HEALTH PRACTITIONER REGULATION NATIONAL LAW APPLICATION BILL 2023

Second Reading

Resumed from an earlier stage of the sitting.

MS C.M. ROWE (Belmont) [2.59 pm]: I rise today to make a contribution to yet another terrific bill by our Minister for Health, the Health Practitioner Regulation National Law Application Bill 2023. I would like to take this opportunity to highlight some of the great work that has already been done by way of investment into our health system, not just health but also mental health, importantly, since we have been in government. The amount of work that has been done is incredible. I think the Premier touched on this during question time that the overall budget towards health has increased by 30 per cent since we have been in government. That is a huge amount—a 30 per cent increase. Not only that, the workforce as well around health workers has increased by 30 per cent. That is not accidental. There has been a huge program of initiatives to attract and retain staff and workforce in the health space. We have already delivered 500 additional hospital beds and we have made a commitment to deliver a further 600 beds. I am very proud that we are building a new women's and babies' hospital at Fiona Stanley Hospital. We have modernised the abortion laws, which is fantastic because they were well and truly out of touch and out of step with what modern women, especially, want to see in our health laws. We are now one of only three territories in Australia to have nurse-to-patient ratios. We have voluntary assisted dying laws. We are also rolling out an electronic health record. I am not even touching the sides of the great achievements of our current Cook Labor government, and also the previous McGowan Labor government.

An important thing I want to highlight in expenditure is, in this year's budget, we have seen a $420 million increase in spending on mental health. The Mental Health Commission's budget has increased by over 57 per cent. It will now be $1.4 billion and that is significant. That is a very clear signpost to the community that we are really committed to addressing mental health right across our community, in not just hospital settings, but also the community to provide that vital service to people when they most need it.

As part of mental health, today I want to touch on the issue of eating disorders. Eating disorders are one of the most complex mental health issues that face people today. Eating disorders have the highest mortality rate of any psychiatric disorder. I was really concerned to learn recently that over one million Australians live with an eating disorder at any point in time, certainly over the last 12 months. This number has doubled since the COVID pandemic. I went on a little bit of a deep-dive into that because it is such a serious mental health issue. Through reading and research, I found that once somebody is in the grips of it, it is incredibly difficult to help them recover from that mental illness. The other thing that came up when I was reading about this mental health issue is that only a very small proportion of people actually seek help. Something like only 20 per cent of people will seek help for eating disorders. That is incredibly sad. This is from a report from a couple of years ago, in 2021. It was a national strategy for eating disorders based on research undertaken by the University of Sydney. The President of the Australian and New Zealand Academy for Eating Disorders said —

> 70 per cent of people with an eating disorder don't get treatment, and of those who do, only 20 per cent receive an evidence-based treatment.

That is even more troubling. If one million people across Australia are living with eating disorders, that is four per cent of our population, so it is much more significant than I certainly was aware of. Of them, 500 000 are currently living with binge eating disorders; 100 000 are currently living with bulimia; 25 000 Australians currently live with anorexia nervosa; and 350 000 Australians are living with other forms of eating disorders. That is quite a broad number of eating disorders within that one million, which speaks to the complexity of how we, as governments, deal with those challenges to make sure we are providing the best possible care for people.

I want to share with the house some of the lived experience from people who have either been affected directly with an eating disorder, or have had loved ones with an eating disorder because I think it really speaks to the seriousness of it. An article gives one example that is probably the most harrowing but most impactful. It is about the tragedy of a young girl who was only 15 when she died earlier this year. Robb Evans sadly lost his daughter. She had been battling with this illness for quite some time. In the article, he speaks about how confronting it was when he went on one of many, many trips to the hospital and the doctors referred to it as a "terminal illness". As a parent, he really struggled with that because although he could see his daughter disappearing before his eyes, I do not think he realised the severity of it. Really sadly, from reading a lot of these articles, it seems that because sometimes these mental health issues are so complex and so hard to navigate for health practitioners and also families, what can end up happening from time to time is that the parents are sometimes blamed. That is certainly what Robb Evans felt came his way when his daughter tragically died. I quote —

> The doctor had said to us that if this doesn't change in this [hospital admission] then she's not going to be here for the next one …

He talked about how incredibly confronting it was to see his young daughter, Liv, going in and out of hospital. That seems to be a regular occurrence for people with really severe eating disorders as they go for multiple admissions into hospital.

