Speech By

Sandy Bolton

MEMBER FOR NOOSA

Record of Proceedings, 3 April 2025

HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL

Ms BOLTON (Noosa—Ind) (12.46 pm): As we have heard, this bill will amend the Health Practitioner Regulation National Law 2009. Under intergovernmental arrangements, this Queensland law is the basis for all other state laws on health practitioner regulation so it will amend the entire national scheme. That scheme covers all the main types of health practitioners—doctors, nurses, dentists, optometrists, pharmacists and so on—and provides for registration, deregistration and everything in between.

The bill came about because the national regulators that administer the legislation, the Australian Health Practitioner Regulation Agency, known as Ahpra, and related state health complaints bodies have seen a 223 per cent increase in complaints of sexual misconduct over the three years to 2022-23. These amendments will strengthen the protection for notifiers, expand the disclosure of information about a registered health practitioner with information about sexual misconduct to be on the register permanently and create a nationally consistent approach to reinstating a deregistered practitioner by requiring them to take their case to a state tribunal.

During the inquiry, four key issues emerged from the public hearings and the submissions. The first issue is that deregistered medical practitioners wanting to be re-registered will have to go to a tribunal and then a board to get re-registered. The Queensland Law Society pointed out the potential duplication of effort with two parties involved in the decision-making process and that, as they are independent, they could make different decisions, in which case what would occur. However, the department responded that the two decision-making bodies fulfil substantially different roles and do not overlap. The tribunal makes an assessment that a medical practitioner who has been disqualified is in a position to apply for re-registration and the medical board makes a separate determination as to whether they are still medically qualified. As we see, each makes a different and independent assessment and both are needed if the applicant is to be re-registered.

The second issue is the definition and threshold of sexual misconduct. In their submission, the Australian Society of Orthopaedic Surgeons observed that there is no definition of the term ‘serious sexual misconduct’ in the bill or in the national law. The notes to the bill say that this is necessary to avoid conflict with any historical decisions of the tribunal. Other organisations, such as the QLS and the Queensland Nurses and Midwives’ Union, also raised concerns about the lack of a concrete definition and that health practitioners need standardisation.

My fellow committee members shared these concerns and recommended that: the explanatory notes and/or the bill be amended to clarify the legislative threshold for sexual misconduct; and, during the implementation of the bill, the Australian Health Ministers’ Meeting consult further with relevant stakeholders around the practical operation of the definition. I thank the Minister for Health because it has been worthwhile to see the committee’s recommendations actually taken on board.

The third issue was raised by the Australian Medical Association. Whilst it supports the bill, the AMA emphasised ongoing concerns with support for the wellbeing of health practitioners, with a 2023 Ahpra report identifying 16 suicides of practitioners who were subject to regulatory notification. Addressing this needs to be an urgent and ongoing focus of Ahpra, working with medical practitioner organisations.

Finally, stakeholders raised the issue of the inadequate time for consultation on this bill. This is happening too often, and I have raised this on numerous occasions over the years. The Australian Medical Association's submission referenced the Commonwealth Office of Impact Analysis' guide on best practice, stating that between 30 and 60 days is usually appropriate for effective consultation, with 30 days considered the minimum. In this case, submissions were open for only three weeks, and that was over a holiday period. Most organisations close or slow down over holiday periods, with many non-government organisations run by volunteers not available over the holidays. Realistically, consultation should be extended a month to take into account those holiday periods. We should be aiming for parliamentary committees to have a minimum of 12 weeks to complete inquiries, and more time over a holiday period. This parliament should be setting a standard of best practice in consultation.

Finally, I thank my fellow committee members, the committee chair and our secretariat for their work on the inquiry report and I thank all who submitted. It was deeply appreciated. I send our gratitude to all of our medical practitioners who do an incredible job, with a special shout-out to those in my electorate, who are outstanding.