HEALTH PRACTITIONER REGULATION NATIONAL LAW APPLICATION BILL 2023

Second Reading

Resumed from 11 October.

MS L. METTAM (Vasse — Leader of the Liberal Party) [5.10 pm]: I rise as the lead speaker for the opposition alliance to contribute to the debate on the Health Practitioner Regulation National Law Application Bill 2023. From the outset, I would like to highlight that this legislation has the potential to improve patient outcomes in Western Australia and, as such, the opposition will be supporting the bill. The Health Practitioner Regulation National Law Bill was introduced in 2009 and came into effect in 2010. That act established a national scheme for the regulation of health practitioners in Australia, including doctors, nurses, dentists and other allied health professionals. The aim of the act was to create a single national framework for the regulation of health practitioners in order to improve patient safety and health outcomes and to provide consistency and fairness in regulations across the country. The act established the Australian Health Practitioner Regulation Agency as the national regulatory body for health practitioners. AHPRA is responsible for the registration and accreditation of health practitioners as well as the investigation of complaints and enforcement of professional standards. AHPRA works in partnership with the national boards of each of the professions, which are responsible for setting standards for practice and education, and for making decisions about the registration and accreditation of individual practitioners.

It is fair to say that since its application, the act has been widely supported by health practitioners, professional associations and patient advocacy groups. It has been credited with improving the quality and safety of health care in Australia, as well as providing a greater level of consistency and fairness in regulation across the country. The act has also been praised for promoting innovation and excellence in the delivery of health care and for encouraging health practitioners to continually improve their knowledge and skills. The legislation set out a uniform set of regulations that govern the registration and accreditation of health practitioners across the country. The creation of this single set of regulations was designed to ensure that all health practitioners meet the same high standards of education, training and practice. The law helps to eliminate inconsistencies and variations in the way that health practitioners are regulated across different states and territories by ensuring that all health practitioners meet the same high standards that help to ensure that patients receive the best possible care.

As highlighted by the Minister for Health, the Health Practitioner Regulation National Law in Western Australia will be updated by the bill, which incorporates amendments made to the national law between 2019 and 2023. This will ensure that future national law amendments can be applied in a timely manner here in Western Australia by promoting the consistent regulation of health practitioners across the country. By transitioning from a corresponding law model to an applied law model, WA will align with other jurisdictions while still having the flexibility to address its specific needs through unique amendments.

Australia's health professional workforce is clearly a critical element of the country's healthcare infrastructure, with an increasing demand for healthcare services. It is essential that the workforce is effectively regulated to ensure the delivery of quality care and patient safety. The national law serves as a framework for regulating the health professional workforce across Australia; however, for the national law to be effective, it is obviously crucial that all jurisdictions in Australia, including WA, adopt reforms already implemented in other jurisdictions. Consistency across jurisdictions is essential in ensuring that the national scheme's original purpose is met. This can be done by adopting reforms as they become implemented in other jurisdictions. In doing so, WA will align its regulations with the national law's original purpose and ensure that the workforce is regulated effectively across all jurisdictions and patients receive the same quality of care regardless of their location. To this end, WA has effectively participated in consultation, policy development and the drafting of reforms to the national law. This involvement demonstrates the state's commitment to the national scheme's success. That involvement will continue for future amendments to the national law, ensuring that Western Australia's regulations remain aligned with the national law as well.

Recognising the unique needs of the Western Australian community and health industry, Western Australia will importantly retain the ability to make modifications and disallow amendments as necessary to meet specific requirements in this state. National regulations will continue to be subject to publication and tabling requirements. We believe the process of disallowance through the WA Parliament is very important, and it is good to see that it will be available to ensure WA's unique sovereignty. I will raise questions during the consideration in detail stage about the disallowance time frame as well as a number of other questions through that process.

As a result of the current corresponding laws model, I note that WA has fallen behind other jurisdictions on the national framework that has been adopted. In 2019, the national law underwent revisions to implement three significant reforms. The first involved clarifying the reporting obligations of treating practitioners. This measure aimed to ensure that healthcare professionals are aware of their obligations to report any incidents of patient harm or misconduct. The second reform imposed stricter penalties for specific offences, with a maximum penalty of imprisonment for three years. These offences were classified as indictable. This measure aimed to deter healthcare professionals from engaging in behaviour that could harm patients. The third reform was about enhancing patient

safety and wellbeing by ensuring that healthcare professionals have access to assistance when necessary. This means ensuring that healthcare professionals have the support they need to ensure that they can provide high-quality health care to their patients. These are sensible amendments; however, the bill before us excludes the mandatory reporting reform. WA will maintain its position of supporting healthcare practitioners and students who seek treatment that they require from the fear of being the subject of a mandatory report to AHPRA. That is an important consideration of this bill.

In 2022, the guiding principles and objectives of the national law were amended to prioritise the protection of the public and public confidence in administering the law. This measure aimed to ensure that the healthcare system is responsive to the needs of the public and that healthcare professionals are accountable for their actions. Efforts were also made to promote culturally sensitive healthcare services for Aboriginal and Torres Strait Islander people. This measure aimed to ensure that healthcare services are accessible and appropriate for all Australians. Various measures were also introduced to enhance and expand the resources available to regulators in addressing public health and safety risks. This included the authority to use interim prohibition orders in limited circumstances, the ability to release public statements about individuals if there is a risk to public health and safety, and the ability to share information with a practitioner's former employer if the practitioner may have posed a risk to individuals or the public.

In recent years, there has also been confusion and concern surrounding the use of the term "surgeon", particularly in the field of cosmetic surgery. Many individuals seeking cosmetic procedures are often unaware of the qualifications required to perform such surgeries and, as a result, may put themselves at risk by trusting unqualified practitioners. To address this issue, the national legislation has been revised to protect the title of "surgeon". It is now considered an offence for a medical practitioner who is not a member of an approved surgical class to knowingly or recklessly use the title or present themselves as a surgeon. This amendment aims to provide consumers with an additional safeguard, so that any medical practitioner using the title "surgeon" possesses the necessary surgical training to ensure a level of confidence about their ability to safely carry out procedures. I seek some clarity around this issue to understand how big it is and how often it is occurring, as well as the protection of the term "physician", as we progress through the consideration in detail stage. I am also interested to understand if any individuals in this state have been caught not having the qualifications they claim to have.

These reforms have been incorporated into Western Australia's adoption of the national law, which serves to strengthen the regulation and oversight of cosmetic surgery procedures. In addition to protecting consumers from unqualified practitioners, these reforms also aim to promote transparency and accountability within the field, which is a worthy measure.

When the nationwide reform for healthcare professionals was enacted in 2010, Western Australia quickly followed suit by enacting corresponding legislation to embrace the national scheme. The government of WA made it clear that it was fully committed to implementing the national law and ensuring that the remaining reforms would be adopted as well. This dedication was reflected in the legislation that guaranteed the adoption of the necessary reforms to the national law.