He said the hospital —

> … was often a traumatising place for people with an eating disorder.
>
> "[Liv] probably spent about 80 to 90 per cent of her time in the last two years in the hospital and a lot of that time was strapped to a bed with six-point restraints.

Keep in mind that she was 15 years old when she died. He goes on —

> So, chemically and physically restrained and force-fed with the tube, then there are hours of screaming afterwards.

Anyone can see that is a traumatic experience for, of course the person who is being restrained, in this case a really young adolescent girl, but also for the family to have to see that and, no doubt for the clinicians who have to administer the nutrients by way of tubes. It would be awful for them to have to go through that as well.

This same article describes that a young girl, Katya Jaksi, was in hospital at the same time as Liv and they became friends. She talks about the trauma of losing a friend who was going through the same battle. This young woman, Katya, talks about how unhealthy—in fact, she uses the word "toxic"—the hospital setting is for young people with eating disorders especially. Again, obviously it is a mental health issue so it is not by way of judging; I am just repeating what has been said in this article. She said sometimes a hospital setting can make it worse —

> … because the treatment is very harmful. It's traumatic and also competitive…

She goes on to explain how patients will try to outdo one another by way of who can lose the most weight, do exercise by stealth, who can eat the slowest and who can refuse food. She makes the comment that part of the illness is someone wanting to prove that they are sick enough to be worthy of something. In her view, hospital is a totally inappropriate place to deal with very fragile people going through an extremely difficult time. It is really important that we listen to those lived experiences because they can inform our decisions for how we can appropriately deal with such complex mental health issues.

It is really pleasing to see that the federal government is doing a huge amount of work in this space, as our government is, because it needs to be addressed at all levels of government. When I was doing research, it became quite clear that in every state and territory there were big problems, especially in regions, because it is very difficult for people to access any of that specialty help.

One young woman experienced a really difficult time getting to and from hospital. Her name is Charli. She had 500 days in hospital. It is common that these people are in and out of hospital at an alarming rate. Her experience was the need to control what she ate in an environment, especially during COVID, of having a sense of very little or no control over her life. Certainly, in a broader macroeconomic context that was true, so people with eating disorders looked for ways to self-soothe in a world that seemed rather chaotic by controlling what they ate and maintaining a routine. That is seen by some professionals as one of the factors that exacerbated the rate of eating disorders. In this article about Charli from September last year, she said it was hugely traumatic to have to be admitted to Perth Children's Hospital about 20 times. It was not just a one-off. One of the overarching themes that came through in my reading was that the person with the eating disorder would become medically stable, so they would gain enough weight to be well enough to leave hospital, but, of course, they were promptly discharged and oftentimes there was not appropriate support when they returned home, and certainly not for the families either. There was another thing that really shone through in a lot of this research.

It was very interesting to look at one story from a woman who was a doctor. She did not recognise the symptoms or the signs of anorexia in her daughter, who was 11 years old when she developed an eating disorder. Her story appeared in an ABC news article and the woman's name is Deanna. About her 11-year-old daughter she said —

> "This is a child who is a particularly gentle, generous, kind, sensitive human being. But when she's terrified about food or if she's stopped from exercising, she can turn absolutely demonic."
>
> "It's really scary. It's just a side of her that we never saw [before]."

She also said —

> "It's a child who would rather die than eat."

Her daughter, whose name is Esther, similarly to the story of Charli, was admitted to hospital 20 times in just 12 months. It sounds like it was just as traumatic an experience. She was often held down against her will and force-fed with tubes. I stress again that the staff and medical clinicians do this to save the person's life because they

are so underweight and undernourished. Deanna went on to explain a day in the life and how eating disorders impact her entire family. She said that basically when her daughter is not in hospital, their every waking minute is focused on getting their daughter, Esther, to eat. That might just be thinking about it or having the constant argument. The article states —

> The day begins desperately trying to convince her to eat breakfast.

