

~~act together and stop blaming recreational fishers for everything and start looking at measures to reduce pollution and to protect the bay. The government needs to improve its handling of such maritime disasters to reduce marine pollution. In closing, I commend the shadow minister for transport and main roads for her work in leading the charge on alcohol interlocks.~~

~~Debate, on motion of Mr Emerson, adjourned.~~

~~PRIVILEGE~~

~~Integrity, Ethics and Parliamentary Privileges Committee Report No. 103~~

~~Mr SPRINGBORG (Southern Downs—LNP) (Deputy Leader of the Opposition) (12.56 pm): I refer to report No. 103 of the Integrity, Ethics and Parliamentary Privileges Committee in relation to unauthorised tabling of committee documents in the Legislative Assembly. I thank the committee for its deliberations and its findings and apologise unreservedly.~~

~~TRANSPORT AND OTHER LEGISLATION AMENDMENT BILL~~

~~TRANSPORT OPERATIONS (ROAD USE MANAGEMENT—INTERLOCKS) AMENDMENT BILL~~

~~Cognate Debate~~

~~Transport and Other Legislation Amendment Bill resumed, on motion of Ms Nolan, and Transport Operations (Road Use Management—Interlocks) Amendment Bill resumed, on motion of Ms Simpson—~~

~~That the bills be now read a second time.~~

~~Sitting suspended from 12.57 pm to 2.30 pm.~~

~~Debate, on motion of Mr Emerson, adjourned.~~

HEALTH LEGISLATION (HEALTH PRACTITIONER REGULATION NATIONAL LAW) AMENDMENT BILL

Message from Governor

Hon. PT LUCAS (Lytton—ALP) (Deputy Premier and Minister for Health) (2.30 pm): I present a message from Her Excellency the Governor.

The Deputy Speaker read the following message—

MESSAGE

HEALTH LEGISLATION (HEALTH PRACTITIONER
REGULATION NATIONAL LAW) AMENDMENT BILL

2010

Constitution of Queensland 2001, section 68

I, PENELOPE ANNE WENSLEY, Governor, recommend to the Legislative Assembly a Bill intitled—

A Bill for an Act to provide for the implementation of a national law to establish a national registration and accreditation scheme for health practitioners and to amend the Queensland Institute of Medical Research Act 1945, and the Acts mentioned in the schedule, for particular purposes.

(Sgd)

GOVERNOR

Date: 25 MAR 2010

Tabled paper: Message, dated 25 March 2010, from Her Excellency the Governor, recommending the Health Legislation (Health Practitioner Regulation National Law) Amendment Bill.

First Reading

Hon. PT LUCAS (Lytton—ALP) (Deputy Premier and Minister for Health) (2.31 pm): I present a bill for an act to provide for the implementation of a national law to establish a national registration and accreditation scheme for health practitioners and to amend the Queensland Institute of Medical

Research Act 1945, and the acts mentioned in the schedule, for particular purposes. I present the explanatory notes, and I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Tabled paper: Health Legislation (Health Practitioner Regulation National Law) Amendment Bill.

Tabled paper: Health Legislation (Health Practitioner Regulation National Law) Amendment Bill, explanatory notes.

Second Reading

Hon. PT LUCAS (Lytton—ALP) (Deputy Premier and Minister for Health) (2.31 pm): I move—

That the bill be now read a second time.

I am pleased to introduce the bill to the House. On 26 March 2008, the Council of Australian Governments signed an intergovernmental agreement to establish a single National Registration and Accreditation Scheme for nominated health professions. This single national scheme replaces separate health practitioner registration schemes currently in operation for these professions in each of the states and territories.

COAG agreed to the inclusion of the following 10 health professions in the national scheme from its commencement on 1 July 2010: chiropractors; dental practitioners; medical practitioners; nurses and midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists; and psychologists. The following four professions will be included in the scheme from 1 July 2012: ATSI health practitioners; Chinese medicine practitioners; medical radiation technologists; and occupational therapists.

Queensland, as host jurisdiction, has previously enacted two pieces of legislation for the scheme—the Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008 and the Health Practitioner Regulation National Law Act 2009. Scheduled to these is the national law, which contains the substantive content of the national scheme. The Health Practitioner Regulation National Law Act also applies the national law in Queensland from its commencement.

The COAG agreement contemplates participating jurisdictions each introducing omnibus legislation making those consequential and administrative amendments required to enable the smooth implementation of the national scheme in that jurisdiction. This legislation is known as each jurisdiction's bill C. The current bill represents Queensland's bill C. It is the third and final piece of legislation required to implement the national scheme in Queensland from its commencement.

Bill C repeals nine health practitioner registration acts which will be wholly replaced by the national law from its commencement, and partially repeals and renames two further registration acts dealing in part with the registration of professions transitioning to the national scheme. The bill also repeals or partially repeals those acts establishing the administrative mechanisms which support registration boards in performing their statutory functions. Equivalent mechanisms to support national boards are established under the national law. Bill C also amends 42 acts across government to update references affected by the commencement of the national law.

