



Speech By Hermann Vorster

MEMBER FOR BURLEIGH

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HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL

Mr VORSTER (Burleigh—LNP) (4.13 pm): I rise today to make a very short contribution on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024. Before doing so, I thank the health minister for his leadership. This bill carries out work that is important not only here in Queensland but also is of national significance because, as we have learned, Queensland is the home jurisdiction for the national policy agreed to by all jurisdictions in the Commonwealth.

I also acknowledge the chair of the committee, the member for Southport. The member for Southport and I had an opportunity to discuss his views on this bill and its importance. His reflection is that this bill is a superior bill because it had the benefit of significant scrutiny at committee, and the committee made a number of recommendations that were adopted and agreed to by the minister. The member for Southport explained that this bill was enhanced because of the 15 witnesses who presented their case. There were not only 15 witnesses but, might I add, 23 submissions.

It is important this bill had the scrutiny that it did because, of course, the bill deals with very sensitive matters. Sexual misconduct, especially in a medical setting, is absolutely reprehensible. I think of those victims who, during times of vulnerability, were taken advantage of and who may very well find their faith in the medical profession shaken permanently. Not only may they not have received the care and attention they deserved in that moment, they may very well be discouraged from seeking care in the future. I believe that any step we can take here in Queensland as part of national reform to ensure there are fewer victims is a step worth taking.

The manner in which this bill will put victims first and drive the cultural change needed in the sector is by being more transparent about the conduct of those who are found guilty by a tribunal of engaging in sexual misconduct. The Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024 is fundamentally about allowing people to make more informed choices about the provision of their health care. Choice is important. We need to make sure that consumers of health care are making decisions about not only their own health care but also the health care of those who may be in their care—their children, their dependents—so a register that allows them to seek this information to put their mind at ease is absolutely worth supporting.

This is not reform driven out of a hypothetical situation. It is not a solution in search of a problem. It is driven by a very serious reality. In 2024 the Australian Health Practitioner Regulation Agency revealed there were 1,156 complaints against practitioners about professional boundary violations— 1,156. This is a growing problem because that is an increase of 37.5 per cent compared to the previous year. I submit that the case for action is urgent, which is why I was so disappointed to learn that the bill lapsed under the former government and it has taken this government to introduce these changes. We have learned that 174 of those 1,156 complaints related to practitioners in Queensland. Is that 174 victims? Possibly, but it is more than we should tolerate in this place because victims of sexual violence, victims of sexual assault and victims of sexual discrimination can suffer very serious harm that could only be considered as trauma.

The three phrases I used—sexual harm, sexual misconduct and sexual violation—can sound like catch-all phrases but they are horrific and they create real trauma. I want to draw the House's attention to page 27 of the erratum to the explanatory notes which gives us an opportunity to understand some forms of sexual misconduct, including—

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touching, including hugging, kissing, stroking, caressing ... intimate physical examination;

seeking or obtaining a sexual history; making sexual comments, suggestions, or gestures; and this one really makes my stomach churn—

distributing, sending, displaying, making, or requesting any sexually explicit images, messages or audio/video recordings;

Those are horrible situations that could unfold in a medical setting where someone vulnerable who is seeking to be made whole and to be healed can be further damaged. I hope that the passage of this bill will send a very powerful cultural signal to the health sector that their conduct must be beyond reproach and they must meet their obligation to look after their patients in their care and do no harm.

I want to conclude on a lighter note by reflecting on the fact that there are many health practitioners who give so much of their lives to heal people, not only in their training but also in the practice of their craft: doctors, nurses, allied health workers. They make people whole and they are the clear majority of health practitioners. This bill is not to cast aspersions on their good work but instead to protect the good name of those doing the right thing. For that reason, we can be confident that this bill enjoys the support of the sector. I greatly appreciate the role of the nurses and doctors who have looked after me and my family in very vulnerable times, and I hope all practitioners understand that we will look after their good name and the reputation of their good vocation by ensuring that those who besmirch their profession are properly exposed and held to account and that Queenslanders have the opportunity to make better, fully informed and careful decisions about their care.