She said —

> "It sounds so ridiculous. 'Why can't you feed your child?'

The article continues —

> There can be hours of screeching and extreme behaviours that are taxing on the entire family.
>
> The battle is repeated with each of the three meals and three snacks she is meant to eat in an attempt to regain some of the weight she's lost.
>
> Between each meal, Deanna is constantly trying to stop Esther from exercising.
>
> "After every meal, she has to exercise. She goes around the block and we can't contain her. We put locks on all the doors … that was a disaster."
>
> "We ended up with broken windows and her running away. Police chases. It was just absolutely terrible."

As I mentioned before, Deanna is a trained doctor and she had her own stereotypes of what an eating disorder looked like. She was of the view—I am just referring to this article—that they were exclusive to particularly vain women who just wanted to be thin. She now acknowledges that that could not be further from the truth.

[Member's time extended.]

Ms C.M. ROWE: But it speaks to the need to have support for families and for broadening the discussion we have about eating disorders with our children. It is obviously very difficult in the environment we live in, with children being exposed to so much imagery of what is considered beautiful. This can be deeply impactful on their body image. Some of these articles prompted me to have a conversation with my 11-year-old this morning about body image and how looking at things on social media or YouTube can have an impact without her realising it and how dangerous that can be, but she assured me she looked at animal videos. She is my daughter, so I believe her because I do the same! The figures since COVID are really quite concerning. There has been an 80 per cent increase in children presenting with anorexia over the last three years. As I mentioned, it is one of the deadliest mental illnesses. From what I can gather, a lot of it is potentially going unrecognised, not just by families, but also medical practitioners. That is really concerning because it is so deadly.

I will share a few more stories, if I can. This one is about Sarah, who is 23 years of age and lives in regional Victoria. Over the past 10 years, there has been a revolving door of hospital visits. It has basically been a never-ending cycle. In Sarah's story, the minute she gets home from hospital, things just revert to how they were previously. It is really sad. This article talks about the fact that she was home for a total of only two months in two years. Every time she finally became medically stable, she was then unceremoniously turfed out of hospital and there was not that ongoing community support for her or her parents. Sarah describes her eating disorder as a monster. Going back to the story of the mum who was a GP who had an 11-year-old with an eating disorder saying she thought it was just an issue affecting vain women who want to be thin, it is really a lot more complicated than that. We really need to continue to debunk that idea. These people have a deep-seated sense of shame and guilt around food and eating, which obviously leads to disordered eating.

One thing that parents highlighted is their constant anxiousness around what they will find when they come home when they are living with an adult family member with an eating disorder. It would be incredibly traumatic for a parent to constantly think about what they will find when they walk in the door. In another article from ABC online news from August this year, a mum said that something had to change because she was literally watching her child, who has battled anorexia her whole life, die. She was quoted as saying —

> "It's the first thing you think about when you wake up — are they going to be dead or alive in the morning? It's just terrible."

That sentiment has been expressed by parents.

I do not want to focus on the causal factors because I would need additional time and I am not an expert. However, I came across an interesting article that points to the rise in TikTok and Instagram. I know that we always like to focus on the negative elements of social media platforms and to demonise them, but there is a reason for that—they do so much damage, although I am sure it is unintentional. An article from ABC online news looked at a research report done by an Australian university that revealed that watching just seven minutes of beauty content in one session

on TikTok was enough for young people to experience significant shame and anxiety about their appearance. I do not have TikTok, but because the content comes up so quickly, people can apparently consume multiple videos in a seven-minute period. Whether people are aware of it or not when they consume this content, they are being force-fed content around what they should perhaps look like, which is completely unhealthy and unhelpful, especially for young women. I note that young men and boys also experience eating disorders at alarming rates.

