Speech By

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HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL

Dr ROWAN (Moggill—LNP) (12.14 pm): I rise to make a contribution to the debate on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018. I address this bill today not only as the state member for Moggill, an electorate I am proud to say has a significant number of residents who work in the healthcare sector, but also as a registered doctor and health professional myself.

It was 10 years ago that mandatory reporting requirements were introduced nationally to ensure that patient safety is, rightly, paramount when it comes to the professional conduct of health practitioners. No-one could argue that the safety of patients and the broader public must not be at the forefront of any public health policy or initiative, but it is also imperative that the health and wellbeing of health practitioners themselves is looked after.

As a specialist physician in addiction medicine and as a former deputy chief medical officer and executive director of medical services, I have seen firsthand the consequences if a balance is not achieved between patient safety and the health and welfare needs of impaired health practitioners. The devastating consequences of doctor and health practitioner suicide and self-harm is a significant professional issue. Unless the complexity of mental health issues, including alcohol and drug issues, is well managed and treating clinicians are empowered and supported to manage such complex care, the real risk is that impaired doctors and health professionals may not seek the care they so desperately need.

Since the introduction of the mandatory reporting requirements, health practitioner advocacy groups and many within the health system have argued that such requirements not only place an unfair burden on treating practitioners but also discourage health practitioners from seeking medical help for fear of adverse professional repercussions and punitive ramifications. Before I outline some of the valid concerns that health professionals have raised regarding this bill and expand on the Liberal National Party's amendment, as foreshadowed by the shadow minister for health and ambulance services, I wish to briefly go through what this bill is seeking to achieve.

The objectives of this legislation are to amend the health practitioner regulation national law to, firstly, introduce reforms to mandatory reporting by treating practitioners to ensure health practitioners have confidence to seek treatment for health conditions while protecting the public from harm; and, secondly, double the penalties for holding out and related offences under the national law from $30,000 to $60,000 and introduce a maximum term of imprisonment of three years for the most serious offences.

The bill will make consequential amendments to the Queensland local application provisions of the Health Practitioner Regulation National Law (Queensland) Act 2009 to: align Queensland's approach to mandatory reporting by treating practitioners with the approach in the national law by removing a Queensland-specific provision; and provide for circumstances in which the holding out and

related offences are prosecuted on indictment and summarily in Queensland. Finally, the bill will also make consequential amendments to the Ambulance Service Act 1991 in Queensland and the Hospital and Health Boards Act 2011.

At the very heart of this bill is the proposal to raise the mandatory reporting threshold for treating practitioners. Under this bill a treating practitioner will only be required to make a mandatory report if their practitioner patient's conduct involving impairment, intoxication or substandard practice places the public at substantial risk of harm. This high threshold will not apply to mandatory reporting of sexual misconduct.

The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee stated in its recently released report—

These reforms are aimed at ensuring health practitioners seek treatment for health conditions (such as a mental health issue or an alcohol or drug problem) without fear of being subject to mandatory reporting.

Whilst this key objective may be a noble one, it is not without substantial criticism from those whom it affects the most. As the consultation on this bill revealed, a number of concerns have been raised, specifically regarding the reforms to mandatory reporting. I will quote from that same committee report, report No. 17, on page 8. It states—

Many stakeholders were not confident that the proposed legislative change would encourage health practitioners to seek help for their conditions or discourage over-reporting by treating practitioners.

The report continued—

Some stakeholders blamed this lack of confidence on the ambiguity and complexity of the proposed amendments in the Bill.

One such organisation was the Australian Medical Association, which said of this reform—

... we must remove language that creates any level of ambiguity for the treating practitioner. Otherwise, as with the current National Law, they will seek to manage their own risk by over reporting, or equally the patient practitioner will adopt an overly cautious approach and not seek treatment.

The Bill as it currently stands, does not remove this ambiguity and will cause patient practitioners to question their ability to seek treatment, without risking their future livelihoods and careers. The AMA believes that, like the current legislation, this Bill will risk health practitioner's well-being and their lives.

Furthermore, and somewhat echoing the sentiments of the AMA, the Royal Australian College of General Practitioners said—

The current mandatory reporting arrangements are of serious concern to the RACGP and its members, and have been since the inception of the National Law in 2009. The amendments outlined in this bill make no material difference to the current arrangements which are, as previously stated, unsatisfactory.

Whilst consultation on this bill revealed significant concerns with regard to the ambiguity and complexity within the amendments, it also revealed support for alternative ways to protect patients. In particular, many expressed their support to adopt what is commonly referred to as the West Australian model. With reference again to the committee's report, as stated on page 15—

The Western Australian model provides treating practitioners with a complete exemption from mandatory reporting across all forms of 'notifiable conduct'. Notifiable conduct means a health practitioner has:

- practised their health profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of their profession
- placed the public at risk of substantial harm in the practice of their profession because of an impairment
- placed the public at risk of harm by practising their profession in a way that constitutes a significant departure from accepted professional standards.

The committee report went on to say—

In place of mandatory reporting by treating practitioners, Western Australia relies on health practitioners' ethical and professional obligations to report a practitioner-patient who may put public safety at risk. Professional and ethical obligations are referred to in the codes of conduct published by National Boards.

The committee report further states—

For example, the AMA suggested an exemption from mandatory reporting was necessary to save lives:

The law in Western Australia works well to protect patients and save doctors. The AMA has strongly advocated for the National Law to more closely reflect the protections provided to doctors by the WA legislation. The Committee has the opportunity to effect real change and save lives, if they were to recommend that Health Ministers reconsider their decision not to adopt the WA model.

To that end, we on this side of the House care about the Queensland health system and want to support its amazing health practitioners. The Liberal National Party believes that Queenslanders deserve a world-class health system, because for far too long the Palaszczuk Labor government and the Beattie and Bligh Labor governments before that let our health system deteriorate. Labor is all too happy for elective surgery times to blow out, ambulance ramping to get out of control and emergency

departments to overcrowd, all the while being more concerned with the renaming of a hospital and the shameful tearing down of the legacy of one of Queensland's greatest female pioneers. That is why we listened to and support the needs of Queensland's health professionals, and that is why we are moving to make amendments to this bill that are similar to the Western Australian model with respect to mandatory reporting requirements. As I said earlier, it is a model that has the support of a variety of health advocacy bodies, and it has served Western Australia and the health practitioners of that state very well.

The Liberal National Party is listening to the concerns of the medical profession, and our proposed amendments balance out all of the public policy considerations relating to the health of medical professionals and the safety of Queenslanders. I hope that the Premier and the Minister for Health choose to do the right thing by both patients' and health professionals' wellbeing and support the amendments moved by the shadow minister. I commend the LNP's shadow minister for health and ambulance services and the member for Mudgeeraba, Ros Bates MP, for bringing these amendments, and I call on all in this House to give them their full support.