



Speech By
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MEMBER FOR CLEVELAND

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

 **Dr ROBINSON** (Cleveland—LNP) (5.05 pm): I rise to speak to the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017. I start by thanking the other committee members, the secretariat of the committee, the stakeholder groups that presented submissions and departmental officials. The stated aims of the bill are to amend the Health Practitioner Regulation National Law, or the national law, as agreed by the COAG Health Council sitting as the Australian Health Workforce Ministerial Council. The key reforms to the national law include recognition of nursing and midwifery as two separate professions; enabling the COAG Health Council to make changes to the structure of national boards; the national regulation of paramedics; technical amendments to improve the effectiveness of the national law; improvements to the complaints management, disciplinary and enforcement powers of national boards to strengthen public protection and ensure fairness for complainants and practitioners; to amend the Health Ombudsman Act 2013 and other Queensland legislation as essentially consequential amendments as a result of changes to the national law; and to further amend the Health Ombudsman Act as requested by the Health Ombudsman as part of the inquiry into the performance of the Queensland Health Ombudsman's functions pursuant to section 179 of the Health Ombudsman Act 2013 by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.

Queensland is the host jurisdiction for the national law under the Health Practitioner Regulation National Law Act 2009 and, under the intergovernmental agreement, proposed amendments to the national law must be approved by the COAG Health Council. The national law currently regulates 14 health professions: Aboriginal and Torres Strait Island health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, nursing and midwifery, occupational therapy, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology. In 2014 the COAG Health Council conducted an independent review of the national scheme which involved an extensive consultation process, including consultation forums in capital cities. The implementation of the COAG Health Council's response to the independent review is occurring in two stages. The first stage consists of the amendment to the national law being progressed in this bill.

In terms of some of the stakeholder views that were very helpful and informing of the debate for the committee, there were 39 submissions to the committee. Some of the key stakeholders that submitted included the Australian Medical Association Queensland. It made contributions that were important in a number of areas, one in terms of decision reviews. The AMAQ supports enabling the Health Ombudsman to review their own decision to take immediate action under part 7 of the Health Ombudsman Act on application by the practitioner or on the Health Ombudsman's own initiative. It states that it provides health practitioners with an additional review avenue when they have been made subject to an immediate action by allowing them to apply to the OHO to vary an immediate registration action for a review of its decision.

The AMAQ holds the view that the veracity of a complaint needs to be more thoroughly determined before the OHO takes serious action. The AMAQ also submitted on progress notices. The AMAQ does not support enabling a health service being investigated by the Health Ombudsman and any relevant complainants to waive the right to receive three-monthly notice about progress of the investigation. They feel it is crucial to the health service complaints system that regular progress notices be communicated to parties to a complaint. This measure instils public confidence, serves as an accountability measure for the OHO and should assist with the timely resolution of complaints. The AMAQ also dealt with the issue of immediate powers. The AMAQ does not support the expansion of the powers of the Health Ombudsman to allow it to take immediate action in the public interest as the notion of 'public interest' is too broad and open to interpretation.

The contribution of the Australian Dental Association Queensland was also useful. The national board may ask registered health practitioners for practice information. The ADAQ sees some difficulty with this section in terms of interpretation. Also, it believes that it could be simplified so that the practitioner is obliged to supply practice information at all sites at which he or she practises their profession. The ADAQ also submitted in terms of the power to take immediate action. It believes that the existing legislative requirements for immediate action are currently sufficient. Further, it looked at expanding the powers of the Health Ombudsman to take immediate action and believes in stronger requirements for timely decision-making and administration being placed upon the HO.

There was a range of other contributors including the Australian Psychological Society which made a relevant contribution, considering that the proposed modifications to the bill especially with respect to the complaints, management, disciplinary and enforcement powers of national boards have the potential to provide improvements to notifiers and practitioners. There were other submitters who made valuable contributions. I support the bill.