The thing to keep in mind is that we are seeing an enormous explosion in eating disorders. Perhaps it is coincidental, but I suspect not, that TikTok use actually doubled in that time as well—since 2020. That is according to the report conducted by the University of Canberra. That is something we need to be very mindful of, as social media will play a really big role in how especially young people feel about themselves and their bodies. There are obviously other biological issues and factors as well, such as environmental factors.

I will end on that. I have other stories to share, but I think it is quite clear that eating disorders are a significant problem and are very dangerous, given the high mortality rate. However, I am really proud of our government and, especially, our Minister for Health for addressing this in a really practical way by developing a brand new eating disorder framework that will ensure that we look at new and innovative ways to prevent eating disorders or to intervene early, before they get a grip on people. We will also look at ways to provide treatment and support systems, and not only in metro areas; I was relieved to read that this will happen in regional areas as well. From some of the reading I have done, there has been a negative impact on people right across regional areas in Australia in terms of their ability to recover from eating disorders because of the need to travel significant distances to be hospitalised or due to the lack of treatment services once they are back home. That includes access, I suppose, to psychologists and the like, because it would be through telehealth. That is not ideal. I am really pleased that we are putting our money where our mouth is on this issue and looking to expand treatment options for people who suffer from eating disorders. I look forward to seeing how this will be impactful for people with eating disorders and their families. I take this opportunity to thank the minister for shepherding this bill through the house.

MS D.G. D'ANNA (Kimberley — Parliamentary Secretary) [3.26 pm]: I rise today in support of the Health Practitioner Regulation National Law Application Bill 2023. Since 2010, Western Australia has actively engaged in the national registration and accreditation scheme for health professions by adopting the Health Practitioner Regulation National Law. This national law serves as a safeguard for the public and offers assurances to health professionals through the establishment of a consistent national framework for regulating various health professions. The current legislative proposal, the Health Practitioner Regulation National Law Application Bill 2023—that is a mouthful!—seeks to implement the Health Practitioner Regulation National Law, with specific modifications, as a legal framework within Western Australia. Simultaneously, it aims to revoke the Health Practitioner Regulation National Law (WA) Act 2010. Ultimately, this bill is designed to bring the Health Practitioner Regulation National Law—I did not realise how many times I had written that, so excuse me—up-to-date in Western Australia by incorporating amendments introduced to the national law between 2019 and 2023. Moreover, it will facilitate the seamless application of future amendments to the national law within Western Australia, ensuring the uniform regulation of health practitioners across the country.

Essentially, Western Australia is transitioning from a corresponding laws model to an applied laws model, aligning itself with other jurisdictions. This shift will maintain the flexibility for Western Australia to introduce unique amendments tailored to its specific needs while also adhering to the broader consistency established by the national framework; we all know that Western Australia likes to do things its own way. WA has participated in the national registration and accreditation scheme for health practitioners since 2010 by adopting the Health Practitioner Regulation National Law. All Australian health ministers supported the reforms to the Health Practitioner Regulation National Law that have been ongoing for the past five years. It is no easy task to not only say this term, but also achieve policy alignment across the whole country. This has come about only after a lot of engagement and consultation across all levels of government, the health sector and the community.

In recent years, significant emphasis has been placed on reforming the national law to enhance the protection of both health practitioners and the public they serve. These reforms aim to bolster public safety and instil greater confidence in the health services provided by registered health professionals. The fundamental principles and objectives of the national law underwent revisions, elevating the safeguarding of the public and fostering public confidence as a key consideration in the administration of the law. The amendments also sought to advance culturally safe health services, particularly for Aboriginal and Torres Strait Islander people. A key aspect of these reforms involves the implementation of various tools that empower regulators to address issues related to public health and safety effectively. This includes the authority to issue interim prohibition orders in specific circumstances; release public statements regarding an individual posing a risk to public health and safety; and share information with a practitioner's former employer if there is a potential harm to individuals or the public. Furthermore, comprehensive measures were introduced to enhance the governance and operation of the national scheme. This encompasses improvements in the registration process and the clarification of the Australian Health Practitioner Regulation Agency functions and powers. WA has actively participated in every stage of consultation and development, ensuring that

the reforms align with the unique needs of the local health industry and community. By implementing these changes, the aim is to create a robust framework that not only safeguards the professionals within the health sector, but also upholds public trust and confidence in the services provided.

