




Speech By
Donna Kirkland

MEMBER FOR ROCKHAMPTON

Record of Proceedings, 3 April 2025

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

 **Mrs KIRKLAND** (Rockhampton—LNP) (4.32 pm): I rise to speak to the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024. This bill amends the Health Practitioner Regulation National Law to bring protections to public safety, to increase transparency of information and to strengthen the protections for the notifiers of conduct and performance of health practitioners. As has already been said, it is important that we note that this is a national law amendment and Queensland is the host jurisdiction for this national law. All of the Australian health ministers have agreed to these amendments out of session.

Public confidence in the safety of services provided by practitioners and students is paramount, and this law continues to refine and bring uniform standards to the national scheme, allowing a single registration recognition anywhere in Australia. What these amendments do is bring a higher level of accountability through the process for practitioners to regain their registration. This is following cancellation or disqualification. Currently, there is no consistency across all the states and territories with regard to health practitioners and their registration, or temporary disqualifications from registration. This bill restricts a person who has had their registration cancelled or been disqualified from registration from applying to a national board for registration unless they have first obtained a tribunal order that they are eligible to apply.

The bill has been amended to make it very clear and nationally consistent on the reinstatement of a previously disciplined health practitioner, with the added layer of the tribunal informing national boards with regard to their re-registration. Amendments within the bill prevent penalised practitioners from holding registration and practising anywhere in Australia. The objective is simple: to ensure that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. This is achieved by establishing a nationally consistent process.

When we think about medical practitioners or health practitioners, our minds generally go straight to doctors. It is important to note that there are 16 health professions captured within the law, including medical, midwifery, nursing, optometry, osteopathy, paramedicine, dental—that is dental therapist, dental hygienist, dental prosthetist and oral health therapist—pharmacy, physiotherapy, podiatry and physiology professions. It is important to note that practitioners will continue to be able to challenge the legality of the boards' decisions through a judicial review.

In 2023, the number of notifications made against registered health practitioners for sexual misconduct saw a 223 per cent increase on the three years prior. We saw a further 37.5 per cent increase on that in the last year alone. That is why it is important that within the bill we address practitioners who have engaged in sexual misconduct. This bill will increase transparency regarding practitioners who have taken advantage of those who put their trust in them. Patients and prospective patients need to be able to make fully informed decisions about their choice of healthcare professionals.

Currently under the national law, there are provisions and mechanisms to remove actions and disciplinary sanctions that have been put on a national public register once those actions have actually ceased. This bill seeks to make it a requirement for national boards to permanently publish additional information on public registers about practitioners whom a tribunal has found to have engaged in professional misconduct based on sexual misconduct. Under the national law, professional misconduct is the highest level of misconduct, as the member for Burleigh illustrated earlier in detail.

The proposed amendments bring laws into line with community expectations about information that should be available on registers. Modifications of the bill reflect the existing ability of QCAT to indefinitely disqualify a person. That power is maintained within the bill. The modifications are included to ensure any permanent disqualification is now registered on the national register.

News reports have highlighted the escalation of botox surgery failures as an example. Unfortunately, many people, both customers and health practitioner employees, are currently encouraged to sign non-disclosure documents preventing them from making complaints against practitioners. In a separate review, led by the former health ombudsman, Mr Andrew Brown, into the cosmetic surgery industry, it was identified there was a risk that healthcare consumers were not fully aware of their rights to make notifications or to assist a healthcare regulator with an investigation in circumstances where they have signed a non-disclosure agreement. Australian health ministers have agreed to make it clear within this national law that a non-disclosure agreement cannot prevent a person from making a notification or providing information to the health regulator.

This brings us to the third reform contained within the bill, to strengthen protections for a complainant and health consumers purely by making it an offence to engage in any reprisals or actions that could discourage persons from making notifications about registered health practitioners. This third reform prevents the use of non-disclosure provisions to limit a person's right to make a health practitioner complaint. The bill also addresses all existing non-disclosure documents of this kind retrospectively, rendering them void.

It is important that we bring these laws to protect the public from harm and protect patients from health practitioners who pose risk of harm to them. Under the national law, registered health practitioners are also required to make notifications if they hold a reasonable belief that another practitioner has engaged in sexual misconduct, practised whilst intoxicated by alcohol or drugs, or placed the public at risk by practising with an impairment or in any way that is a significant departure from acceptable professional standards. An important note is that these provisions will not affect the way in which any vexatious complaints are managed under the national law.

The amendment to this bill will make it an offence to enter into a non-disclosure agreement unless the agreement clearly sets out in writing that it does not limit a person from making a notification or providing assistance to regulators and others performing functions under the national law. It will be an offence to threaten, intimidate, dismiss, refuse to employ, or subject a person to other detriment or reprisal because they have made or intend to make a complaint, or have provided assistance to persons performing functions under the national law. Ahpra are also undertaking work to develop greater resources for patients and practitioners around the informed consent process during consultations and then, working to ensure investigations are all trauma-informed and nationally consistent. The Health Ombudsman Act has also been amended to reflect these reforms.

The rise in the number of complaints laid against health practitioners speaks to the need for these amendments. It is imperative that health practitioners, along with patients and consumers within the health sector, all have confidence that they are working with and being attended to by suitably trained qualified practitioners who are competent, ethical and registered. The people of Rockhampton call for this bill to be implemented today. I commend the bill to the House.