when it comes to rural and remote hospitals and rural and remote communities. ACRRM expressed concern that the amendments fail to recognise the role of rural generalist—the ones, to be blunt, we could not survive without.

The Australian Medical Association is considering whether a separate title of 'rural generalist surgeon' could be approved as a subspeciality, subject to appropriate consultation. The AMA has also identified rural generalist as a discrete skill and appreciate that in some cases they are providing surgical operations and therefore need to be considered as a surgical class. Ahpra advised the committee—

No one wants to bring surgical services in rural Australia to a halt. Title protection is a restriction on language, not a restriction on practice. Protecting the title 'surgeon' will not stop medical practitioners in rural and regional Australia from continuing to provide much needed surgical care when they have the skills to do so. It will simply stop these practitioners calling themselves surgeons. This is an important distinction in the context of wider conversations about pressures on Australia's health workforce.

GP surgeons and rural generalists are highly skilled individuals who have gained considerable surgical experience and have qualifications in surgery. However, they are not specialist surgeons. If the Bill is passed, the Medical Board would be happy to discuss with the Colleges, suitable title/s that could be used to inform the public about their advanced training, and extended scope and competencies, that does not put these medical practitioners at risk of inadvertently breaching the National Law.

I think it is important that that work happens. I think it is important that the AMA and Ahpra take on board the feedback that was received during the committee hearings on the bill and explore how to best recognise those rural generalists and the specialist skills that they have. Confidence needs to be provided to communities that rural generalists can do what they are doing and they have the training to do what they are doing. If there is a way to enshrine that in subsequent amendments to this legislation I think that would be a sensible outcome.

I want to pick up on an interesting issue given my former service within the Commonwealth Department of Defence. The Medical Indemnity Protection Society queried the impact of title protection amendments on medical practitioners employed in the Australian Defence Force, noting that some of them carry titles such as Surgeon General, Surgeon Commander, Lieutenant Surgeon or Staff Surgeon. We particularly raised this with the department. The department said it had had conversations with the Commonwealth Department of Defence about this. Their response was—

The title protection provisions should not be construed so broadly as to reach matters that have no connection to the regulation of registered health practitioners or the provision of regulated health services.

When read in the context of the objectives and guiding principles of the Health Practitioner Regulation National Law ... the purpose of the National Law's title protection scheme, and the stated purpose of the Bill, it is clear that the proposed title offences would not prohibit use of customary names or titles—such as 'Surgeon General', 'Surgeon Commander' or 'Staff Surgeon'—that are used to refer to an official rank or title, or that are otherwise generally understood to refer to matters distinct from the general provision of medical care.

That is an important issue that needed ventilation through the committee process. I believe there is adequate explanation, but, again, it is one that we will need to monitor as this legislation is enacted, put into force and policed. With those few words, as the shadow minister for health has said, the LNP do not intend to oppose this legislation, but it is important that we keep an eye on some of the things raised during the committee process.