



Speech By Joseph Kelly

MEMBER FOR GREENSLOPES

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HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL

Mr J KELLY (Greenslopes—ALP) (11.35 am): I rise to speak on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024, which proposes amendments to the Health Practitioner Regulation National Law Act 2009 and the Health Ombudsman Act 2013. I first want to thank the former minister for health, mental health and ambulance services, the member for Waterford, and the other state, territory and federal health ministers for developing and agreeing to these important amendments in July last year.

Having trust and confidence in our practitioners is important to the people of Queensland, and these changes will help deliver a nationally consistent framework. The changes will increase the transparency of disciplinary action for health practitioners who have been found to have engaged in serious sexual misconduct. As a clinical nurse, I understand the importance of upholding a high standard of conduct with patients, and I know that the vast majority of clinicians and health workers do the right thing.

As we heard during the committee's consideration of the bill, on both occasions there were concerns raised about valuing and protecting the rights of clinicians from malicious harm. I understand that over a four-year period 16 health practitioners committed suicide while involved in the complaints process under the national law. I agree with the chair of our committee: it is clear that making the national scheme safer for all of its users is critically important. I am confident that this bill and its subsequent amendments strive to provide a fair and proportionate response to the issues raised.

Sexual harassment and misconduct have no place in any healthcare environment. Notifications made against registered health practitioners for sexual misconduct have, sadly, increased by up to 223 per cent compared to the three years prior, with 841 allegations against 728 health practitioners submitted in 2022-23. While this legislation is a reasonable action in the right direction, considering the intimate nature of the work of our healthcare professionals we must continue to strengthen ethical standards, practices and training to ensure Queenslanders can maintain trust in the healthcare system.

Improving transparency, improving public safety and meeting community expectations, no matter where you live in our nation, was fundamental to the agreement by the health ministers to expand the information available on the public register for practitioners who have engaged in sexual misconduct. By expanding the information available on the public register we will deliver greater transparency and confidence for consumers to make informed decisions on their health care.

As Queensland is the host jurisdiction for the national law as well as co-regulatory jurisdiction under the national law, the Office of the Health Ombudsman will have the primary responsibility for managing notifications about registered health practitioners. These amendments will support the Office of the Health Ombudsman's continued cooperation and coordination with the Australian Health Practitioner Regulation Agency, Ahpra, and the 15 national boards that regulate 16 registered health professions.

The bill amends the national law to establish a nationally consistent process for practitioners to regain registration after their registration has been cancelled or they have been disqualified from registration by a tribunal. The new model, adopted under the current New South Wales model, will require cancelled and disqualified practitioners to seek a reinstatement order from a responsible tribunal before applying to the national board for re-registration. Additionally, the amendment also seeks to provide greater protections for people who make notifications or assist regulators during investigations about registered health practitioners.

The Royal Commission into Institutional Responses to Child Sexual Abuse and the *Review of confidentiality safeguards for people making notifications about health practitioners* identified gaps in the protection available to people who were abused. I know everyone in this House wants to ensure that all Queenslanders and, for that matter, all Australians are safe from harm. The royal commission helped lift the lid on the devastating impact these types of predators can inflict on people, with many of them not only dealing with the aftermath of these actions forced onto them but also having to try to navigate a legal and regulatory system which does not offer them every protection.

It came to light that right now people who are notifiers under the law may not be protected from reprisals, harm, threats, intimidation, harassment or coercion. Everyone knows there are far too many barriers for people to come forward and make a complaint, and we do not want to continue with a process where their fears could be realised because the current protections may be inadequate or inconsistently applied.

During the independent review of the regulation of medical practitioners who perform cosmetic surgery, led by Mr Andrew Brown, former Queensland Health Ombudsman, it was identified that healthcare consumers were not fully aware of their rights after signing a non-disclosure agreement. Many who gave evidence or provided submissions outlined that, once they had signed a non-disclosure agreement, they questioned their right to make a notification or provide information to a health regulator.

I again support the proposed amendment that will make it crystal clear that consumer protections regarding non-disclosure agreements about the health, conduct or performance of health practitioners does not limit a person from making a notification or providing assistance to regulators and others performing functions under the national law. Again, this is important because we want to make sure not only that regulators have the ability to conduct fulsome investigations but also that people are able to come forward with their complaints in the first instance and that a non-disclosure agreement is not a barrier from doing so. I know everyone here wants to make Queenslanders feel not only confident seeking health treatment but also safe from unlawful discrimination, sexual harassment, vilification and other objectionable conduct. That is what these nationally agreed amendments will hopefully achieve.

We have a positive duty to try to eliminate this behaviour, not just in the health sector but also in people's workplaces. We want to ensure that sex-based harassment has no place in a healthcare environment or for that matter any workplace. The national law which we are talking about now supports an expanded legislative framework for investigating and pursuing a fair and balanced response to protect healthcare consumers. We must continue to advocate and implement a robust legislative framework concerning additional protections and providing Queenslanders with sufficient recourse when they have not been treated with the respect we all deserve. Every Queenslander deserves to feel safe at work and when accessing services. The national law, originally introduced under the Miles government, ensures that these rights are observed.

Lastly, I want to thank the chair and my colleagues on the Health, Environment and Innovation Committee for their work on this bill and my predecessors on the relevant committee in the last parliament. I know the committee members have all put a lot of time, effort and thought into this important legislation, with three additional recommendations to improve the bill following substantial stakeholder and community consultation. I am pleased that the Minister for Health has accepted two of those recommendations, and I thank the minister for that.

The clarification of the legislative threshold for sexual misconduct sufficiently removes any doubt on what could be considered to constitute sexual misconduct. This clarity is essential for both the public and crucially—again, falling on my experience as a clinical nurse—for my colleagues in the health sector. I also appreciate the Minister for Health and Ambulance Services acknowledging last night that he has accepted the fourth recommendation of the committee and taken steps to deliver on that recommendation.

These laws are a very important step forward. They largely deal with providing information about individual practitioners, and that is an important tool in the armour of keeping the most important people in this—patients—safe from sexual predation by healthcare professionals. However, the vast majority of people who receive health care do not have much choice over who treats them. If we think about the

typical journey of a patient—from being injured or becoming ill to going through the ambulance system, emergency department, hospital and perhaps into an aged-care facility—I can say from personal experience that the many thousands of people who I have cared for over the years as a nurse have made no decision about whether I provide that care or not. I think that is another area of great attention.

I feel confident in saying that, while these laws provide additional protections and I certainly welcome and support them, I do not think we can underestimate that the greatest protection that patients have is the incredibly high ethical and professional behaviour of all health professionals who choose to follow that vocation. I certainly want to commend all those health professionals for the important work they do in our society.

I want to thank the submitters who took time to consider this legislation and provide very thoughtful feedback, particularly the Queensland Nurses and Midwives' Union, the Australian Medical Association, the College of GPs and others. I would like to conclude by thanking the health minister for his work on this job, the former health minister for her work on this job and all of the other state, territory and federal colleagues for reaching agreement on these important amendments. I commend the bill to the House.