



Speech By Adam Baillie

MEMBER FOR TOWNSVILLE

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HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL

Mr BAILLIE (Townsville—LNP) (3.41 pm): I rise to make a contribution to the debate on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024. The public has a right to know if their healthcare provider has a regulatory history relating to sexual misconduct. The Health Practitioner Regulation National Law and Other Legislation Amendment Bill will make more information available about practitioners with a history of sexual misconduct. To protect the public, all registered health practitioners and employers of registered health practitioners are required by law to notify the Australian Health Practitioner Regulation Agency—Ahpra—if they believe a health practitioner may not be practising safely by engaging in particular types of conduct in connection with their practice.

The Council of Australian Governments established the National Registration and Accreditation Scheme—NRAS—so there would be one scheme for registered health professionals in Australia. The scheme started in 2010 and now covers 16 professions, which includes Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, chiropractors, medical radiation practitioners, medical practitioners, nurses, midwives, occupational therapists, optometrists, osteopaths, paramedics, pharmacists, physiotherapists, podiatrists and psychologists. If the member for Surfers Paradise was here, I am sure he could attest that dentists are also identified as registered health professionals under this scheme. Each profession has a national board which regulates the profession, registers practitioners and develops standards, codes and guidelines for the profession. Ahpra administers NRAS and provides administrative support to the national boards.

The obligation to notify applies to all 16 regulated health professions, not only doctors, and impacts over 920,000 health practitioners. You must report a health practitioner for sexual misconduct if you have a reasonable belief they have been, or are, engaging in sexual misconduct in connection with their practice—this includes with a patient under the practitioner's care or a person related to their patient, such as a parent of a paediatric patient. It applies irrespective of whether the patient consented to or initiated the sexual relationship. Sexual misconduct includes: sexual activity with a current patient, and in some circumstances a former patient; making sexual remarks; touching patients in a sexual way; touching a patient in an intimate area without clinical indication; or engaging in sexual behaviour in front of a patient.

As the host jurisdiction, Queensland is responsible for amending the national law on behalf of all states and territories. In 2024, Ahpra reported more than 1,156 complaints against health practitioners about professional boundary violations, including sexual misconduct. This was an increase of 37.5 per cent on the previous year. Of those complaints, 174 related to practitioners working in Queensland. This bill will give effect to three reforms: requiring a reinstatement order, expanding the information on the national public registers and strengthening protections for complainants.

The bill will better protect the public from practitioners involved in sexual misconduct, improve how professional misconduct is managed and provide stronger safeguards for complainants. The bill will create a permanent public register where information about tribunal findings of sexual misconduct

will be permanently recorded and accessible to the public. Although much of this information is already publicly available, it can be difficult for the public to locate and understand it. Tribunal findings of sexual misconduct will be more accessible when recorded on the register, which can be searched on the Ahpra website. To enable courts and tribunals to protect victims' identities, published information must comply with any court or tribunal non-publication order. The bill will strengthen statutory protection for people who make, or may make, a complaint under the national law or Health Ombudsman Act.

This bill will provide stronger safeguards for complainants, as it will make 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 will expand corresponding protections in the Health Ombudsman Act to cover threatening or intimidating conduct. The bill will also void non-disclosure agreements—NDAs—because we know that NDAs can sometimes be used as a tool to prevent complaints from ever seeing the light of day. NDAs can be offered when people are vulnerable—when they have been battling to have their concerns validated and just want to make it all stop.

This bill includes strong penalties for the new offences to reflect the seriousness of threats, reprisals and attempts to prevent complaints to regulators. As a father, husband and, thankfully, not too often a patient, I trust the professionals responsible for my health. As an active member of the community in Townsville, I know how much trust we put in our health practitioners when we seek their care, which is often when we are at our most vulnerable.

Betraying the trust that is afforded healthcare professionals is unacceptable. Sexual misconduct can cause harm and long-lasting trauma to patients. It can also damage community confidence in the safety of services provided by health practitioners. However, we must also recognise the serious professional and personal consequences for practitioners accused of misconduct and must consider that not all accusations are found to be of substance. This bill will strike a balance between protecting patients and respecting the rights of practitioners.

In Queensland, in 2021-22, the Queensland Civil and Administrative Tribunal—QCAT—cancelled or disqualified 23 practitioners. In 2022-23, this number was 15. Only a subset of cancelled or disqualified practitioners are expected to seek re-registration. These individuals will have to spend more time and incur additional costs when seeking re-registration. This government has moved to secure a national fix to protect Queenslanders and Australians seeking professional health care.

By progressing this bill, this government is showing its commitment to getting things done and ushering in a new era of transparency and accountability. The Crisafulli government has delivered a bill that is widely supported by the healthcare industry. It focuses on improving public safety, transparency and accountability. This bill will: give regulators the power to act swiftly in cases of serious misconduct, especially sexual misconduct; strengthen reporting requirements to ensure a practitioner's regulatory history is available to the public; and suspend or impose conditions on practitioners who pose a risk to public safety. The Crisafulli government is committed to restoring trust in our public institutions while ensuring Queenslanders receive the best care available. This bill sends a clear message that public safety comes first, misconduct will not be hidden and regulatory bodies will have the power to act decisively.

Before I finish my contribution today, I would like to place on the record my appreciation for all healthcare practitioners in Townsville. I thank them for their tireless work to keep us all healthy and in our best physical form. This bill has been well received and the amendments have been agreed to by health ministers in all states and territories and the Commonwealth. I commend the bill to the House.