



Speech By  
**Hon. Tim Nicholls**


**MEMBER FOR CLAYFIELD**

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Record of Proceedings, 12 December 2024

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

**Introduction**

 **Hon. TJ NICHOLLS** (Clayfield—LNP) (Minister for Health and Ambulance Services) (11.23 am): I present a bill for an act to amend the Health Ombudsman Act 2013 and the Health Practitioner Regulation National Law Act 2009 for particular purposes. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Health, Environment and Innovation Committee to consider the bill.

*Tabled paper:* Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024 [277](#).

*Tabled paper:* Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024, explanatory notes [278](#).

*Tabled paper:* Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024, statement of compatibility with human rights [279](#).

The bill amends the Health Practitioner Regulation National Law. Queensland hosts, and is responsible for amending, the national law on behalf of all states and territories. The amendments in the bill were agreed by the health ministers of all states and territories and the Commonwealth in July 2024. The bill also modifies the national law as it applies in Queensland and amends the Health Ombudsman Act for consistency with the amended national law. These amendments ensure the effective and efficient operation of Queensland's co-regulatory approach to regulating health practitioners.

The bill will strengthen public safety protections and increase transparency regarding serious sexual misconduct by registered health practitioners. It aligns with the government's commitment to a safe, strong, well-functioning health system, underpinned by a workforce that is expertly trained, valued and respected.

Members will note that the bill was introduced late in the last parliamentary term—in fact, in September—but was unable to be passed prior to the election. Before turning to the substance of the bill, I think it is important to recognise and thank our wonderful health practitioners for their skill, hard work and dedication to serving the people of Queensland. In the last six weeks, I have been to many of these health facilities. It is my priority to understand the many challenges of the system from our frontline staff themselves, and I will continue to do so.

It is also important to emphasise that the vast majority of health practitioners honour the trust placed in them by providing safe, competent and ethical care. Unfortunately, however, there are some practitioners who engage in professional misconduct, which can have devastating effects on victims and reduce public confidence in the safety of our health services. This is particularly the case with serious sexual misconduct.

This bill will strengthen the Health Practitioner Regulation National Law by improving transparency about serious sexual misconduct by practitioners, strengthening the procedural requirements for practitioners seeking to return to practice following the cancellation of their registration and protecting people who raise genuine concerns about practitioners from retribution. The bill expands the information national boards must include on the national public registers about findings of serious sexual misconduct. Sexual misconduct by any health practitioner damages community confidence in the safety of services provided by all practitioners. To attract and retain high-quality clinicians and provide safe health care, Queensland's HHSs and other employers have to have accurate information about employment decisions. Health consumers are also entitled to accurate information to make informed choices about consulting a health professional.

Under the current law, if a practitioner is found to have engaged in professional misconduct, the national register records any related sanctions. These can include, for example, a cancellation of the practitioner's registration or the imposition of conditions on practice such as a requirement to practise under supervision. However, sanctions that are no longer active are removed from the register. That means there is no easy way for consumers and employers to discover if a practitioner has a history of serious sexual misconduct.

The bill addresses this issue by requiring that the public registers permanently include additional information for practitioners found to have engaged in professional misconduct involving sexual misconduct. Only a tribunal may make a finding of professional misconduct, which is the most serious misconduct finding available under the national law. The additional information on the register must also state that the professional misconduct finding was based on sexual misconduct, record the related sanctions and include a link to the tribunal's published decision. Although much of this information is already publicly available, it can be difficult for the public to locate and understand it. It will be more accessible when recorded on the register, which can be searched on Ahpra's website. The bill applies the new information requirement to past professional misconduct findings based on sexual misconduct since the practitioner's profession was regulated under the national law. This will be from 1 July 2010 for most professions. To enable courts and tribunals to protect victims' identities, published information must comply with any court or tribunal non-publication order.

