




Speech By
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MEMBER FOR MUDGEERABA

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HEALTH PRACTITIONER REGULATION NATIONAL LAW (SURGEONS) AMENDMENT BILL

 **Ms BATES** (Mudgeeraba—LNP) (11.53 am): I rise today to give my contribution to the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023. At the very outset I will outline that the Opposition will not oppose the passage of this bill through the House today. The Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023 is not an overtly controversial piece of legislation. In fact, the bill is rather benign. I know there has been widespread backing of the bill from key stakeholder groups, although there were some groups or individuals who held some concerns or reservations, and I will briefly touch on some of those shortly. However, like I said, this piece of legislation does not incite any great level of controversy. That is, of course, in stark contrast to the frenzied, ham-fisted chaotic scenes we saw in this House last time it sat to pass laws. On that occasion, laws were passed by the Labor government without consultation and without due process—

Mr DEPUTY SPEAKER: Member, I will bring you back to the bill.

Ms BATES: In that regard it is welcome to see the Palaszczuk government choose to respect the institution and processes of the parliament on this occasion with the Health Practitioner Regulation National Law (Surgeons) Amendment Bill. Although now we quite clearly know that if it did not suit them politically, those opposite would have no issue in bypassing the parliamentary process—

Mr DEPUTY SPEAKER: Pause the clock. Member, I will bring you back to the bill. If you persist in ignoring my rulings, I will sit you down.

Ms BATES: Dealing directly with the bill itself, I say that it was introduced to parliament on 20 April 2023, a month before the now Minister for Health was sworn into the role, and there has been a bit of water under the bridge since then. That aside, the bill amends the Health Practitioner Regulation National Law Act 2009. Australia's National Registration and Accreditation Scheme, the national scheme for health professionals, is set out under what is commonly known as the national law. All states and territories agreed to the adoption of the national scheme in 2010 and Queensland is the host jurisdiction for the national law.

Honourable members will recall that this the 57th Parliament had previously debated changes made to national law with debate held in October last year. The changes put forward in this bill were agreed to by Australian health ministers on 24 February this year. The amendments outlined in this bill are to essentially protect the title 'surgeon' in an effort to safeguard the public and strengthen the regulation of cosmetic surgery in Australia; and to clarify the decision-making authority of tribunals after hearing a matter about a registered health practitioner. I note these changes are largely technical. They are both reasonable legislative changes and, as highlighted earlier, the opposition has no intention to oppose the bill based on this.

The crux of the bill is really around the first of the two points I just mentioned in trying to increase the protection of the title of surgeon. Despite not being registered in a surgical speciality and having not completed any significant postgraduate surgical training, any registered medical practitioner may

currently refer to themselves as a surgeon. We know there is often no deliberate attempt by practitioners to refer to themselves as something they are not. The overwhelming majority do the right thing. However, unfortunately, we do know of cases where medical practitioners may have sought to mislead patients with respect to their credentials. An increasing prevalence of practitioners calling themselves surgeons has led to uncertainty for patients who may justifiably and reasonably assume all practitioners using the title have the appropriate skills and qualifications. The field of cosmetic surgery is particularly prone to these types of false impressions, which has been well documented in the public discourse over recent times.

The Gold Coast has always been ground zero for cosmetic surgeons who are not plastic surgeons but who put themselves out there as being so. Because they charge smaller fees, younger people tend to go to them thinking they will get the same level of care. I know from personal experience working and running facilities on the Gold Coast that there are fly-in fly-out interstate surgeons who come to Queensland, particularly the Gold Coast, and provide surgeries that more often than not they are not qualified to perform. They leave the state, generally over the weekend, and often leave patients with life-threatening complications. It has always been my local plastic surgeons who have had to come in and fix the problem caused by these FIFO cosmetic surgeons.

Someone who wanted to operate at the Wesley came in and told me they did not require an anaesthetist or anaesthetic nurse for any of their procedures because, in their words, they just gave 'angel dust'. Mr Deputy Speaker, I am sure you will understand that anything called 'angel dust' that has Propofol and Midazolam is a bit more than angel dust and requires a laryngeal mask or intubation. Therefore, it does require the services of at least an anaesthetist, at the very least an anaesthetic nurse. Suffice to say, they were not allowed to operate in any facility I ran. Those operators have gone out of business on the Gold Coast, have come back in with a new name, have gone out of business again and have come back in again. Hopefully, this bill will stop those rogue cosmetic surgeons that cause so much devastation for people on the coast and across the state.