As I have stated, we would like to go through the consideration in detail stage of this bill. I thank the minister's advisers for providing the briefing for this bill. It is certainly something that we support. We support how this bill will protect WA's unique exemptions for its health industry and the community, and its ability to make modifications and disallow amendments as necessary, if addressing the specific requirements. Ultimately, we support this bill, the consistency that it represents, the safeguard measures and the level of transparency that will come with the implementation of the legislation presented here. As lead speaker on behalf of the opposition, I commend the bill to the house.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [5.23 pm]: I rise to make a contribution to the Health Practitioner Regulation National Law Application Bill 2023 second reading debate. I thank the Leader of the Liberal Party for her contribution and indicating that the opposition will support the bill, and the summary that she provided.

Firstly, I will run through the way the bill will operate and then touch on the various health practitioner roles that will be governed by the legislation, and provide some examples of when the WA Labor government has worked with practitioners to facilitate patient-centred care in our world-class health system. As the member for Vasse has said, since 2010 Western Australia has been operating in the National Registration and Accreditation Scheme for Health Practitioners by adopting the Health Practitioner Regulation National Law (WA) Act. WA adopted this regulatory framework through a corresponding laws mechanism. This mechanism requires the Parliament of Western Australia to pass laws that correspond to the national laws. In this case, the national law is the law in Queensland.

Reforms in the 2023 bill will mean that future amendments to the national law by the host jurisdiction of Queensland, following agreement from the commonwealth, states and territories, are applied in Western Australia if they are tabled and not disallowed by the WA Parliament.

The Australian Health Practitioner Regulation Agency is the regulatory authority, and it works with 15 national boards to regulate the practice of practitioners governed by each of those boards. For the benefit of Hansard, the boards include the Aboriginal and Torres Strait Islander Health Practice Board of Australia, the Chinese Medicine Board of Australia, the Chiropractic Board of Australia, the Dental Board of Australia, the Medical Board of Australia, the Medical Radiation Practice Board of Australia, the Nursing and Midwifery Board of Australia, the Occupational Therapy Board of Australia, the Optometry Board of Australia, the Osteopathy Board of Australia, the Paramedicine Board of Australia, the Pharmacy Board of Australia, the Physiotherapy Board of Australia, the Podiatry Board of Australia and the Psychology Board of Australia. All the boards are supported by AHPRA in the framework of a health profession agreement.

The national boards are relevant to the regulation of each of their health endeavours. In my view, this legislation is important to ensure, as I have said before, that our regulatory framework is fit for the modern world. One of the great attributes of the McGowan Labor government and subsequently the Cook Labor government is taking the necessary legislative response to the situation that we have faced and implementing that through the Parliament. A number of reforms will be implemented via this 2023 bill, which will catch us up to date. The member for Vasse has already identified a couple of matters that will not align with the national law, but I will touch on each of those as I go through.

As part of the first tranche of reforms put through as a state Parliament in 2019, the national law was amended to implement three reforms, which strengthened the protection of patients' health and safety while also ensuring health practitioners can seek help when needed. These reforms included clarifying the mandatory reporting obligations of treating practitioners, increasing penalties, introducing a maximum imprisonment term of three years for certain offences, and making those offences indictable.

The 2023 bill excludes the mandatory reporting reform, which will maintain WA's position since the scheme was introduced in 2010 in supporting health practitioners and students to seek the treatment they need without fear of being the subject of a mandatory report to AHPRA, which would carry all sorts of significant consequences for their professional registration. Further information on this reform was addressed in the minister's second reading speech.

The 2023 bill will adopt increased penalties for various offences under the national law, including the introduction of custodial sentences for the most serious offences of holding out to be registered when not actually registered, using a protected title, undertaking restricted practices or contravening a prohibition order. The introduction of a maximum custodial sentence of three years for those offences resulted in a lack of uniformity across the jurisdictions regarding whether those offences are automatically indictable offences. The national law addressed this by providing that those offences are indictable. However, following consultation, Western Australia, with the WA Director of Public Prosecutions, will not make those offences indictable. Rather, WA will continue to treat those offences summarily. AHPRA, as the prosecuting authority, prosecutes summary offences under the national law and will continue to do so in WA, because it possesses the specialised knowledge and expertise required. The maximum sentence of three years' imprisonment is also in line with the sentencing jurisdiction of the Magistrates Court of Western Australia, and would be out of step with the sentencing jurisdiction of WA's superior courts. That was 2019.

Now let us go forward to some of the reforms we are addressing in the 2023 bill. In October 2022, after extensive inter-jurisdictional collaboration and stakeholder consultation, the final and most extensive stage of reforms to the national law was passed by the Queensland Parliament. That picks us up relevantly. A major focus of these reforms—this is important—is to strengthen public safety and increase public confidence in health services provided by registered health practitioners. I ask members to reflect on that date, October 2022, as I will come back to it later on in my contribution. The guiding principles and objectives of the national law were amended to make protection of the public and public confidence the paramount consideration in administering the law and to promote culturally safe health services for Aboriginal and Torres Strait Islander people. In addition, a range of measures were introduced to increase and improve the tools available to regulators to respond to public health and safety risks, including powers to issue interim prohibition orders in certain circumstances, issue public statements about a person if there is a risk to public health and safety, and to share information with a practitioner's former employer if the practitioner may have posed a risk to persons or the public. A range of measures were also introduced to improve governance and operation of the national scheme, including improving the process of registration and clarifying the Australian Health Practitioner Regulation Agency's functions and powers.

The 2023 bill, the current bill we have on the table before us, includes all these reforms in WA's adoption of the national law. WA has been involved at every stage of the consultation and development of these reforms, which reflect the needs of the Western Australian health industry and community.

Moving forward to more recently, in September 2023, in response to recognised confusion about the use of the title "surgeon", as the member for Vasse said, particularly in the cosmetic surgery sector, the national law was amended to protect the title of "surgeon", making it an offence for a medical practitioner who is not a member of an approved surgical class to knowingly or recklessly use the title or otherwise hold themselves out as being a surgeon. It has

been a matter of concern to health ministers across the country that any medical professional performing cosmetic surgery could refer to themselves as a surgeon. The reform provides an important additional safeguard to consumers so they can be confident that any medical practitioner using the title "surgeon" has the appropriate level of surgical training to safely perform surgical procedures.

As the member for Vasse said, WA will retain some modifications to the national law. These are detailed in part 3 of the bill. Although mirroring the nationally consistent scheme in most ways, Western Australia has from time to time modified the national law to meet the unique expectations of the Western Australian community. One of those includes care provided by an individual who is not a midwife or a medical practitioner. The WA national law bill also maintains the protected title of "physician". This ensures that the public can have confidence that standards of professional practice in medicine are maintained and that the title is not applicable to other clinical groups.

I turn to some data. On 30 June 2023, 88 806 practitioners with a principal place of practice in WA were on the national register. That represented a 3.34 per cent growth on numbers from 2022, when there were 85 088. WA's registrant base is 10.12 per cent, so that is reflective of our population share of the national register, which is 877 000.