An example we have seen pointed out several times today and previously is the confusion around the use of the title "surgeon". This was particularly present in the cosmetic surgery sector. The national law was changed to make sure that the title of surgeon was protected through making it an actual offence for a medical practitioner who is not a member of an approved surgical class to call themselves a surgeon. Across the country it has been a concern of health ministers that we are seeing more and more people operating in the cosmetic surgery sector referring to themselves with the title of surgeon. The main issues with the use of the term surgeon is that it could give false confidence to patients about the experience and knowledge of the person performing a medical procedure. This reform will also add another safeguard to consumers by making sure that those using the title of surgeon have the appropriate level of surgical training to safely perform surgical procedures.

As I have said many times in this place, I am passionate about making sure my constituents, the people of the Kimberley, are afforded the same access to quality care and opportunities that people in Perth are. That goes for the people providing the care as well as the ones receiving it. I am proud to see that bolstering our state's health workforce is a key priority for the Cook Labor government. Our total health investment is now the highest per person spend of the state in Australia. This record investment is delivering more beds for our hospitals, more nurses and doctors, and reforms to ease pressure on our emergency departments. In the past two years, 547 new beds have been added to the system—the equivalent of a new tertiary hospital. This includes investing in a lot of different measures to make sure that our health workforce continues to grow and meet the needs of our community. The work of our government to attract and retain healthcare workers has seen WA's public sector healthcare workforce grow by 29 per cent since 2017. This growth occurred while we had the unprecedented COVID-19 pandemic and for the first time in WA's history, our health system will soon have nurse-to-patient ratios across all WA hospitals.

Introducing nurse midwife–to-patient ratios in WA public hospitals will support safe nursing and midwifery care while improving outcomes for patients. I was very pleased at this year's announcement that we are helping pay HECS-HELP loans for 350 newly qualified nurses and midwives commencing employment in regional WA, plus funding wraparound support for up to 1 200 graduates in our hospitals. I am very passionate about regional and remote people having the ability to follow their career aspirations, no matter where they live.

I welcomed the budget announcement by this government to help nurses and midwives working in country WA pay off their HECS-HELP debts sooner. A HECS-HELP debt can be a big burden for some people and having that hanging over them can be a deterrent to studying in the first place. That is why it is so important that the government has stepped in with nurses and midwives being eligible for up to $12 000 of their debts to be paid over three years. The scheme prioritises those who are willing to working in harder to staff areas, such as mine in the Kimberley.

It is so important that we have the right settings for students to thrive in their studies. I recently had the honour of officially opening the Majarlin Kununurra new accommodation and office facilities. The project includes four fully renovated units that can accommodate 10 students at a time for periods between two to 12 weeks while they complete their required course placement work. It means that students will be able to access high quality accommodation in Kununurra, safely, while undertaking their practical training. This safe and culturally sensitive space has set the stage for successful future careers. The University of Notre Dame Australia's acting director of the Majarlin Kimberley Centre for Remote Health, Dr James Debenham—I only know him as Dr James, so I apologise if his surname sounded wrong—said that the new facilities were much-needed and would allow students on placement to focus fully on their studies during their time in Kununurra. He said —

> "This is of great significance to the Majarlin family and to the broader East Kimberley community," Dr Debenham said. "Firstly, it formally marks the establishment of Majarlin's presence here in the East Kimberley. Secondly, and I believe more importantly, it expresses our genuine intention to serve organisations of the East Kimberley community seeking to achieve holistic health and well-being through culturally sensitive, accessible, and sustainable healthcare for many years to come. As such, our objective here is to celebrate the former, and firmly state our intentions to the latter."

An East Kimberley local and the university's cultural security officer, Maria Morgan, said that the new facilities had been designed to create culturally sensitive safe spaces for both students and staff, allowing them to complete their work and studies while feeling welcomed and supported.

