




Speech By
Hon. Tim Nicholls

MEMBER FOR CLAYFIELD

Record of Proceedings, 3 April 2025

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

 **Hon. TJ NICHOLLS** (Clayfield—LNP) (Minister for Health and Ambulance Services) (4.47 pm), in reply: What a pleasure it is to follow the member for Currumbin. It is great that she brings to the debate her experience and contribution as a prosecutor. I thank members on both sides of the House for their contributions to the debate on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill. I thank the chair of the Health, Environment and Innovation Committee, the member for Southport, for his always considered and thoughtful contribution to the debate, for the manner in which he ran that committee and for the suggestions he has put forward. I would like to acknowledge the contribution of the other members and the staff of the committee for their considered report on the bill.

Members have seen our response to those recommendations. Whilst we agreed with two of them, we were able to clarify the operation satisfactorily enough in relation to the other two recommendations. I am glad to see that the parliament is working in the way it ought to and, under the LNP government, we are paying respect to the thought process of committees and we are adopting some of those changes.

I also want to thank the member for Greenslopes for his contribution to the debate. He has stepped into the shoes of the member for Miller and is the acting shadow minister for health and ambulance services. When I draw a comparison, I have to say that the member for Greenslopes has done a pretty good job compared to his compatriot. I am, of course, bestowing the gift of advancement on the member for Greenslopes by praising him in this way, but he certainly seems to have a greater understanding of the health system than the member for Miller does. He has a greater understanding of the need for absolute practitioner compliance with the rules and the expectations that are placed on them. His experience as a nurse, which he has mentioned many times, his ongoing interest in other matters related to health and his dedication and contribution to this House are a tribute to him. I want to acknowledge that and wish him all the best in his future endeavours as the acting shadow minister for health and perhaps the shadow minister for health in due course. Might I say, should he reach those lofty heights, I wish him a long and tortuous career there as well.

I also want to acknowledge the many organisations and individuals who made submissions on the bill and appeared before the committee, including the various colleges that made submissions. I want to thank the Queensland Nurses and Midwives' Union—and I will have a little bit to say about some of the comments made by those on the other side in relation to that in due course—for their contributions. They are all valued and they have all been taken into account. The contributions, knowledge and experience are vital to the development of this legislation.

I am pleased that the bill has broad support not just in the chamber but also from the public and from professional stakeholders, because these reforms are important and will benefit not only Queenslanders but, because of the unique way we run this legislation, all Australians. I want to

acknowledge and thank Australian health ministers for their ongoing work and support in developing the bill. As others have said, it is indeed a privilege for Queensland to serve as the host jurisdiction for the national law and it is a pleasure for me to be able to progress this legislation on behalf of all states and territories. I also want to acknowledge the member for Waterford for her input during her time as minister. The only thing I would say is that this decision was made in early 2023 and the bill was not brought before the House until some 18 months later. I do acknowledge her contribution and her input during her time as minister in relation to this bill.

The bill will better inform consumers and employers about sexual misconduct by registered health practitioners. It will provide a more rigorous re-registration process for cancelled or disqualified practitioners and it will strengthen protections for those making good faith complaints about a practitioner.

I made a number of notes as I was sitting here listening to the contributions from others. I have probably put the kiss of death on the member for Greenslopes for his contribution, but it was a thoughtful and rational contribution. I want to acknowledge his help in particular there.

In relation to the member for Ipswich, it took her some considerable time but she finally got to the substance of the bill. I do not mind a little bit of toing and froing in relation to the House and taking the odd point of order or two. I know that is the burden of opposition and so I expect that to occur. With some guidance from the chair and a requisite degree of toing and froing, she finally got to the substance of the bill. She did mention ambulance ramping and wait times in her contribution, and I take the opportunity to remind the House and Queenslanders that the worst wait times in Queensland's history were achieved under the Labor government and the member for Waterford at 45.5 per cent. The worst elective surgery figures were also reached under the member for Waterford, who promised repeatedly that they would be lower. I thank the member for Ipswich for that slight diversion into wait times. I also note the post that was made yesterday, as I mentioned yesterday, about the Leader of the Opposition and the coterie of other opposition members appearing outside the Ipswich Hospital to complain about ramping times. They posted the number 40.5 per cent, which was actually 4.1 per cent lower than the highest number under the Labor Party, so I thank them for yet again reinforcing the great work that is being done by our health staff, our health services and, indeed, the people at Ipswich Hospital.

The member for Toohey made his contribution. I think he was generally supportive. I want to also focus on the member for Morayfield and pay tribute to him. He was 7½ minutes into his speech on the bill before he got distracted and, through some very convoluted means, attempted to use the Labor opposition's current tactic of trying to raise the matter of respect at work. He was steadfast in his defence of his position, which ultimately failed, but that is not to be sneezed at. He gave it a red-hot crack. In doing so, he raised an important matter—those points of order I raised—and that is that this bill is about the conduct between a practitioner and that practitioner's client, but that does not lessen the importance of protection for people in the workplace from sexual harassment. Indeed, nothing the LNP government has done lessens the current protections for women and minorities in the workplace. The Commonwealth prohibitions and the positive duty continue to apply to duty holders across Australia, including employers in Queensland—and this includes the state's Public Service. As anyone who read the explanatory notes to the respect at work legislation knows, that is the case. The Crisafulli government will always make decisions in the best interests of Queenslanders and we will always consider the expert advice provided by our respected public servants when making decisions around it.