I want to talk about the 2022 reforms and why we need the legislative framework in place to make sure that our health system is maintained in a world-class manner and is fit for purpose. Since the McGowan government was first elected in 2017, we have put the care and responsibility of public patients right at the heart of what we have been committed to do. That has required an incredible amount of work. In question time today, in a response to a question put to the Minister for Health, we heard that there has been a 30 per cent increase in funding for the Department of Health over the time the WA Labor government has been in office. There has been a 30 per cent increase in the number of health staff, including health practitioners employed in the WA health system. Unfortunately, despite protestations to the contrary from the opposition, we inherited a health system that was in dire need of sound management. We inherited a health system that required a root-and-branch review. The former Minister for Health, the now Premier, commissioned the sustainable health review, which was handed down in 2019. That sustainable health review highlighted a number of the infrastructure, cultural and workforce planning issues that our health system confronted, not least of which were the function of some of the policies of the previous government, for example, increasing TAFE fees for essential courses like enrolled nursing by something like 500 per cent. That sustainable health review set out the blueprint that we would need to follow as a responsible government in order to ensure that we could maintain our world-class health system. In the language of government, 2019 was relatively soon after we were elected to government. It was an arduous process undertaken by sober and responsible people, and they handed down their recommendations in 2019.

At the end of 2019 we also had the start of the COVID pandemic, which presented the state of Western Australia with an unprecedented set of challenges. It was a global pandemic the likes of which we have never seen before. The COVID pandemic put us in an incredibly difficult situation when it came to the provision of health services to the Western Australia community. Thankfully, the then McGowan government, together with Minister Cook, now Premier Cook, were able to tailor our response to the COVID pandemic to match the capacity of the health system and to reflect the concerns of our community such that we were able to deliver one of the best responses to the pandemic of any jurisdiction in the world. I think that is without debate; I do not think that can possibly be debated. All of the evidence and analysis is in, and people have seen that the way in which our health system and our public sector responded to the challenges of COVID was exemplary.

But we were still left with a significant suite of problems that we had inherited from the previous Liberal–National government, not least of which was remedying the damage it had wrought to the public finances. Year after year it kept running up debt and deficit, making it more and more difficult to properly fund a world-class health system. The former government did extraordinary damage to the state of Western Australia. Happily, in addition to tackling COVID in a world-leading way, the McGowan government, with Treasurer Ben Wyatt and health minister Roger Cook, was able to undertake the necessary structural reforms to our finances to restore our AAA credit rating. The WA Labor government, the Cook Labor government, has maintained the fiscal discipline necessary to ensure that our trajectory into the future is also on good footing.

In addition to that, subsequent to the global COVID-19 pandemic, as we heard from the Minister for Education today, there is a global shortage in education workers. There is also a global shortage in health workers. The National Health Service in the United Kingdom is struggling to find people to fill positions. Minister Sanderson has convened summits and roundtables with all the relevant stakeholders, consulting with all relevant parties, be they universities, medical colleges, health executive teams or unions who represent the workers, to get new and innovative ideas for how we can attract and retain more people in the WA public health system to make it an employer of choice. This work is not over. This work will continue because of the scale of the challenges that the government faces, but we have a minister who has a laser-like focus on this issue. She knows that staffing our hospitals, disseminating resources to our community facilities so early intervention can take place, thinking about new ways to tackle shortages of paediatricians or wait times in attention deficit hyperactivity disorder diagnoses are issues that are not simple to

resolve. These are complicated and intractable issues, and a coalition of people, a community of interest, needs to be built to deal with each of these issues.

One of the innovations we have seen includes virtual emergency departments. One of challenges the health department faces at the moment is the incredible demand on our emergency departments. I read a terrific article of 2 November 2023 in *The Economist* this week titled "How the rapid growth of virtual wards is helping the NHS: One way to increase capacity in hospitals as winter approaches". The article states —

> There is never going to be one answer to the problems of the National Health Service … But by preventing admissions to hospital in the first place, or enabling an earlier discharge date, virtual hospital wards promise to offer a practical solution to shortages of real beds.

I promise Hansard that I will email the link. *The Economist* is saying that this is a great new initiative from one of the world's leading public health services and one of the first and best public health services in the world. However, the NHS is not as quick as the WA Health system is because our health system has been working on the WA virtual departments for months, if not years, because this minister recognised, through her leadership, that one way to alleviate the pressure on our emergency departments was to treat people closer to home.

[Member's time extended.]

Mr S.A. MILLMAN: This minister has worked hand in glove with the aged-care sector because aged-care residents are more susceptible to presenting at our emergency departments for particular ailments or conditions. If we can monitor those people remotely through wearable devices or by having extra registered nurse assistants at the residential aged-care facilities, it will prevent them having to attend our emergency departments, thereby taking pressure off our emergency departments and allowing those incredible emergency department physicians to tackle the really complicated and difficult cases that they are presented with.

That is not all the minister has done to address emergency department admissions. The minister also convened a round table of all relevant stakeholders to go line by line through what can be done to reduce bed block, increase and expedite the discharge of people who are clinically safe to be discharged, and transition people through the department and out of the ward more quickly. We look at the operational requirements, the workforce requirements and the scope-of-practice requirements and, by adjusting all those things methodically and deliberately, we can deliver much better outcomes for the people of Western Australia and for the world-class health service that they should be entitled to.

Our health practitioners also need to be supported by world-class medical research. We are not going to be able to maintain our incredible health system in Western Australia if we do not continue to motivate and inspire, encourage and resource our medical research fraternity. The Premier, the health minister, medical researchers and every other member of the WA Cook Labor government are on a unity ticket in advocating for the importance of medical research. No government has done more to advance the cause of medical research than this WA Labor government. We can see the motivation for that in the legislation that we have put in place and we have seen the results that has delivered.

I have spoken in this place about the trip to Israel that now Premier Roger Cook made when he was Minister for Health to look at Israel's medical research ecosystem. Subsequent to that trip, the then Minister for Health lobbied the Premier and the Treasurer, and this Parliament passed the Western Australian Future Health Research and Innovation Fund Bill, which put in place an incredible pot of money that will be available for new-career, mid-career and late-career researchers. When we look at the track record Western Australia has at producing incredible research, including Barry Mathews and Fiona Wood —

Ms M.M. Quirk: Barry Marshall.

Mr S.A. MILLMAN: Barry Marshall. Thank you, I was in full flight!

I had the privilege of being at the Royal Perth Hospital medical research symposium to mark the fortieth anniversary of its medical research institute. Professor Lyn Beazley was there and the room was full of people who are passionate and excited about the contribution that medical research makes for the benefit of the Western Australian community. Across the whole life cycle of our WA Health system, the WA Labor government has put in place the structures that are necessary to make sure that the system is focused on delivering the best possible outcomes for patients.

Before I finish, I am incredibly grateful to the people who have made such a wonderful contribution to our health system—the nurses and midwives, the doctors, the orderlies, the X-ray porters and the cleaners. Combined, they are now contributing to the health system.