I had the pleasure of attending the opening. While we were there we were welcomed by two senior Miriwoong ladies in a welcoming process called a Manthe. The Manthe allows a connection to the Miriwoong people of that country in which it is situated, and provides a culturally safe space, like a blessing, to make sure that staff and students working in that area were spiritually protected and welcomed on their land as they knew the people who were studying in those buildings would be contributing back to that community. Majarlin is one of 16 university departments of rural health in Australia funded by the Department of Health. Majarlin facilitates quality allied health and nursing

clinical placements for students from all Australian universities, providing support for students through placement facilitation, supervision, education, social networking, travel and accommodation. It helps support local clinicians by providing professional development opportunities and conducting quality remote health research.

I would also like to again take this opportunity to thank the team at Majarlin Kununurra for inviting me to open the facility. I wish them the best. I have heard stories recently, in this place especially, that there are people who do not want to go to the regions, and specifically my region. I can assure members in this place that when I went to open this facility, there was a large cohort of allied health trainee workers, dentists and nurses. I had the pleasure of not only opening that building, but also joining them for dinner at an awards night at which they showed their appreciation for the support of their supervisors while they studied. They were young people—younger than me, anyway—and the experiences they shared with me were experiences of passion, pride and motivation for the things they were learning from getting that practical placement out in the remote areas.

I understand that Kununurra is a remote town, but there were opportunities for other placements to go to even more remote communities such as Balgo. They shared their experiences and stories with me, and I think we connected on a lot of matters. We have our own midwives who shared and communicated with the rest of the community. The local young ones formed relationships with those students. I heard a few of the students say that they hoped to come back and work in the region when they finished their training. The local community people were inspired by having those partnerships and working together. Although it is a hard journey, it is not impossible. One of the sayings that was thrown around that night was, "You cannot be what you cannot see." One of the things that was quite exciting to me was the take-up and satisfaction of these young people who really want to go back into the care services and look after people, especially those in our regional and remote communities. They are lining up to obtain a place out in those communities and they felt comfortable enough in those communities in the Kimberley to want to come back.

Before I wrap up, I also want to talk really quickly about the pleasure I had with my colleagues the members for Bicton and Nedlands to host the screening of *Djäkamirr*, which is about cultural midwifery and birthing on country. That movie has been screening around Australia. Ultimately, it was for the Yolŋu people, who are in north east Arnhem Land. I acknowledge that not all Aboriginal and Torres Strait Islander people are the same. However, their stories were about the importance of women giving birth closer to their homelands.

[Member's time extended.]

Ms D.G. D'ANNA: That resonated with me because with my four children, I was lucky to have three of them back in my homeland. Apparently, when people aged 35 years give birth, it is considered a geriatric pregnancy, so I had to come down here for my last one. I know how hard it is. I am luckier than a lot of people back in my communities, but I know how hard it was for me to come down here for two months and leave my other three children and have to be in a new area and a new space to get care at King Edward Memorial Hospital for Women. It was a new experience for me. I raise that because that film was about not only the importance of women birthing on country, but also the culturally safe practices in which Aboriginal and Torres Strait Islander people can contribute to mainstream or western industries such as the medical and healing industries. It was acknowledged that the two-way learning between a senior researcher and a group of senior cultural midwives who had the authority of the community to be tasked to work on a program to create a curriculum to have more cultural midwives—I do not know what else to call them; they are called djäkamirrs in the movie.

Mrs L.M. O'Malley: Doulas.

Ms D.G. D'ANNA: That is the word I was looking for. They are like doulas. The movie was quite important. It was about having flexibility. I think there is some room to move in legislation to have flexibility to acknowledge alternatives and how both western clinical medicine and cultural medicine can work side by side.

I will finish because members have put me off. These law reform measures show that this government is serious about strengthening WA's healthcare workforce as it is the backbone of our public health system. I thank the minister for all her work and I commend the bill to the house.

