



Speech By David Lee

MEMBER FOR HERVEY BAY

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HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL

Mr LEE (Hervey Bay—LNP) (12.24 pm): I rise to speak to 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 and this bill will allow people to make informed decisions about their healthcare provider. It will also provide health and hospital services and other healthcare employers with the information they need to better protect their patients. I want to acknowledge our Minister for Health and Ambulance Services and my fellow committee members for putting together a response to this legislation that is before the House today.

The national law is set out in the schedule to the Health Practitioner Regulation National Law Act 2009. It sets out the legal framework for Australia's National Registration and Accreditation Scheme for the health professions. Queensland is the host jurisdiction for the national law and each participating jurisdiction applies the national law through their local legislation. These amendments are the most substantive reforms to the national law since 2010. This bill amends both the national law and the Health Ombudsman Act 2013 to ensure the national law operates effectively in Queensland's co-regulatory environment. The bill's objectives are to protect public safety by establishing a nationally consistent process for practitioners to regain their registration after it has been cancelled or disqualified; increases public transparency about health practitioners who have been found by a tribunal to have engaged in sexual misconduct; and strengthens the protections for notifiers and clarifies protections in relation to non-disclosure agreements about the health, conduct and performance of health practitioners.

In February 2023, there was a disturbing ABC *Four Corners* story, 'Do No Harm'. The program alleged that since 2010 there had been an alarming increase in doctors sanctioned by a tribunal for sexual misconduct who subsequently returned to work. Following the ABC *Four Corners* program, the federal health and aged-care minister ordered a review into the way the Australian Health Practitioner Regulation Agency, Ahpra, was handling these misconduct cases. In July 2023 Ahpra reported that regulators received a total of 841 allegations of boundary violations, including sexual misconduct, in relation to 728 practitioners—a disturbing 223 per cent increase over a three-year period. The 841 allegations were across the 16 professions, including 359 related to medical practitioners, 215 nurses and 120 psychologists.

In 2024, Ahpra reported more than 1,156 complaints against health practitioners about professional boundary violations, including sexual misconduct. This is an increase of 37.5 per cent from the previous year but also a massive 342 per cent increase over a four-year period. The types of patient complaints range from inappropriate or sexualised remarks, intimate touching without consent, personal relationships and aggressive sexual and criminal offending. Sexual misconduct can cause harm and long-lasting trauma to patients. Health practitioners are in a special relationship of trust and sexual misconduct is an egregious breach of that trust.

In 2024, there were 15,078 practitioners who received notifications about their practice or behaviour out of more than 920,000 health practitioners registered in Australia. The vast majority—that is, about 98 per cent—of our registered health practitioners, including those in my electorate of Hervey Bay, are upholding their ethical and professional obligations. This fact should not diminish the destructive impact that the minority perpetuate in egregiously breaching their ethical and professional obligations to the community. This bill is a direct response to the alarming 342 per cent increase in boundary violations over a four-year period. In July 2024, Australian health ministers agreed to the proposed reforms to the national law at an out-of-session meeting.

The bill proposes three reforms. The first reform provides that a health practitioner whose registration has been cancelled or disqualified must follow a two-step process to be re-registered under Ahpra. A health practitioner seeking to be re-registered after a period of cancellation or disqualification must obtain a reinstatement order from the Queensland Civil and Administrative Tribunal before applying for re-registration with the national board. QCAT has the authority to hear and decide reinstatement applications and related orders. The tribunal may find different types of conduct taken together can amount to professional misconduct. The bill also provides that sexual misconduct need not be the sole or main basis for the tribunal's findings of professional misconduct. The second step requires that the board then consider the application under part 7 of the national law.

The second reform provides that if a national board is satisfied that a tribunal decided on or after the participation day for the relevant profession that a practitioner has engaged in professional misconduct based on sexual misconduct then the national board must record additional information in the national register. This means the public register will permanently record a practitioner's regulatory history when they have engaged in sexual misconduct, and it will apply retrospectively. Currently, the national law provides that practitioners under active disciplinary sanctions are published on the national register; however, once the misconduct sanction is lifted, information is removed from the register. Therefore, instances have occurred where practitioners have engaged in sexual misconduct that has been removed from the national register and the public are unaware of that practitioner's regulatory history. To improve public transparency and protect public safety, Australian health ministers, as I have said, agreed to amend the national law and expand the public register information for practitioners who have engaged in sexual misconduct.

The third reform will fortify the current protections for good faith notifiers under the national law. The proposed amendments will provide greater protections to people who make notifications or assist regulators during investigations involving registered health practitioners. It will be an offence to enter into a non-disclosure agreement unless the agreement sets out in writing that it does not limit a person from making a notification or providing assistance to regulators. Any non-disclosure agreement purporting to prohibit national law notifications will be unenforceable and attract individual and corporate pecuniary penalties. It will also be an offence to threaten, intimidate, dismiss, refuse to employ or subject a person to other detriment or reprisal because they intend to make, or have made, a notification or provide assistance to persons performing functions under the national law. The offences will apply prospectively, whereas the voiding of non-disclosure agreements will apply retrospectively irrespective of when the agreement was entered. A new section 236A voids or annuls any provision of a non-disclosure agreement that prevents or limits a person from making a good faith notification or assisting a regulatory body during an investigation. I commend the Health Practitioner Regulation National Law and Other Legislation Amendment Bill to the House.