I have noticed that people hear stories about events that transpire in the health system but it seems as though they are almost removed from those experiences. When I am out doorknocking and speaking to people about the health system, they are almost universal in their response. I might say, "John, how are you?", and John will say, "I'm great. I've just been discharged from Royal Perth Hospital. I had a shoulder operation." When I ask how it was, people

say that it was brilliant, the staff were incredible, the experience was fantastic and they could not fault it. These are the everyday stories that some people do not want to hear or do not want to tell, but these are the stories that the ordinary people of Western Australia are experiencing. The stories of the workers—the doctors, nurses, health professionals and allied health professionals and all the others who contribute to our world-class health system—are not being told because they are not flash and therefore they do not get the headlines. For all those whose stories have not been told, I will tell them now. Their contribution to our health system is valuable and it is recognised. When someone says "Fiona Stanley Hospital", I will not laugh with scorn or derision. I will say to those practitioners at Fiona Stanley Hospital, "Thank you for the incredible contribution that you are making for the women and babies of Western Australia. Thank you for the incredible contribution you are making." I will not be derisory or laugh with scorn. When I think about the new women's and babies' hospital that the Labor government will build at the Fiona Stanley site and when I hear the Nationals WA talk about being the party of the regions—although it is one less member in the regions—I wonder where they are and where their voice is in standing up for those mums who are about to give birth who live in regional Western Australia and who will find it much easier to get to Jandakot airport and go straight to the brand new women's and babies' hospital at Fiona Stanley on the greenfields site. Where is their voice? Have they been cowed and silenced for the benefit of a small coterie of western suburbs doctors who do not want to travel across the Narrows Bridge? If members want to speak up for regional Western Australia—members for Warren–Blackwood, Collie and Geraldton—or if the National Party wants to try to save the three seats it has left, maybe they should speak up for regional WA and say they are prepared to listen to some of the experts who say that building the new women's and babies' hospital at the Fiona Stanley site is the right thing to do.

One of those experts was no less than Neale Fong, who produced a really important op-ed piece in *The West Australian* recently. I know Dr Neale Fong. I have met him on a number of occasions and I respect the work that he does for the benefit of the Western Australian community. The last time I saw him, I think, was at the celebration of the eightieth anniversary of the Bethesda Health Care hospital in Claremont. So that everyone knows, I know Neale Fong.

Several members interjected.

Mr S.A. MILLMAN: I was hoping you would all say that!

He says in the op-ed piece —

> As former director-general of health I am very familiar with the Reid review and oversaw its implementation between 2004 and 2008.
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> In 2004 it set out a plan for the future of WA's hospitals to best serve our rapidly growing population.
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> It recommended Sir Charles Gairdner and Royal Perth hospitals move to a single health campus and that a new women's hospital be built and co-located with an adult tertiary service.
>
> Importantly, the report also recommended that the new women's hospital be built first, ahead of a new children's hospital, with further consultation to occur to determine the best location.
>
> The Reid review also specifically emphasised the need to minimise disruption to the delivery of normal hospital services during any construction work.

I could read this whole article because he is absolutely right, but I will not because I want to make a few more comments. What he said that really resonated with me was —

> The women's hospital will have the state's top neonatal unit which will mean mums and babies can be cared for together under the very best clinicians, co-located with the FSH and private Murdoch hospital staff. The teams will include highly skilled neonatologists, paediatricians, obstetricians, gynaecologists, anaesthetists, intensivists, and many other dedicated health workers.
>
> I am sure all of the services to support a co-located women's hospital at FSH will flourish and indeed expand as they grow together. Yes, we will need to add more doctors, but we are doing that every day to meet population growth, and they will come.
>
> Being closer to Jandakot Airport and on a major freeway improves accessibility for people living in the south, and especially for country patients, already disadvantaged by distance and travel times. Being adjacent to the only private maternity hospital in the south also makes sense.
>
> Additionally, the doubling of maternity services at Osborne Park Hospital and the continued growth of Joondalup hospital caters for the growing northern suburbs and a more distributed service.

It is all very well for the opposition to say that it is listening to the experts; it is not listening to all the experts. It is listening to a very small section of the experts. We are also listening to the experts, but we are listening to a broader section of the experts and we have made a decision that we think represents the best interests of the community of Western Australia in a way that can be delivered responsibly.

I have been reading the paper a fair bit, as members can probably tell. I read *The Economist* and the article about virtual emergency departments and I read Neale Fong's article about the location of the women's and babies' hospital.

Ms M.M. Quirk interjected.

Mr S.A. MILLMAN: If only I had got Barry's surname right, it would be okay, member for Girrawheen.

I was rapt to see the member for Vasse's article "I'm here to win next election", which was published in *The West Australian* on Friday, 3 November. I was surprised by the headline because I remember in question time a couple weeks ago when it was put to the Premier that the reason for delaying the opening of the women's and babies' hospital until 2029 was that we could maximise our political advantage as a government in 2029; I thought that the member for Vasse had already conceded the 2025 election. However, according to the article she is up for the fight for the 2025 election. Befitting someone who was well trained as a journalist at the Western Australian Academy of Performing Arts in the great seat of Mount Lawley, the member for Vasse is excellent at asking rhetorical questions, but not so good at answering them. I was happy to see that the member for Vasse said she would commit to delay and obfuscation. She will commit to causing all sorts of hassles and grief for the poor staff at King Eddy's, who will continue to slave away in a 100-year-old facility, and for everyone at the QEII site. She will commit to betraying regional members who could access Jandakot Airport and she will campaign on building the women's and babies' hospital at Queen Elizabeth II Medical Centre. Not in the language of a unionist, but in the language of a cheerleader I say: bring it on!

I commend the minister and her office for the brilliant work they have done, and I commend the bill to the house.

MR P.C. TINLEY (Willagee) [5.54 pm]: I will bring it down a few notches first before I launch after that effort from the member for Mount Lawley and speak on the Health Practitioner Regulation National Law Application Bill 2023.

The hallmark of any developed and well-advanced society is the way it keeps its citizens protected. Quite often we talk about that framed in the idea of the defence of the nation. The first priority of any government is to look after its citizens and keep them safe, and we do that through various means. As I said, the Defence Force is a primary function, but also our first responders and our police are all visible identities in the protection of our community. But one thing we often get up in this place and talk about more than those things is the minutiae, if you like, and the interplay between everyday life and everyday happenings in our community and those things that keep us safe. Every time we reach for a switch or plug a device into a wall, a range of regulation ensures that that is most likely going to be a very safe event, unlike in some countries. I am sure all of us who have travelled to South-East Asia have seen the spaghetti junctions of electrical cables that would make any C-class electrician visibly blanched at what they are looking at. Regulation is often seen as boring or tedious detail. Indeed, it can descend into a labyrinth of arcane rules and methodology of how things are applied. We are trying to provide a mass system of safety over something that is quite individualised.