When the minister introduced the bill she outlined some of the adverse outcomes suffered by patients. I do not intend to repeat them now, but they are, as I mentioned, quite devastating. I do not think there are many Queenslanders or Australians out there who have not seen or heard some of those horror stories in the cosmetic field. I do not use that word 'horror' lightly, but there are genuinely some truly horrific cases which have been highlighted in media reports in months and years gone by. I think we can all agree on that. It is not by the good operators; it is by the rogues. They are in the minority—I stress that point.

With that said, safeguarding the title of 'surgeon' in the way it is being done in this legislation is a reasonable step for the government to take to provide greater clarity and protection to patients. I note that the new offences being proposed in this bill are indictable and carry a maximum penalty of \$60,000 or three years imprisonment for an individual or \$120,000 for a body corporate. Although I do not expect they will be used often, I do hope those penalties are readily handed down to any practitioner recklessly calling themselves a surgeon or otherwise holding themselves out to be a surgeon for their own benefit and to the detriment of their patients. This is not a new-found issue or revelation. Concerns around cosmetic practitioners using the term 'surgeon' in a misleading manner were made clear following the Australian Health Practitioner Regulation Agency-led *Independent review of the regulation of medical practitioners who perform cosmetic surgery*.

I mentioned earlier in this contribution the last time amendments were made to the national law in this chamber last year. The issue of rogue medical practitioners was also raised then. In that context it was around the government's proposed changes to remove a ban on testimonial advertising—an area particularly pertinent in the field of cosmetic medicine. At the time, Ahpra's independent review on the cosmetic industry had not been completed and lifting the testimonial ban prior to the review being finished just did not make sense. With that review now complete, we see today's laws adding protections and safeguarding patients based on the review's expert findings. That is rather than plans to roll back these types of protections for patients like those seeking cosmetic care as well, as was planned last year by the government. The members for Southport and Bonney noted these concerns in their statement of reservation to the Health and Environment Committee report at the time, and I commend them both on that statement.

Lifting the ban on testimonial advertising was ultimately abandoned by the government in the final hour with last-minute amendments. It was the right thing to do and the right decision was made. Now we are debating laws here today which have been informed by the findings of an expert review of the cosmetic industry. I think that shows the value of proper scrutiny. We would have had a poorer outcome last year, and this bill might be entirely different had the government chosen to forge ahead.

There was only recommendation made in the committee's report on this occasion, which was that the bill be passed. The committee report noted that the Royal Australian College of General Practitioners, the Royal Australian College of Surgeons, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Royal Australian and New Zealand College of Ophthalmologists, the Australian College of Dermatologists, the Australasian Society of Aesthetic Plastic Surgeons, the Australian Society of Plastic Surgeons and the Cosmetic Physicians College of Australasia all generally supported the passing of the legislation.

Of note, the Australian College of Rural and Remote Medicine expressed apprehension that the changes failed to recognise the role of rural generalists who can complete advanced skills training in surgery and provide vital surgical services in remote, rural and regional Queensland. At present, rural generalists are not accredited surgical specialists under the Australian Medical Council, the AMC. The profession is currently requesting to have a separate accredited speciality put in place for the profession through the AMC.

Like all of my colleagues on this side of the chamber, I am a huge fan of our rural generalists across Queensland. They are incredible, versatile clinicians who work in some of the most trying of situations across our state. Those concerns raised by the College of Rural and Remote Medicine are warranted and should be listened carefully to. We so desperately need clinicians in these areas. Ensuring they feel valued and respected is an especially important part of not only attracting those doctors to the bush but being able to retain them, too. The opposition appreciates and is conscious of the fact that there is currently a process underway with the Australian Medical Council for some changes to recognise these doctors. We hope that the government acts accordingly with whatever outcome comes out of that process with the AMC.

The opposition will not oppose this piece of legislation. We will watch with interest how the new laws are enforced, with a sincere hope that patients are protected and safeguarded from rogue operators, particularly in the field of cosmetic medicine.

Finally, Mr Speaker, with your indulgence I would like to thank the staff at the Rockhampton Hospital and ambulance station along with the staff at the Robina Hospital and the Gold Coast University Hospital whom I visited last week. As always, I am truly inspired and in awe of the work that they do. It was a real pleasure to see them in action and up close as they went about doing what they do best: caring for sick and injured Queenslanders. I thank every clinician for all they do for the people of our state.