Changes to the role of distributors for meter installations require clarifying changes to the accredited service provider scheme. The consequential amendment clarifies the scope of the accredited service provider scheme. The consequential amendment also provides clearer statutory support for the administration of the accredited service provider scheme. The bill also provides for consequential amendments for powers of entry. With new metering businesses entering the market to provide services, it is necessary to ensure that the powers of entry provisions are adequate. The consequential amendment includes a power of entry for retailers with a meter located on a customer premises. A similar power of entry is also included for metering businesses. The changes in this bill confine these powers of entry for issues relating to meters only.

These reforms are designed to support consumers in exercising choice whilst ensuring that safety standards continue to be met. Increasingly, consumers want a greater say in how they use and consume electricity, including access to the latest technology such as rooftop solar and battery storage. Smart meters are an important enabling technology that will undoubtedly help consumers in this regard. This bill provides the appropriate legislative settings to allow retailers to move on with the task of delivering innovative and cost-effective products for consumers. I commend the bill to the House.

Debate adjourned on motion by the Hon. Shaoquett Moselmane and set down as an order of the day for a future day.

HEALTH PRACTITIONER REGULATION NATIONAL LAW (NSW) AMENDMENT (REVIEW) BILL 2016

Second Reading

The Hon. SARAH MITCHELL (Parliamentary Secretary) [6.07 p.m.], on behalf of the Hon. Niall Blair: I move:

That this bill be now read a second time.

I seek leave to have the second reading speech incorporated in *Hansard*.

Leave granted.

I am pleased to bring before the House the Health Practitioner Regulation National Law (NSW) Amendment (Review) Bill 2016.

The bill makes minor amendments to the Health Practitioner Regulation (Adoption of National Law) Act 2009 [Adoption Act] so as to amend the New South Wales specific provisions of the Health Practitioner Regulation National Law (NSW).

The Adoption Act implements the National Accreditation and Registration Scheme [NRAS] for health professionals in New South Wales. This was done in New South Wales by adopting the Schedule to the Health Practitioner Regulation National Law Act 2009 of Queensland as a law of New South Wales, subject to various modifications set out in the Adoption Act. The applied Queensland schedule, as modified by the New South Wales specific provision, is known as the Health Practitioner Regulation National Law (NSW) ("NSW National Law").

All States and Territories have implemented the NRAS, generally by applying or adopting Queensland's schedule, which ensures a nationally consistent scheme across Australia in relation to registration and accreditation.

While NRAS operates as a national registration and accreditation scheme, NRAS was established to allow jurisdictions to decide whether to adopt the national provisions relating to conduct, health and performance and complaints handling. If a jurisdiction decided not to adopt these provisions, they would be become a "co-regulatory" jurisdiction. New South Wales has been a "co-regulatory" jurisdiction since the inception of NRAS, with Queensland following suit in 2014.

The New South Wales specific provisions relating to conduct, health and performance and complaints handling, which include the New South Wales health professional councils, the Civil and Administrative Tribunal of New South Wales [NCAT] and the independent Health Care Complaints Commission, are mostly set out in parts 5A and 8 of the New South Wales National Law.

In 2014-2015 the Ministry conducted a statutory review of the New South Wales National Law in accordance with the requirements in the Adoption Act. The review focused on the New South Wales specific provisions of parts 5A and 8. A report on the review was tabled in Parliament in late 2015.

The report on the review found that the objectives of the New South Wales National Law remain valid and that overall the New South Wales National Law operates effectively. However, it made a number of recommendations for legislative change which the bill before the House seeks to implement. These changes are minor and designed to promote consistency in the legislation, give more flexibility and ensure the smooth operation of the complaints handling processes.

The New South Wales National Law establishes 14 health professional councils, such as the Medical Council of New South Wales, to hear complaints in respect of the 14 different registered health professions. Each individual council is an independent statutory body that has its own statutory obligations. These councils are intended to be self-funded through registrants' fees.

However, there is no ability in the legislation to respond if councils become financially unviable. To that end, and following on from a recommendation in the review, the bill includes a new section 41NA of the New South Wales National Law. This new section will allow the Minister to issue directions requiring that a financially unviable council delegate its functions to another council or person and allow regulations to be made modifying the functions of a council. The new provisions will "future proof" the legislation by allowing for appropriate action to be undertaken in respect of a financially unviable council. This will help reduce costs and ensure that the council can continue to operate.