When it comes to our personal health as a community, the Australian Health Practitioner Regulation Agency is one such organisation that is fundamentally important to keeping a safe system working. In 2010 when it was introduced, not long after I got elected, it had a slow start and then under the federated system that Australia operates it required a state to take on the national regulation. That was Queensland, of course. Over successive years it has been expanded and adopted. This is the latest iteration of that acceptance of the changes and additions to Australian Health Practitioner Regulation Agency.

It operates under the Medical Board of Australia, the superior organisation, for the registration and accreditation of health professionals as set out in the relevant legislation around the national registration and accreditation scheme, which is a much broader piece of legislation of the commonwealth. It has really grown since then. In 2018, approximately 586 0000 health professionals were registered with AHPRA, containing at that time 98 000 medical practitioners, which includes obviously general practitioners and medical specialists and some hospital workers, and 334 000 midwives and nurses. As at 2021, it had risen to 825 720 registered health professionals operating under the Australian Health Practitioner Regulation Agency. It was obviously intended to facilitate public safety, as I said, and the safe application of health practice across the country and used to assess qualifications of overseas health practitioners, which is becoming very much more part of our skills mix as we try to bring in those trained professionals. We are trying to attract to Australia not only doctors, but a range of medical professions to combat the skills shortage that people have been talking about here, across the country and in every developed nation.

According to the National Registration and Accreditation Scheme, the superior legislation, to be registered with AHPRA it is required to self-identify with one of the protected titles. Protected titles is a very interesting definition here because of who it does not include. There may be a point in time when we see an expansion of the protected titles that are included. Certainly, this legislation provides clarification particularly around the concept of surgeons, as others have mentioned.

AHPRA is responsible for hearing and investigating complaints, which are known as notifications, of performance, health and conduct by those in the registry. It is also responsible for hearing complaints about unregistered

professionals, which includes healthcare workers that provided a health service, which is an interesting open-ended sort of definition. Those are in violation of the National Code of Conduct for Health Workers. It refers more to incompetence or exposed behaviour, predatory or illegal mannerisms. It regulates professionals, as we have said. Under the accreditation scheme, 16 different medical professions are listed as protected titles. It starts with chiropractors, because it is in alphabetical order. It then lists dental practitioners and a range of dental services, including hygienists and therapists; medical practitioners; nurses and midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists; and psychologists. In July 2012, that expanded with another four protected titles or professions, including Aboriginal Torres Strait Islander health practitioners, noting the specialised nature of the services that they provide; Chinese medicine practitioners, including acupuncturists, Chinese herbal medicine practitioners and Chinese herbal dispensers; medical radiation practitioners, which as it suggests includes radiographers, radiation therapists and other nuclear medicine technologists; and occupational therapists.

Those allied health services expanded, along with the concept of how they are applied, both to the use of technology and in the more traditional sense. There is an ever-growing list of professions that service everyone in the community with the various health needs we have. There are protected titles, but there are titles that the National Registration and Accreditation Scheme does not protect. Surprisingly, they include social workers, speech pathologists, dieticians, audiologists, sonographers, orthotists and perfusionists. For those who are unsure what a perfusionist is, it is a technician who runs the heart-lung machine during heart surgery. We learn something all the time in this place. That list also includes exercise and sport scientists.

I wish to circle back to the idea of social workers. More and more, social workers provide, at least on the surface, a lot of psychosocial support. I have a particular interest in the area of veterans' health, recovery when they need it and services, which segues into general health or the medical profession and mental health. So many ex-service organisations that are popping up to support veterans are providing some of that psychosocial support or subcultural support, so they can identify with the service they worked for, whether that is the Army, the Navy or the Air Force. I suppose they can get peer support or that type of thing. My concern with these organisations is that they are unregulated. They provide social work by another name and, in some cases, I think they are clinically unsafe. Although they are well intentioned, they are not using best practice in those arrangements. There are debates over the efficacy of things such as talking therapy, which is constantly under review, particularly around trauma and trauma treatment. Sometimes talking about past trauma is not necessarily the healthiest thing we can do for survivors. The idea of a social worker in a broad context or a more defined context included in the list of protected titles might give a certain weight to the way we provide services right across our community. As we know, social workers are fundamentally important in each and every one of our electorates to produce the sort of outcomes that support everything from schools to community groups, the community at large and specialist services, especially around substance abuse.

The Australian Health Practitioner Regulation Agency has a complaints process. As I said, complaints are termed "notifications". There are some challenges around the conduct of this piece of legislation. There is that tension between trying to create a no-fault notification, whether it is a completely transparent disclosed arrangement, and protection of the practitioner as far as their reputation is concerned, and of course the privacy of the patient. Quite often, that weighing up is biased towards a practitioner when it should be biased towards the public interest. Unfortunately, as with all these mass systems of compliance and regulation, it takes a deft hand to make sure that all those things are weighed up and balanced. The complaints process includes various stages that are not open to public review but they are presided over. We get some comfort from the fact that hearings of these particular notifications are presided over by a District Court judge, two medical practitioners and a layperson. The complaints process includes several stages, which may advance a stage or result in disciplinary action or a fast-track process called "immediate action", or the complaint may be dropped. These stages include a receipt of the complaint, preliminary assessment, investigation, a panel hearing and a tribunal hearing. At any stage of the process, the complaint can advance immediately to a tribunal hearing. Unlike the other stages, a tribunal hearing outcome is made to the public, and a tribunal typically consists of the individuals I identified earlier. The first time the public will get an inkling of it is during the tribunal hearing stage.

In 2021, nationally there were 10 147 notifications about 7 858 health practitioners. About 1.6 per cent of those registered were the subject of a complaint. The challenge we have is the tension around it. There have been some criticisms of it over the years. It is relatively new legislation—it is from 2010—relative to other types of legislation. Again, there is that idea of the tension between the medical right and privacy and informed consent of those registered.

The other issue is the time for complaints to be heard. I will talk about a particular story in my electorate that underscores the challenge over time. Swift justice is not necessarily something we would associate with this particular process. There have been several Senate inquiries. It is not like it has not been reviewed. What we are dealing with tonight has been the subject of some of those inquiries. There were commonwealth inquiries in 2011, 2017 and 2021 over this and related issues. As it came to pass, in relation to this piece of legislation or amendments to it, the final Senate report was released in April 2022. Of course, this all occurred during the COVID-19 pandemic, which would have made it difficult to bring it to book and get the witnesses needed.

I want to talk about an experience of mine as a local member of Parliament. It is really important when we talk about regulatory systems and ways we provide transparency and compliance around a very complex set of circumstances, both with the variability of the practitioners themselves and the nature of their training and expertise, and of course the variability of the patients and their conditions. Whenever we put humans in an organisation and try to apply uniform regulation and oversight, there will always be anomalies.

I was elected in a by-election on 28 November 2009, taking over from Hon Alan Carpenter in the seat of Willagee. During my election campaign, there was an incident with one of my soon-to-be constituents—a young man by the name of Vaughn Rasmussen. Vaughn was a 15-year-old non-verbal boy with a profound disability. I had to deal with it. I dealt with it right up to 2017 when we finally got a coroner's finding, so from 2009, when the incident occurred, to 2017, is a significant story in the life of that family and a challenge for everybody involved. A life is full of personal glimpses, if you like. All of us in this place get to see inside people's lives, both their triumphs and tribulations, and the tragedies that they go through. It is a great privilege but also a great responsibility to try to do the best we can for them.