MS A. SANDERSON (Morley — Minister for Health) [3.46 pm] — in reply: I thank members for their contributions to the second reading debate of the Health Practitioner Regulation National Law Application Bill 2023. The interest of members of the house demonstrates how the regulation of health professionals impacts the entire community. The broad support expressed by members also evidences the importance of Western Australia's participation in the national scheme. As outlined in my second reading speech, WA has participated in the national registration and accreditation scheme for health professions since 2010 by adopting the Health Practitioner Regulation National Law. Of fundamental importance, the national law extends public protections by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner and who are registered can provide these services, and it provides certainty to health professions by delivering a uniform national framework for the regulation of key health professions. As the member for Mount Lawley highlighted,

the national law sets out the legal framework for the national scheme that regulates over 800 000 Australian health practitioners across 16 health professions. It establishes 15 national boards as the principal regulatory decision-makers for each registered profession, as well as the Australian Health Practitioner Regulation Agency, which is the administrating agency for the national scheme.

As we know, national scheme reforms are necessarily subject to rigorous development, consultation and drafting processes that are scrutinised by the participating jurisdictions. WA was involved in every stage of review and reform of the national scheme through participation on the ministerial council with other Australian health ministers who collectively decide and prioritise the necessary reforms, the Australian Commission on Safety and Quality in Health Care Inter-Jurisdictional Committee that develops policy and undertakes nationwide consultation to assess how reforms can be implemented, and the Australasian Parliamentary Counsel's Committee, which drafts amendments to the national law to affect reforms.

The bill will bring WA up to date with the latest reforms of the national scheme and I thank the member for Mount Lawley for contributing an excellent summary of those reforms, which I will not repeat in full. However, I wish to reiterate that the most significant of these reforms involves greater protections for people who access health services. As the member for Willagee pointed out, it is a paramount priority of the government to look after its citizens and keep them safe. High penalties, including an imprisonment term for the most serious offences, will more adequately punish serious offenders and deter others from contravening the national law. In addition, more immediate disciplinary options, including the ability to issue interim prohibition orders to an unregistered person in certain circumstances, along with wider disclosure powers, will minimise the risk of continued offending.

Reforms enacted in 2022 also included a range of measures to improve the governance and operation of the national scheme, including improving the process of registration. Ensuring this is uniform and consistent in Western Australia, as it is in every other jurisdiction, will assist in attracting health professionals to our wonderful state, a matter raised by the members for Mount Lawley and Collie–Preston, and critical to maintaining a strong health industry to serve the WA community.

I concur with concerns raised by members about the cosmetic surgery industry. Reckless practise can result in significant patient harm and, at times, tragic outcomes. In an increasingly lucrative, in-demand industry the most recent reform the Health Practitioner Regulation National Law Application Bill will adopt is protection of the title "surgeon". This change will mean that a medical practitioner will be able to use this title only if they are registered in one of the recognised specialties of surgery, obstetrics and gynaecology or ophthalmology. As one of 16 recommendations of the 2022 *Final report: Independent review of the regulation of medical practitioners who perform cosmetic surgery*, this protection will extend additional regulatory safeguards regarding the qualifications, experience and competency of health professionals who promote their services and conduct surgical procedures. The member for Cockburn highlighted some of the other 15 recommendations from this report that have been implemented by Australian Health Practitioner Regulation Agency and the Medical Board of Australia using their existing powers under the national law.

In my second reading speech, I outlined the WA modifications that represent the unique needs of the health industry and community that are retained by the bill. The majority of part 3 modifications replicate departures from the national law that WA enacted in its corresponding legislation. To reiterate, these departures have already been through the process of consultation, review and parliamentary scrutiny. Key amongst these is that only a medical practitioner, midwife, student or person acting in an emergency can care for a person in labour. This was supported in 2015 by the WA State Coroner following an inquest into the deaths of three newborns in WA as a result of care provided by an individual who was not a midwife or medical practitioner.

I note the concerns and issues raised by the member for Kimberley around models of care for particularly Aboriginal women and regional women birthing closer to home. I share her passion and her commitment for improving access to birthing on country for Aboriginal women and for improving access to qualified midwives and supports for birthing women. Many of these improvements to access do not need to be delivered through changes in regulation, but through mutual respect and understanding of the roles that people play in the birthing process, a respect and understanding of what it is that women want and their own understanding of the risks associated with birth and midwifery.