The bill makes a number of changes to the provisions relating to professional standards committees. Under the bill, the chairperson of professional standards committees will be able to make interlocutory decisions (such as adjourning matters), which will increase flexibility of the committee. Further, the chairperson will have the deciding vote if the four-person committee is evenly split in its decision. This will ensure that matters do not need to be heard again should the committee be evenly split. The bill includes a new section 171G which requires all professional standards committee hearings to be audio-recorded, which will assist parties should decisions be appealed.

The bill amends section 152F to allow an impaired registrants panel, which considers complaints that raise health issues in respect of a practitioner, to continue to investigate or take action in respect of a matter that the Health Care Complaints Commission [HCCC] is investigating but only if the HCCC consents. Currently, an impaired registrants panel is prevented from investigating or taking action in a matter that is before the HCCC, which can cause delays. Allowing a matter to be considered by the panel as well as the HCCC, but only with the consent of the HCCC, will reduce delays and increase flexibility.

The bill amends section 155C to allow a health professional council to impose conditions, with the consent of a practitioner, following the receipt of a performance assessor's report. Currently, a council cannot impose conditions following a performance assessor's report, but instead must refer the matter to a performance review panel. The amendment will help reduce costs and inefficiencies.

The bill makes a number of changes in respect of assessment committees, which play a role in relation to conduct matters and performance matters. The bill will require members of an assessment committee to be appointed by the health professional council, rather than the Minister. This will bring assessment committee members into line with the appointment of professional standard committee members. Further, the bill removes section 147B (1) (b) from the New South Wales National Law. This section currently requires an assessment committee to encourage a complainant and practitioner to attempt to resolve the complaint by consent. Part 8 of the New South Wales National Law is a complaints handling system for the protection of the public and is not aimed at resolving individual disputes. As such, complaints should be handled by bodies established under the National Law for the protection of the public.

The bill also makes a number of changes in relation to the role of the NCAT.

NCAT hears serious matters involving allegations of professional misconduct and has the power, among other things, to cancel a practitioner's registration. The report on the review recommended a number of changes in relation to the role of NCAT. In particular, the report recommended that NCAT should have the power to make an interim suspension order in limited circumstances. The bill implements this recommendation by amending section 165L to allow NCAT to issue an interim suspension order if particulars of a complaint have been proven and NCAT considers that such an order is necessary to protect the public. This will allow a practitioner, when the particulars of a complaint against the practitioner have been proven, to be suspended while giving NCAT appropriate time to consider what final order should be imposed. Clarifying amendments are also included in the bill to require NCAT to provide written reasons when making orders in circumstances when a complaint has been admitted. Written reasons will assist the practitioner and the public in understanding why a particular order was imposed.

The bill also amends section 151 of the New South Wales National Law. Currently this section requires the medical superintendent of a mental health facility to notify the relevant health professional council if a registered health practitioner is detained under the Mental Health Act. The report on the review found that section 151 required a mandatory report to the council at too early a stage and prior to any independent review of the patient under the Mental Health Act. In line with the recommendation in the report, the bill amends section 151 to require a report to be made if the practitioner is found to be a mentally ill person following review of the practitioner under section 27 of Mental Health Act. Of course, if it is clear that the practitioner poses a serious risk to the public before the reviews in section 27, then a notification could be made to the council at any earlier stage.

The bill also makes a number of minor amendments that are aimed at ensuring transparency and consistency of language between similar provisions. For example, the bill amends the various provisions setting out the appeal rights of individuals to ensure that the same language is used throughout part 8 of the New South Wales National Law. In addition, the bill amends schedule 5F to require fees in relation to pharmacy premises applications to be set out in the regulations. Currently, the fees are set by the Pharmacy Council. Requiring the fees to be set out in the regulations will increase transparency and regulatory oversight.

The New South Wales National Law is an important Act relating to the registration, accreditation and complaints handling processes in relation to registered health practitioners. Part 8 of the New South Wales National Law sets out the New South Wales specific complaints handling processes. With part 8, New South Wales has retained our own independent complaints processes that involve the HCCC, the health professional councils and NCAT. Part 8 provides a strong and fair framework for hearing and addressing complaints. The report on the review found that part 8 was working well but that minor amendments should be made to ensure that it continued to operate to protect the public. The bill before the House implements these recommendations and I commend the bill to the House.

The Hon. WALT SECORD (Deputy Leader of the Opposition) [6.07 p.m.]: As the Deputy Leader of the Opposition and shadow Minister for Health, I lead for the Opposition on the Health Practitioner Regulation