

HEALTH PRACTITIONER REGULATION NATIONAL LAW (WA) BILL 2010

Receipt and First Reading

Bill received from the Assembly; and, on motion by **Hon Simon O'Brien (Minister for Transport)**, read a first time.

Second Reading

HON SIMON O'BRIEN (South Metropolitan — Minister for Transport) [6.02 pm]: I move —

That the bill be now read a second time.

This bill seeks to effect in Western Australia the Health Practitioner Regulation National Law. The national law is being introduced into WA Parliament as corresponding law. That means if amendments are proposed to the national law, they must be introduced and passed by the Parliament in WA before they can be enacted in this state. The process for amending the national law is set out in the intergovernmental agreement that was signed by the Council of Australian Governments on 26 March 2008. The national law sets out the regulatory structure for the new National Registration and Accreditation Scheme for the Health Professions. The national law puts into action the undertaking made by COAG to start the national scheme by 1 July 2010. The national scheme creates a single national registration and accreditation system for 10 health professions. These include chiropractors; dentists, including dental hygienists, dental prosthetists and dental therapists; medical practitioners; nurses and midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists; and psychologists. Another four professions will join the national scheme on 1 July 2012. The four professions are Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists. One objective of the national law is to protect the public. It will also provide a framework for the regulation of health practitioners in relation to registration, accreditation, complaints and conduct, health and performance, and privacy and information sharing. The national law has been developed following an inclusive consultation process that saw high-level involvement from regulatory bodies, practitioners and the public. Over 550 submissions were received from professions, regulatory bodies and the general public. The Australian Health Workforce Ministerial Council considered the submissions.

The national law was created incorporating different ideas from those submissions. The national law seeks to deliver real improvements to the quality and safety of Australia's health care system. Policy issues include public interest. Health ministers confirmed their commitment to advancing the public interest as a fundamental consideration within the national scheme. New provisions relating to mandatory reporting, student registration, criminal history and identity checks, strong community representation on national boards and an easier process for the public to make complaints were all supported. It was agreed to formalise the role of community members on state and territory boards. The national law requires that there is the same ratio of community members on state and territory boards as on national boards. Under the national law, serious complaints in Western Australia—that is, matters that could amount to professional misconduct—will continue to be dealt with by the Western Australian State Administrative Tribunal. On the other hand, the state boards, under delegation from the national board, will deal with matters that relate to unsatisfactory professional performance and unprofessional conduct, as well as matters that are regarded as health issues. This continues the approach that was implemented in WA when the State Administrative Tribunal Act was introduced to ensure that the most serious matters are heard by an independent tribunal. I will summarise some key features of the national law.

Mandatory reporting: There will be a requirement that practitioners and employers, such as hospitals, report a registrant who is placing the public at risk of harm. Reportable conduct will include conduct that places the public at substantial risk of harm either through a physical or mental impairment affecting practice or a departure from accepted professional standards. Practitioners who are practising while under the influence of drugs or alcohol, or who have engaged in sexual misconduct during practice, must also be reported.

Criminal history and identity checks: Mandatory criminal history and identity checks will apply to all health professionals registering for the first time in Australia. All other registrants will be required to make an annual declaration on criminal history matters when they renew their registration. These declarations will be audited on a random basis by an independent source.

Independent accreditation functions: The accreditation functions of the national boards will be independent of governments. Accreditation standards will either be developed by an independent accrediting body or by the accreditation committee of the national board for the relevant health profession. The final decision on whether the accreditation standards, courses and training programs are approved for the purposes of registration will be the responsibility of the national boards. The national law clearly sets out the relationship between an accrediting body and a national board to ensure that this relationship works in a fair and effective way. The ministerial

council, however, will have the powers to appoint the external accrediting body for a profession when that profession first joins the national scheme. It will also have the capacity to act when, for instance, it believes that changes to an accreditation standard will have a significantly negative effect on the recruitment or supply of health practitioners. In exercising these powers, however, the ministerial council must first consider the potential impact of its decisions on the quality and safety of health care.

Student registration: National boards will be required to register students in the health professions, with this requirement effective at the beginning of 2011. The national boards will decide at what point during their programs of study students will be registered, depending on the level of risk to the public. Students will be registered, in the main, based on lists of students supplied to national boards by education providers. Students already registered under state or territory legislation before the commencement of the scheme will be deemed to be registered from 1 July 2010 to ensure continuity of registration. The national scheme will also enable national boards to act on student impairment matters or when there is a conviction of a serious nature that may impact on public safety.

The Health Practitioner Regulation National Law (WA) Bill comprises five parts and a schedule. The five parts consist of a preliminary part; a part setting out the application of the Health Practitioner Regulation National Law; a part setting out provisions specific to WA; a part containing repeals, transitional and savings provisions; and a part containing consequential amendments. The schedule sets out the national law. I commend the bill to the house.

Debate adjourned and bill referred to the Standing Committee on Uniform Legislation and Statutes Review, pursuant to standing orders.