

HEALTH PRACTITIONER REGULATION NATIONAL LAW (WA) AMENDMENT BILL 2017

Introduction and First Reading

Bill introduced, on motion by **Mr R.H. Cook (Minister for Health)**, and read a first time.

Explanatory memorandum presented by the minister.

Second Reading

MR R.H. COOK (Kwinana — Minister for Health) [12.08 pm]: I move —

That the bill be now read a second time.

This bill seeks to give effect to amendments to the Health Practitioner Regulation National Law (WA) Act 2010 that are made nationally through the Queensland Parliament and adopted in most jurisdictions. The amendments are enacted by regulation in South Australia. This legislation is commonly known as the national law, which commenced in other jurisdictions on 1 July 2010. The WA Parliament passed the Health Practitioner Regulation National Law (WA) Act in 2010 as a corresponding law. When amendments are proposed nationally, they must be introduced and passed in WA before they can be enacted in this state. The Council of Australian Governments signed an intergovernmental agreement on 26 March 2008 that sets out the process for amending the national law. The national law provides the framework for regulating 14 health professions across all jurisdictions, and gives protection of title for these professions. Ten health professions in Western Australia joined the National Registration and Accreditation Scheme—the national scheme. These comprised chiropractors; dental clinicians, including dentists, dental hygienists, dental prosthetists and dental therapists; medical practitioners; nurses; midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists and psychologists. From 1 July 2012, another four health professions joined: the Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists. The national law provides health practitioners with a single registration that is recognised across all Australian states and territories as well as ensures there are consistent accreditation and registration standards. Additionally, it includes, amongst other functions, codes, guidelines, national registers, notification requirements and complaint processes.

The intergovernmental agreement requires that an independent review of the national law be conducted after three years of operation. In 2014, Australian health ministers appointed Mr Kim Snowball, a former director general of the Department of Health to conduct the review. Mr Snowball released a consultation paper in August 2014 and conducted forums in all jurisdictions, enabling interested parties and stakeholders to comment. Following consideration of the 230 written responses to the consultation paper and feedback at the forums, the final report dated December 2014 outlined 33 recommendations being submitted to the Council of Australian Governments Health Council. The COAG Health Council accepted in principle the majority of the recommendations.

The amendments contained in the Health Practitioner Regulation National Law (WA) Amendment Bill are to the national law in Western Australia and reflect those recommendations. The amendments also seek to implement the decision to include paramedics in the national scheme. An additional two sets of amendments resulting in further changes to the national law in Western Australia may be introduced at a later date following further consideration by jurisdictional representatives and agreement by all health ministers sitting as the COAG Health Council. The major amendments that form part of the bill are as follows. In November 2015, the COAG Health Council resolved to include paramedics in the national scheme as their duties include clinical skills, which can be more invasive, and they are required to make urgent clinical assessments in a variety of settings. Accordingly, the bill provides for the establishment of the Paramedicine Board of Australia and for the protection of the title “paramedic”. This reform will ensure that only those persons that are competent to practise and are registered can use the title of paramedic. Paramedics will be required to pay an annual registration fee, to be set by the Paramedicine Board in conjunction with the Australian Health Practitioner Regulation Agency. The fee is not set by the state. The Paramedicine Board will be able to manage the performance of paramedics that engage in professional misconduct, are impaired or practise in an unsafe manner.

I am tabling two documents titled “Summary of the draft—Health Practitioner Regulation National Law Amendment Law 2017” and frequently asked questions released by the COAG Health Council, which provide additional information.

[See papers 519 and 520.]

Mr R.H. COOK: The amendments to change the structure of national boards allow the COAG Health Council to combine national boards with a low regulatory burden or to separate them depending on health workforce needs, resulting in efficiencies in governance, membership and cost effectiveness. At this stage, there will be no change to the national boards. National boards and other bodies established under the national law are self-funding from registrants’ fees, and are not subsidised by the government. I table draft amendments to the National Regulations for members’ information only. I believe they have already been tabled, Mr Speaker.

The independent review's recommendation of changes to strengthen public protection includes stronger powers to take immediate action in the public interest, to obtain practice information and to issue prohibition orders and improvements to inform notifiers regarding the reasons for the decision made and the actions taken. The amendments provide for national boards to be given discretionary power to inform notifiers at different intervals during the complaints process. Previously, only publicly available information was provided. National boards and the Australian Health Practitioner Regulation Agency will develop a common protocol to ensure that a practitioner's privacy is not compromised.

Another amendment separates the nursing and midwifery profession to clearly reflect that they are two distinct professions. The Nursing and Midwifery Board of Australia will continue without a name change. Nurses and midwives will not notice a change. Those with qualifications as both nurses and midwives can simultaneously maintain registration in both professions. A WA-specific amendment modelled on a provision in the South Australian national law is also included in the bill to restrict birthing practices to registered medical practitioners and midwives. This involves managing the three stages of labour. Generally accepted as the first stage of labour is the start of regular contractions until the cervix is fully dilated. The second stage is the time from when the cervix is fully dilated until the birth. The third stage is after the birth of the baby, ending with the delivery of the placenta. The independent review recommended that the South Australian model be adopted nationally. A WA coroner supported the proposal in June 2015. Accordingly, WA has included this important amendment.

Birthing practices will be restricted to a health practitioner registered with the relevant national board—medical or nursing and midwifery. This does not prevent other nominated support people, such as a doula or partner, being present during labour provided they are not providing any clinical care during the three stages of labour, except in an emergency when an individual may support the woman until such time as a registered medical practitioner or midwife takes over her care.

At the consideration in detail stage, I will also seek a minor amendment to the Civil Liability Act 2002 in section 5AB, "Good Samaritans", in part 1D to update the definition of medical qualifications in that act.

I commend the bill to the house.

Debate adjourned, on motion by **Dr M.D. Nahan (Leader of the Opposition)**.