I want to talk about Vaughn Rasmussen. I have permission to do so from Donna, his mother, and Richard, his father. This is a publicly reported case from the time. During that election campaign, Vaughn presented on 7 November at both Fremantle Hospital and Princess Margaret Hospital for Children. By way of background, in utero, Vaughn's head fused to his mother's uterus. Resulting complications required him to have a shunt inserted into his brain to assist with the flow of fluid in and around his brain. On 12 November 2007, Vaughn was taken to Fremantle Hospital emergency department complaining of being unwell and with pain in his head in the area of the shunt. His parents requested a test, which involves inserting a needle into the shunt, which takes five to 10 minutes to perform, which would have determined if there was any malfunction in the shunt. The treating doctor refused to conduct or order the test. Blood tests showed elevated white blood cells but after further investigation, antibiotics or other treatment was not offered.

Vaughn was admitted for two nights but was treated with nothing other than Painstop. He was released on Saturday, 14 November, but by that evening, his condition had deteriorated and his parents decided to take him to the Princess Margaret Hospital for Children emergency department. They again requested that the shunt be tested, but this was refused, and after consultation with Vaughn's ongoing neurologist, the treating doctor released Vaughn without any treatment. On Sunday, 15 November, the Rasmussens again presented Vaughn to the Fremantle Hospital emergency department. Vaughn was at this stage suffering extreme pain in his head, but again the treating doctor refused to rule out any problem with his shunt. Instead, one milligram of morphine was administered for his pain. Vaughn reacted adversely to the morphine and stopped breathing, requiring the administration of adrenaline. Vaughn did not regain the capacity to breathe for himself and was ventilated. At this stage, a CAT scan was ordered, and, as a result of that scan, Vaughn was rushed to the PMH intensive care unit.

[Member's time extended.]

Mr P.C. TINLEY: On Monday, 16 November, Vaughn finally received the test of his shunt that his parents had repeatedly requested since he first presented to emergency. The result of this test indicated that Vaughn had too much pressure on his brain, caused by a massive fluid build-up as a result of a malfunctioning shunt. Emergency surgery was performed, but the pressure had been so great as to cause irreversible brain damage and doctors advised his family there was nothing more they could do. At 3.00 am on Tuesday, 17 November 2009, Vaughn's life support was switched off and he passed away. He was 15 years old. Princess Margaret Hospital has conducted an internal investigation into Vaughn's death but will not release the details of that investigation to his parents.

I summated this in a letter to the coroner, seeking some better understanding of what happened, but preceding this, what they call a sentinel event was identified, and it went through all the processes that I identified in my preamble to this letter. It shows how difficult it was. I was close to the family and trying to get information about what was happening. It included remediation with the relevant specialist. I detected a great sense of concern and problems among the medical fraternity in how they tried to provide solace, advice and, more than anything, an explanation to Donna and Richard of how it went wrong.

As far as Donna was concerned, her son, who was non-verbal, required somebody to interpret what was happening. The medical professionals are experts at interpreting a bunch of symptoms, but the one thing that the report found was that they did not give any regard in a clinical, diagnostic way to what the mother said. That is a real issue inside our hospitals. Parents are not necessarily part of the diagnostic tools. This non-verbal 15-year-old boy had a mother who understood him intimately, and she was telling them where it was going wrong. She understood what his grunts and moans meant because she lived with him, she had birthed this child and she knew this young boy, yet for some reason she was ignored.

Donna and Richard live in Coolbellup. They are a fantastic family. Their daughter has graduated from university. She was the first member of their family, on any side, to go to university. Richard is a truck driver and Donna is a part-time education assistant at a school. They are what we call in our electorate—I hate using this term—

"regular people". They are, like so many of us, just making their way in the world and making great contributions to the sporting clubs they belong to and the little residents' association we had going in Coolbellup at the time. They needed to interpret the very arcane, dense labyrinth of the health system, with its highly paid professionals at both the medical and administrative end trying to implement a mass system of regulation, compliance and transparency. It was very difficult. After all this process, I asked for a coroner's inquest into Vaughn's death to try to give them some sort of satisfaction. It is not something that the coroner readily does. They are very busy and focused on lots of different things. When there was a process like this that had a finding, it was unusual for the coroner to agree to an inquest. I wrote to the coroner and said —

> I believe there are serious questions surrounding Vaughn's treatment, namely;
>
> - Why was he released on two occasions without treatment or adequate investigation into the cause of his deteriorating health?
> - Why was the repeated request of his parents to conduct the procedure which would have detected the pressure in his brain refused?
> - Were there any procedural or medical errors in his treatment?
> - Could his death had been prevented by earlier medical intervention?

I went on to request an inquest. That letter was written on 18 April 2010. We did not get a finding from the coroner until 2017. Imagine being that family and attempting to work out where to go. I was at the inquest at various times with the Rasmussens. The Western Australian coroner found that Vaughn Richard Rasmussen, 15, had died as a result of misadventure. Obviously, I do not want to trivialise anything that the coroner has said, but "misadventure" is a very broad application of a particular set of circumstances. The coroner found that between 12 and 16 November 2009, a ventricular peritoneal shunt that had been implanted in his skull had become intermittently blocked, causing pressure on the brain. The coroner went on to talk about the circumstances around Vaughn's eventual death. One of the things that was found, which we found out incidentally, was that in moving Vaughn from Fremantle Hospital to Princess Margaret Hospital for Children, the notes, which are fundamentally important to a better diagnosis at PMH, were not transferred in a timely way either with the patient or electronically. I am not sure how those things occur between an older hospital like Fremantle Hospital and PMH.

There are lots of reasons and causes for why these things happen, and I am sure this is just one example of many. This bill will, in large part, further develop the opportunity for health professionals to have something like the aviation industry has—that is, a no-fault report whereby near misses are reported and everybody is very comfortable about it. Why? It is because it is for the betterment of the professionals and the safety of people in their care, whom they are all motivated to care for, regardless of what some might say about them.

As the member for Mount Lawley also said, nobody in my electorate, which contains Fiona Stanley Hospital, has ever had anything but praise for the treatment they get once they get in there. Yes, it is a challenge. Yes, the emergency department on a Saturday night is a challenge. We can go to any ED anywhere in the developed world and it is hard graft. This government has done a fantastic job of making sure that it is doing everything it can to not just maintain but grow a fantastic health system in a post-COVID world and in a skills-constrained world in which there is unparalleled economic growth in various parts causing distortions in our economy. I am not often given to quoting former Premiers from the other side, but Hon Colin Barnett sat in this chamber and said many times, "If you're going to get crook, WA is the place you want to be crook, and if you're going to be crook in WA, Perth is the place you want to be crook." He was not wrong then, he is not wrong today and he will not be wrong in the future.