The protected title of "physician" will also be maintained. Queried by the member for Vasse, this protection is consistent with the regulatory principles of the national scheme and supports public confidence that the required standards of professional practice in medicine are maintained and that this title is not applicable to other clinical groups. The maintenance of this protection was most recently reinforced following consultation with the Australian Medical Association in July 2023.

The mandatory reporting reform is also excluded through the part 3 modifications to the national law. This maintains WA's position since the scheme was introduced in 2010, which supports a more unimpeded pathway for practitioners and students to seek the necessary treatment without fear of being the subject of a mandatory report to AHPRA.

Importantly, treating practitioners in WA will remain free to make, and have made, voluntary notifications about practitioners in their care based on ethical or moral concerns, or in the public interest.

An additional part 3 modification, which I will seek to introduce by way of an amendment during consideration in detail, will allow proceedings to be commenced at any time for certain offences under the national law—namely, the offences of holding out to be registered when not actually registered; using a protected title; undertaking restricted practices; and contravening a prohibition order. These offences are the most serious under the national law and have been made indictable in other jurisdictions. Following the advice of the Western Australian Director of Public Prosecutions and WA Court and Tribunal Services, Western Australia will not make these offences indictable. These offences will remain summary offences. This will give rise to the need to remove the 12-month limitation period that summary offences in WA are currently subject to under the national law. Removing the limitation period for these serious offences under the national law will enable better protection for the WA public as serious offenders can be appropriately punished for all their offending, not only the offending within the previous 12 months. This modification will also ensure WA is in line with other jurisdictions regarding limitation periods for these offences.

In protecting WA parliamentary sovereignty, the ability to disallow and make modifications in relation to future amendments to the national law was raised by the member for Vasse. The process of disallowance in this bill is based on applied laws mechanisms that are already in place in WA, such as the Legal Profession Uniform Law Application Act 2022. These applied laws mechanisms have been the subject of detailed review by the Standing Committee on Uniform Legislation and Statutes Review. Recommendations by this committee have been taken on board in refining the applied laws model that we see in the bill. Notice of a disallowance resolution is to be given in a house within 14 sitting days of tabling and either withdrawn or agreed to within 30 sitting days after notice is given.

In relation to further scrutiny, the WA Parliament will also have the opportunity through referral to the Joint Standing Committee on Delegated Legislation to undertake detailed review of any amendments to the national law before applying those amendments. The WA Parliament can then disallow amendments and further modify the national law to suit the needs of the WA health industry and community.

WA has fallen behind other jurisdictions in the adoption of changes to the national law and this is partly the result of the corresponding laws model currently in place. This bill will bring WA into line with the adoption methods used in other jurisdictions and safeguard WA's participation in a nationally harmonised, contemporary, regulatory framework to provide certainty and protection for these health practitioner professions, and most importantly, the WA community.

As the member for Thornlie demonstrated through sharing his own story, fundamental to this is consistency. There is no question that the national law will continue to evolve with the changing requirements of the health industry and with the commitment of Australian health ministers to continually review the national scheme and its operations to ensure it protects the public and meets future workforce needs.

This bill will ensure WA's alignment with future reforms in an efficient and appropriate manner. It also reaffirms the WA government's ongoing commitment to participation in the National Registration and Accreditation Scheme, safeguarding its overarching goal to protect the public through all regulated health professions being registered against consistent and high quality, national professional standards.

Finally, I thank the members again for their valuable contributions to the bill. I thank the member for Willagee in particular for sharing Vaughn Rasmussen's story that resulted in the most tragic of outcomes. This bearing witness, and the experience endured by the Rasmussen family, reinforces the vital importance of accountable, responsible, transparent and effective regulation across our health industry. The Health Practitioner Regulation National Law Application Bill 2023 contains these elements at its core, and its support will ensure our work continues in pursuit of the highest quality health practitioner regulation and protections for the WA community.

I commend the bill to the house.

Question put and passed.

Bill read a second time.

[Leave denied to proceed forthwith to third reading.]