That is not to lessen the very grave consequences that occur with sexual harassment in the workplace. They are real, they are unacceptable and they ought to be called out and punished, and those who perpetrate it should face the consequences, but that is not this bill. This bill is in relation to sexual misconduct between a practitioner and that practitioner's client. That is what we are dealing with here today and that is equally important. That is why the health ministers collectively decided to bring this bill forward and that is why Queensland is doing it. It is important that we disabuse those who would try to say otherwise, that there is some notion that sexual harassment in any way, shape or form is acceptable in the workplace. Indeed, I take the point that was made by the member for Morayfield in terms of character. It is as important to call out that failure of character when it comes to harassment in the workplace as it is when it comes to the conduct of a practitioner with a client. I need to make that abundantly clear.

There were a number of matters outlined with respect to the union. I am not sure if it was the member for Greenslopes—it might have been another member—who expressed some concerns in relation to the current government's ongoing negotiations with the union. I want to thank the QNMU for their ongoing participation in the bargaining process. As we have always said, we will continue to deal with the QNMU in a respectful and proper bargaining framework, and indeed we have done so. We commenced negotiations with the QNMU well before the expiry of the EB. Those negotiations continue

and we anticipate they will continue for some time, as they have for all governments. When I look at the history of the previous EB, I note that it was not settled for some eight months after its extended expiry date, and it had been extended for a year before then. The fact that negotiations are ongoing, the fact that there are robust negotiations and differences of opinion, should be of no surprise to anyone in this place. That is the nature of these negotiations, but they are being conducted in a respectful, thoughtful and considered way. I am advised that our team of negotiators is meeting with the QNMU at least twice a week to progress those negotiations with, I believe, a requisite degree of goodwill, and I hope that continues.

I have spoken about sexual harassment in the workplace. I have made it clear the government and Queensland Health have zero tolerance for workplace sexual harassment, and we remain focused on that. We do not wish to play politics with it in the way that some of those opposite, regrettably, attempted to. As I have said, we intend to continue down that path. The explanatory notes make clear that workplace sexual harassment by a health practitioner may be sexual misconduct for the purposes of the bill. If the tribunal finds such harassment amounts to professional misconduct, the bill requires the board to permanently publish the practitioner's related history. It is covered.

The member for South Brisbane in her contribution and some stakeholders also raised concerns about retrospectively publishing the regulatory history of health practitioners relating to prior findings of sexual misconduct, and I understand that concern. The objective of the publication requirement is to improve public safety and the transparency of information about practitioners found to have engaged in sexual misconduct. This can only be achieved by informing health consumers and employers about both past and future sexual misconduct. Applying the publication requirement only to future instances of sexual misconduct would create a misleading distinction between misconduct occurring before or after the day the legislation commences. Is anyone truly saying that a client should not have information relating to the past sexual misconduct of a practitioner they will see at some date in the future? It would create two classes, so obviously and logically applying that publication requirement is necessary. In terms of weighing things up, in balance we fall on the side of the consumer in those circumstances.

Given the egregious breach of trust inherent in sexual misconduct by a health practitioner, the bill's limited impact on practitioner rights is, as I say, proportionate. The narrow application and high threshold for publishing provides an appropriate balance, and I went through that in my second reading speech. In this way, the bill protects privacy rights while also ensuring transparency of information vital to the public's knowledge. Importantly, as I mentioned earlier, in most cases the information to be permanently published on the register is drawn from information that is or was in the public realm. I will say that again: the register records information that is or was in the public realm.

We have also heard mention of the importance of practitioner mental health, and I know this was raised by the member for Southport in his introduction to the committee report and a number of other members during the debate here today. I particularly want to thank Dr McMullen of the Australian Medical Association for raising this important issue in committee. There is a delicate balance, and that delicate balance of protecting patients in a way that is fair to practitioners was considered throughout the bill's development. I believe that the bill strikes the appropriate balance and I think that is the outcome of the committee's deliberations as well.

While the bill will require the publication of additional information about regulatory actions taken against a practitioner who has engaged in professional misconduct involving sexual misconduct, it also ensures appropriate safeguards are in place. For example, the bill retains the existing discretion allowing national boards to not publish information if doing so would present a serious risk to the health or safety of the practitioner, a member of the practitioner's family or an associate of the practitioner. The board can use this power, as required, to protect a practitioner's mental health.

In summary, the bill will strengthen public protections under the Health Practitioner Regulation National Law in a fair and balanced way for the benefit of all Australians. The bill also amends the Health Ombudsman Act to ensure the new protections operate under Queensland's co-regulatory model. The bill increases the availability of information about sexual misconduct committed by health practitioners, strengthens the process for practitioners to return to practise following a tribunal cancellation of registration and strengthens protections for complainants. In this way, the bill reflects community expectations about safety and respect in the health professions. The public and practitioners all agree that sexual misconduct has no place in health care. This bill sends a strong message that sexual misconduct will not be tolerated.

I want to thank the officers of the department who have acted entirely appropriately, whether it has been a Labor government or an LNP government, in the preparation of this legislation and in the advice that they have provided and the assistance that they have given and their presentations to the committee. I also want to thank the members of my own staff for their assistance in bringing this bill to fruition. In closing, I would urge all members to support the bill.