In my final comments, I want to circle around the idea of where modern medicine is going and how it is being attended to through technology. I am wearing on my hand now what is called wearable tech. It is an Oura ring that tells me how much I snore and monitors my breathing and heart rate. I do not know how accurate it is. The Fitbits and wearable tech that we wear are creeping more and more into the provision of health services. We heard the member for Mount Lawley talk about virtual wards, which is a topic of growing interest around the world as well. The time is coming when some of the devices on our smartphone will actually form the basis of an approval through the Therapeutic Goods Administration. Some of the algorithms that it is running and some of the potential uncontrolled uses of artificial intelligence are actually going to creep into the health system and the provision of health services to us. I absolutely believe that those changes should be embraced because they will provide a great opportunity, particularly as we try to deliver health services across a state that is a third of the size of this country, with 76 per cent of its population residing in this one town of Perth. Those living outside the Perth metropolitan area deserve to receive health care as good as we get in the suburbs of Perth. The delivery of remote medical services is a challenge. The Minister for Health has spoken on this before and accepted the challenge of how we do that. This government is always looking for innovative ways to make sure that our regional health infrastructure is right and that the technology available to us is applied. We are doing that with medical records and integrating federal and state health data when people are willing to share it. We can and should be making many different advances, but on the regulatory

side we need to create an architecture that protects people more than it harms people. As I said in my opening statement, one of the first priorities of any government in the developed world is the protection of its citizens.

The Health Practitioner Regulation National Law Application Bill 2023 should be commended for addressing both the national harmonisation, if you like, of legislation and regulation and, further, signing up future generations of this place to making sure that we are continuously improving the opportunity for Western Australians to access the very best health care with the greatest amount of confidence. Thank you.

MS J.L. HANNS (Collie–Preston — Parliamentary Secretary) [6.21 pm]: I rise to also make a brief contribution on the Health Practitioner Regulation National Law Application Bill 2023. I will not go back over the technical aspects of the bill covered by previous speakers today, only to say that I support this bill.

A couple of constituent queries to my electorate office have been based on one particular aspect of this bill around the classification of and the national law as it applies to the title of "surgeon", particularly those medical professionals performing cosmetic surgery. Unfortunately, or fortunately, depending on which side of the fence you sit on, cosmetic surgery is a growing industry, but it is absolutely necessary that anyone who performs cosmetic surgery or cosmetic procedures is aptly able to do so under appropriate national regulations. Unfortunately, some people have actually passed away during cosmetic procedures. It is not something that should be happening in this day and age in a country like Australia. I want to put that on record. From what the people who contacted my office said, I was quite surprised at how widespread that unregulated practice is. I think the ABC ran an article that called those professionals "cosmetic cowboys". It is very important to make sure that that industry is regulated. I just wanted to raise that on behalf of the few people who have contacted my office with those particular issues.

I will start by addressing the health system more broadly and reference some comments made by the minister today in question time. They are from my notes, I promise; I took copious notes today. We need to recognise that there is a global workforce shortage in the health system. It is happening in not only Western Australia or Australia, but right across the world. The minister referenced the fact that at the moment, the WA Labor government has spent 30 per cent more in the area of public health, that the WA health system workforce has grown by 30 per cent and that its total health investment is the highest per person spend of any state of Australia. That is critical information to place on the record and we need to appreciate the incredible job that this government and particularly the minister is doing around health in Western Australia.

I am going to pick up on some of the telehealth points that the member for Willagee just spoke about. The state of Western Australia is, as the member rightly pointed out, a third of the total size of the country, so we have to use technology to come up with innovative solutions for the healthcare system in Western Australia. Innovation is something that people in WA are used to. The traditional owners of this state right through to the people who then grew and developed Western Australia to the point at which we are today have had to innovate. We are a state of innovators. People working in the health system work incredibly hard and I am going to talk about some of them today.

I want to make the initial point that in my role as the Parliamentary Secretary to the Minister for Medical Research; Innovation and the Digital Economy, my eyes have been opened to a whole new world. Three years ago I was the deputy principal at Collie Senior High School and now I am learning about all sorts of things I had absolutely no idea about. Safe to say it is a very steep learning curve. I have had the pleasure of meeting and getting to know Dr Kevin Pfleger from the University of Western Australia who presented at a seminar that I went to a couple of weeks ago. He made a point that I had not actually considered; that is, Western Australia's time zone is aligned with certainly Asia, but directly opposite most of the other parts of the world with large populations, such as America and Europe. To actually tap into the ability to flex that workforce in a different time zone—when we are asleep, they are awake and vice versa—is an incredible opportunity for not only the Western Australian health system, but also medical research and innovation. I wanted to refer to that to preface the things that I am going to say today.

I want to also reference emergency departments. I know that the minister has been working incredibly hard. I also want to acknowledge the even harder workers—dare I say it, minister—that is, the people who work in the EDs. The incredible job that they have done since the pandemic has really highlighted the incredibly important work that they do.

Our health system is inextricably linked to the federal health system because we rely on federal government funding to provide the health system that services Western Australians within that federal space. We have an amazing new member of Parliament, Zaneta Mascarenhas, member for Swan, who was in Parliament House today. I follow her on Facebook and she very happily announced that the federal Albanese government has tripled the bulk-billing incentive. I mention this today for a reason. Basically, general practitioners will be able to provide free consultations to 11 million extra Australians under that tripling of the bulk-billing incentive. That is incredibly important when we talk about emergency departments. In the WA health system, as it got harder for people to get a GP appointment and bulk-billing disappeared, because it was cut by the Morrison Liberal government, the impost of visiting a GP for basic health care was transferred to state emergency departments. That is a terrible shame. I am really pleased

that the federal government is working in partnership with the state of Western Australia to make sure that that is addressed for Western Australians.

I am the member for Collie–Preston and I speak on behalf of the federal member for Swan, but my two local federal MPs are both Liberal MPs. They do not want to talk about the good news coming out of the federal government, so I have had to use data from the electorate of Swan because that was the only data I had available to me. I also want to place on record that I am sure that people in my electorate of Collie–Preston will certainly not find out this following information from the members for O'Connor or Forrest. In the member for Swan's electorate from January to August 2023, people saved $1.1 million on purchasing cheaper medicines. The delivery of cheaper medicine to people within one federal electorate in Western Australia is a result of federal government support for Western Australia's health system.

I wanted to highlight those things because, as I said, they impact on Western Australia's health system. The Minister for Health has come up with an amazing initiative for emergency departments—that is, the From Hospital to Home pilot program. It has allowed patients with a disability, who are medically fit, to leave hospital sooner with support from the From Hospital to Home disability support service. It enables people to be discharged from public hospital beds to transitional supported accommodation at the purpose-built, fully accessible residence operated by Ability WA. It will accommodate people with complex support requirements while long-term, community-based support is sourced and implemented through the National Disability Insurance Scheme. A media statement from 20 October 2022 states —

> It is estimated that the initial pilot, a 12-bed facility in Perth, has saved 3 441 hospital bed days.

