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HEALTH PRACTITIONER REGULATION AMENDMENT BILL 2017 First Reading

Bill introduced, and read a first time and ordered to be printed on motion by the Hon. Bronnie Taylor, on behalf of the Hon. Niall Blair.

Second Reading

The Hon. BRONNIE TAYLOR (15:33): On behalf of the Hon. Niall Blair: I move:

That this bill be now read a second time.

I am pleased to bring before the House the Health Practitioner Regulation Amendment Bill 2017. The bill makes a number of consequential changes to the Health Practitioner Regulation (Adoption of Law) Act 2009 and various other acts. The changes follow on from recent changes to the schedule of the Health Practitioner Regulation National Law Act 2009 of Queensland relating to the registration of health practitioners. The registration of health practitioners is achieved through the National Registration and Accreditation Scheme [NRAS].

The NRAS is implemented in New South Wales by New South Wales adopting the Queensland schedule as a law of New South Wales subject to various modifications set out in the Health Practitioner Regulation (Adoption of Law) Act 2009. The applied Queensland schedule, as modified by the New South Wales specific provisions, is known in New South Wales as the Health Practitioner Regulation National Law (NSW). All States and Territories have generally implemented the NRAS by adopting the Queensland schedule. New South Wales adopted the nationally consistent provisions relating to registration and accreditation, which involves the national board registering practitioners.

However, New South Wales is a co-regulatory jurisdiction. This means that New South Wales did not adopt the national provisions relating to conduct, health and performance and complaints handling by the national boards. Rather, New South Wales has its own specific provisions relating to conduct, health and performance and complaints handling, which includes the New South Wales Health Professional Councils Authority, the Civil and Administrative Tribunal of NSW [NCAT] and the independent Health Care Complaints Commission.

On 6 September 2017 the Queensland Parliament passed the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017 which will amend the Queensland schedule. The Queensland amendments follow on from a national review of the NRAS and a decision by health Ministers to bring paramedics into the NRAS as the fifteenth registered health profession. The registration of paramedics is supported by NSW Ambulance, private providers of paramedic services and by the Health Services Union, which represents the paramedic workforce. In order to call oneself a paramedic a person must be registered by the new Paramedicine Board of Australia.

Registered paramedics will be subject to registration standards determined by the board. Complaints regarding paramedics will be dealt with under the New South Wales co-regulatory system through the Paramedicine Council of New South Wales and the Health Care Complaints Commission. This will bring paramedics in line with other registered health professionals in New South Wales, such as nurses and midwives, medical practitioners, dentists and pharmacists. Paramedic registration is due to commence in September 2018 and the new board will establish and oversee arrangements for existing paramedics to transition to registration between now and then. In New South Wales paramedics are employed by NSW Ambulance and have been effectively regulated as public sector employees. However, the addition of paramedics to the NRAS will provide more effective regulation in the private sector. Further, inclusion of paramedics in the NRAS will extend the ability for paramedics to work across States and Territories through common national registration standards. I am sure members of the House will join me in welcoming paramedics as the fifteenth registered health profession under the National Registration and Accreditation Scheme.

Other amendments to the Queensland schedule follow on from the statutory review of the NRAS which was undertaken after five years of operation. The review was conducted by Mr Kim Snowball and included extensive consultation with jurisdictions and stakeholders. The review report was released in 2015 and contained 33 recommendations. The review addressed issues including consumer responsiveness to the NRAS, accreditation functions and governance arrangements. Health Ministers accepted, or accepted in principle, a majority of the recommendations from the Snowball report. A number of recommendations required further consultation with stakeholders. As such, implementation of the recommendations has been split into two tranches, with the recently passed Queensland bill implementing the first stage of the recommendations.

The changes to the Queensland schedule will automatically apply in New South Wales where the changes relate to registration and accreditation. The Queensland changes also include amendments to the complaints scheme, but as New South Wales is a co-regulatory jurisdiction these changes will not apply in New South Wales. The changes to the Queensland schedule that will apply automatically in New South Wales are as follows: the inclusion of paramedics in the NRAS; enabling regulations to be made to consolidate one or more national boards but requiring consultation before any consolidation can occur—I note there is no current plan to consolidate any of the boards; recognising nursing and midwifery as two separate sectors, both regulated by one board; allowing a board to obtain additional information about a practitioner's practice information; requiring the boards to keep a register of prohibition orders; and the inclusion of a new section 127A, which allows a New South Wales review body to take over the review of an interstate practitioner who is subject to conditions imposed by the board, if the practitioner moves to New South Wales.

As a result of the Queensland changes, a range of minor consequential amendments are required in New South Wales, which the bill seeks to implement. In the registration of paramedics, the bill will amend the Adoption Act to establish a Paramedicine Council of New South Wales. The new council will, together with the Health Care Complaints Commission, hear complaints against registered paramedics. The bill amends the Health Care Complaints Act to include transitional provisions relating to complaints. Currently, paramedics are non-registered health practitioners and are subject to the code for non-registered health practitioners. The code sets the standards expected of non-registered health practitioners. Breaches of the code can result in the Health Care Complaints Commission issuing a prohibition order against the practitioner. A prohibition order can prohibit the practitioner from practising or place conditions on their practice.

The transitional arrangements in the bill provide that if a complaint is made against a paramedic prior to the commencement of paramedic registration, the Health Care Complaints Commission will be able to continue to assess and investigate the complaint as though the paramedic was not registered. Further, the changes will importantly mean that if a paramedic is subject to a prohibition order prior to registration, the prohibition order will remain in effect unless and until it is removed by the Health Care Complaints Commission. The bill amends the Health Services Act to remove the current protection of title provisions relating to paramedics. This is because, once paramedics are a registered profession under the NRAS, the New South Wales national law will contain title provisions requiring a chief executive of a public health organisation to report suspected unprofessional misconduct or unsatisfactory professional conduct of registered health practitioners will also apply to paramedics.

The bill amends the Interpretation Act as a consequence of including paramedics in the NRAS. Currently, the Interpretation Act includes a definition of registered health practitioners, such as medical practitioner, dentist or pharmacist. The titles of each registered profession are already protected under the New South Wales national law. As such, rather than include a definition of each registered health practitioner in the Interpretation Act, the bill includes a provision in the Interpretation Act to define health practitioners by reference to the Health Practitioner Regulation National Law (NSW). This change will futureproof the Interpretation Act in case any further professions are added to the NRAS or the names of the registered professions are changed. The change to the Interpretation Act requires consequential amendments throughout the statute book, which are mostly set out in schedule 5 to the bill. The bill also makes consequential amendments following the changes to the Queensland schedule that will allow a New South Wales review body to review conditions imposed by a national board on a practitioner if that practitioner moves to New South Wales.

Under the new section 127AA of the New South Wales national law, the council will be able to undertake a review of the conditions either on application of the practitioner or on its own motion. The new section will also allow a council to substitute any undertakings imposed by a national board for a condition that is in keeping with the inability of a New South Wales council to impose undertakings. The new section 127AA ensures that a council can review any conditions imposed interstate to ensure that the conditions are appropriate to New South Wales. While all changes in the bill are consequential to the recent passage of the Queensland Health Practitioner Regulation National Law and Other Legislation Amendment Bill, they are important changes that will ensure that paramedic registration can commence seamlessly in New South Wales and that New South Wales continues successfully as a co-regulatory jurisdiction under the NRAS. I commend the bill to the House.

Debate adjourned.