As used in the bill, the term 'sexual misconduct' takes on its ordinary broad meaning. This avoids inadvertently narrowing the scope of target behaviours. However, the national law provides that national boards can issue related codes and guidelines—for example, the Medical Board's sexual boundaries in the doctor-patient relationship. Such codes and guidelines help practitioners to make ethical decisions and are admissible in disciplinary proceedings. Sexual misconduct can include misconduct in the practise of the profession or outside of the practise of the profession that is inconsistent with a person being a fit and proper person for registration in that profession—for example, a criminal conviction for sexual assault. Sexual misconduct can also include a violation of a professional boundary between a practitioner and a person under their care—for example, touching or an intimate examination that is not clinically necessary, making sexually suggestive remarks or engaging in a sexual relationship.

The bill extends New South Wales' current reinstatement order process to all states and territories. It requires all practitioners whose registration has been cancelled by a tribunal to obtain a reinstatement order from that tribunal before they can reapply for registration. This requirement will also apply to any person who has been disqualified from registration by a tribunal. This would include a formerly registered practitioner who surrendered their registration before a tribunal decision was made.

Under the bill, the decision to allow a disqualified person to reapply for registration will still rest with the responsible tribunal in each jurisdiction. The Queensland Civil and Administrative Tribunal, QCAT, will perform this function in Queensland. To support QCAT in undertaking this function there is an existing fund, established by the national law and administered by Ahpra, from which payments will be made to meet the expenses of tribunals performing functions under the national law.

Matters the tribunal may consider include whether the disqualified person is a fit and proper person to be registered in the profession and whether they are able to practise competently and safely. The tribunal must also consider any complaints made against the practitioner. The tribunal can grant a reinstatement order subject to conditions. If the board subsequently re-registers the practitioner, the board must also set the same or broader conditions on the practitioner's registration. If the tribunal dismisses the application, it may also prohibit the practitioner from making another application for a set period of time.

In Queensland, QCAT will be empowered to permanently prohibit a practitioner from applying for a reinstatement order. This will permanently exclude the practitioner from registration under the national law. A reinstatement order allows a disqualified person to apply for registration but does not

automatically entitle the person to be registered. They must still apply to a national board for registration, and the board must still assess the application on its own merits against all the usual statutory criteria, including recency-of-practice requirements.

Finally, the bill strengthens statutory protections for people who make, or may make, a complaint under the national law or Health Ombudsman Act. The bill makes it an offence to threaten or intimidate a complainant, take negative employment action against a complainant or cause other detriment to a complainant. The bill expands corresponding protections in the Health Ombudsman Act to cover threatening or intimidating conduct.

To ensure consumers are aware of their right to complain to a regulator, the bill makes it an offence for a health service or practitioner to enter into a non-disclosure agreement with a person that does not clearly state that the person may make a complaint or assist regulators. This offence will not be retrospective. The bill also voids a non-disclosure agreement to the extent the agreement limits a person from making a complaint or assisting regulators. This will apply to existing non-disclosure agreements, including those made before the bill commences. The bill includes strong penalties for the new offences to reflect the seriousness of threats, reprisals and attempts to prevent complaints to regulators.

This bill improves transparency about serious sexual misconduct by health practitioners, ensures disqualified persons can seek re-registration only with tribunal approval and strengthens consumer protections. These reforms represent a significant step forward in safeguarding the health and wellbeing of patients and the community. By addressing serious sexual misconduct and strengthening protections for those who speak out, we are sending a clear message: unethical or harmful behaviour will not be tolerated in our health system.

This legislation balances the need for strong accountability measures with respect for the professionalism and dedication of the vast majority of health practitioners, who continue to serve our community with excellence. Together, these reforms will contribute to a safer, more transparent and more equitable health system, from the cape to Currumbin and from Brisbane to Bedourie. I commend the bill to the House.

### **First Reading**

**Hon. TJ NICHOLLS** (Clayfield—LNP) (Minister for Health and Ambulance Services) (11.33 am):  
I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

### **Referral to Health, Environment and Innovation Committee**

**Mr DEPUTY SPEAKER** (Mr Krause): In accordance with standing order 131, the bill is now referred to the Health, Environment and Innovation Committee.