The national law requires the most serious disciplinary matters to be heard by the relevant jurisdiction's responsible tribunal. The national law also provides for responsible tribunals to review certain disciplinary decisions of national boards and panels. The Queensland Civil and Administrative Tribunal is Queensland's responsible tribunal. The bill inserts a new part into the Health Practitioners (Professional Standards) Act to prescribe QCAT's procedural arrangements when hearing disciplinary matters under the national law.

With minor adjustments, this new part of the professional standards act mirrors the existing provisions of that act prescribing QCAT's procedures when hearing disciplinary matters in relation to Queensland registrants. This will support the swift and effective resolution of disciplinary proceedings by enabling QCAT to treat matters arising under either the national law or Queensland law in the same way.

This new part also provides for QCAT to further review certain of its own decisions, and for registrants to appeal certain QCAT decisions to the Court of Appeal. Again, to promote fairness and the timely administration of justice, the treatment of these matters in relation to national scheme registrants will mirror their treatment in relation to registrants under Queensland law.

The bill contains other measures intended to promote consistency between the national law and the remaining Queensland registration acts. These measures will: allow Queensland boards to disclose confidential information to a relevant public entity if they reasonably believe a registrant poses a risk to public health or patient safety; and create a stand-alone head of power to prescribe continuing professional development requirements for medical radiation technologists ahead of their transition to the national scheme in 2012.

The bill also inserts a transitional regulation-making head of power into the national law act. While the national law contains a head of power to address national transitional issues, all participating jurisdictions—other than the Northern Territory—have identified the need to include a similar head of power in their respective bill Cs to enable them to address jurisdiction specific issues. These include the resolution of outstanding right to information applications and the transition of existing 'area of need' declarations. The head of power will be subject to strict limitations and will be available to address transitional issues only. It, and any regulations made under it, will expire in July 2013—12 months after the transition of the second set of professions to the national scheme.

The bill also effects a minor amendment to the national law as agreed to by participating jurisdictions. This amendment removes the requirement that health complaints entities disclose health, conduct or performance issues about registrants which are identified during statutory conciliation processes. This is consistent with the intent of the national law to promote cooperation between health complaints entities and national boards without undermining the effectiveness of existing statutory processes.

As well as constituting Queensland's bill C, the bill makes minor amendments to the Queensland Institute of Medical Research Act, under which the QIMR is established. My department is currently reviewing this act to develop a more contemporary and efficient governance structure for the QIMR. The amendments in this bill are necessary interim measures which will better support the ongoing operation of the QIMR pending the conclusion of the review.

The bill provides greater flexibility in the term of the QIMR director's appointment, and allows the chief executive of my department, rather than the minister, to approve agreements and arrangements entered into by the QIMR. I commend the bill to the House.

Debate, on motion of Mr McArdle, adjourned.

TRANSPORT AND OTHER LEGISLATION AMENDMENT BILL

~~TRANSPORT OPERATIONS (ROAD USE MANAGEMENT—INTERLOCKS) AMENDMENT BILL~~

~~Second Reading (Cognate Debate)~~

~~Transport and Other Legislation Amendment Bill resumed from p. 1169, on motion of Ms Nolan, and Transport Operations (Road Use Management—Interlocks) Amendment Bill resumed from p. 1169, on motion of Ms Simpson~~

~~That the bills be now read a second time.~~

~~Mr EMERSON (Indooroopilly—LNP) (2:38 pm): I rise to contribute to the debate on the Transport and Other Legislation Amendment Bill 2010 and the Transport Operations (Road Use Management—Interlocks) Amendment Bill 2009. These bills address the prevalent and increasingly worrying issue of recidivist drink driving offenders on our roads. They do so by the introduction of alcohol interlock systems to be enforced by court order on those who have still not yet learnt the dangers of drink driving.~~

~~In 2008, nearly 30,000 drink drivers were caught on Queensland roads. Over a third of these had previously been caught drink driving and around 4,000 were being caught for the third time. When we cite these figures we risk divorcing ourselves from the tragic consequences that result from repeat drink driving, not just deaths and injuries but also the fact that we need to have a safe community.~~

~~Late last year I saw a report of frightened residents on a Gold Coast street saying that they were waiting for a tragedy to strike. They claimed a neighbour was still getting behind the wheel despite being on a driving ban due to repeat drink driving offences. Court documents showed the neighbour had an extensive history which includes a two-year driving ban, yet his drink driving offences led to convictions in four courts—Mackay, Yeppoon, Coolangatta and Southport. His blood alcohol readings have included .10, .091, .076 and .124. He had been convicted on at least two occasions of driving while disqualified. Fortunately, these alert and concerned neighbours contacted police and hopefully avoided a further tragedy.~~

023

~~It was fortunate because thousands of drink drivers are reportedly escaping detection because breath testing has been cut back in six of Queensland's eight police regions. Despite alcohol being attributed to a quarter of all road fatalities, police are conducting fewer random breath tests in these areas. The biggest cutbacks were reportedly in the Metropolitan North Brisbane and Far Northern regions, where police statistics show that there has been a 16 per cent drop in testing. The Metropolitan North region had reduced its tests by almost 70,000 in 2008–09, while the Far Northern region did almost 46,000 fewer tests compared to the previous year.~~