I know the minister is dedicated to reforming emergency departments in Western Australia. I have used a couple of examples today to highlight what this government is doing about that particular issue.

I am a regional member of Parliament and I know the member for Kimberley is also incredibly passionate about health care within her region. One of the best initiatives, I believe—I am not biased—to come out of recent government announcements, is the ability to assist our nursing workforce with HECS and HELP grants of up to $12 000 over three years, to attract newly qualified nurses and midwives to work in regional Western Australia.

The key to making sure people move into skill-shortage areas is to fund those skill-shortage areas appropriately to make them attractive, to make incentives available, and to make them a viable option for people to pursue as a career. I am not 100 per cent sure whether I have the term right, but I think there is a term "move, match, marry". The idea is that teachers and nurses, and those sorts of professions that go out into regional communities, often meet their future partner, and that is the way we grow our health, policing or teaching workforce within regional communities. People make it their home and they remain committed to health care in the regions. There are hundreds of examples. I am sure the member for Kimberley could pull some examples aside. I know I have. I know when the minister came to Collie Hospital, my friend Sharon spoke effusively about her experience with that particular issue. By ensuring that we get a health workforce out into the regions, the chances are that they are going to have a really good experience and stay there and will become lifelong healthcare workers who know their community, know their patients and deliver high-quality health care in the regions.

On 2 December 2022, the minister and I had a very busy day. The minister visited Bunbury Regional Hospital, and I acknowledge the member for Bunbury, who shares Bunbury Regional Hospital with me. For reference, my electorate of Collie–Preston kind of donuts the member for Bunbury's electorate, therefore we share a lot of services, as happens in regional communities. The government had previously committed $200 million to upgrade the Bunbury Regional Hospital, which is outstanding in itself. That will deliver revolutionary health care in the south west. It is a growing region and it is very important that we invest in health care. On 2 December 2022, the minister announced the new maternity, birthing and neonatal service, adding an extra $77.9 million through that announcement as a result of the midyear budget review. Bunbury Regional Hospital will receive a total redevelopment of $277.9 million. That is an outstanding service to the local community.

It is ideal to experience having your child within driving or walking distance of your family home, so you are able to celebrate the new arrival with very joyous family members. There will be three additional delivery rooms and twice as many maternity inpatient beds, going from 10 to 20, expanding the birthing suites available at Bunbury Regional Hospital. There will also be additional neonatal cots. That will allow the hospital to manage moderate to high-risk emergencies, which will reduce the number of transfers to metropolitan hospitals. I know that a number of people have had to be transferred by the Royal Flying Doctor Service to give birth in Perth. It is an amazing option for those people to divert their health care from metropolitan Western Australia and remain in the regions, close to home, with much better outcomes for mums and babies.

On 2 December 2022, the minister also announced an Australian-first psychiatry training program for regional Western Australia, allowing people to live, train and practise in the regions. The Rural Psychiatry Training WA program, which is overseen by WA Country Health Service, means there is a training pipeline for mental health

professionals. It aims to attract and retain those professionals within the regional parts of Western Australia. Trainees will be supported through accommodation and relocation subsidies and, as I said before, with the healthcare workforce, a lot of people in the professions who experience country service will stay. I think it is an outstanding initiative to bring psychiatry training to regional Western Australia. We are very proud that Bunbury Regional Hospital will be a partner in that amazing project.

I want to pick up on a couple of other points on medical research, certainly in terms of the broader context of diversifying Western Australia's economy. We have an incredible medical and life sciences' ecosystem here in Western Australia. Medical research and manufacturing are massive opportunities for Western Australia, not only for researchers but also for outcomes for patients in Western Australia. I know the Minister for Regional Development will be pleased to refresh his memory about this amazing opportunity in regional Western Australia.

The member for Kimberley knows what is coming—look at her! Broome is set to revolutionise reconstructive surgery in Western Australia. I reference the Minister for Regional Development and the Minister for Medical Research, Hon Stephen Dawson, and their recent announcement and support for a project in Broome. A new synthetic bone will be made from pearl. A world-class laboratory and manufacturing facility has been set up in Broome. It will revolutionise the use of synthetic bone in orthopaedic, trauma and reconstructive surgery. PearlBone is being developed by biotech company Marine Biomedical as a low-risk alternative to synthetic bone structures already in the market. The idea came out of research conducted at the University of Western Australia. It is creating partnerships between medical researchers, manufacturers, state government and universities, and bringing the best technology and innovations to the forefront of health care in Western Australia. Marine Biomedical was supported by the state government's regional economic development grant scheme and future health research and innovation fund to make that project a reality in regional Western Australia.

We live in exciting times, and the use of technology in the health system, as the member for Willagee referred to, is creating outstanding opportunities to innovate within health. As part of my role as Parliamentary Secretary to the Minister for Innovation and the Digital Economy; Medical Research, I have met some incredible people who have really given me hope and optimism about the opportunities to really take hold of the innovation and technology that is available in the healthcare system. As I said, in terms of the broader diversification of the Western Australian economy, there is a huge opportunity for really, really smart people to live here and innovate. The Western Australian health system and public would be the beneficiaries of that knowledge and expertise. There are outstanding opportunities for Western Australia more broadly.

As I said before, I absolutely support this bill. However, I want to place some personal comments on the record about the outstanding job our current Minister for Health is doing. Her track record is there for all to see. From the huge role she played in the voluntary assisted dying legislation to our abortion reform, her outstanding work ethic has delivered real changes for health care in Western Australia. I look forward to seeing what other reforms, changes and innovations the minister will bring to the health system because I know that our health system and the people of Western Australia will be the better for it.

I commend the bill to the house.

MR C.J. TALLENTIRE (Thornlie) [6.41 pm]: I am pleased to rise to speak to the Health Practitioner Regulation National Law Application Bill 2023, and I commend the bill to the house. The bill will essentially ensure that we have consistency in the way that medical practitioners are registered, in their training and ongoing postgraduate training, in their practices and in their ability to work within the sector.

Consistency is incredibly important; it is what the community expects. Whenever any of us enter the hospital environment, we always hope that well-qualified people will be looking after us. With our Australian system, we can be sure that that is the case. I will recount a recent personal experience. I had cause to be admitted as an emergency patient at Geraldton Hospital with a shoulder injury. It was a Saturday afternoon, and I had come off my bike during a cycle race and injured my AC joint in my shoulder. The doctor on duty said, "Look, you're not going to need surgery for this. It's a category 3 injury. The ligament that holds the collarbone in place with the scapula is torn. It will not grow back. You're always going to have a bit of a lump." Interestingly, I got exactly the same diagnosis and message all the way along. When I went to see my GP in Perth, a young Irishman, he said, "Mr Tallentire, you're 60 years old. You're not going to be playing international rugby. You'll be able to live with this; you don't need surgery." That was quite reassuring as well, but he said, "Nevertheless, we'll send you to an orthopaedic surgeon just to be absolutely sure." Members can see the sequence of things—I got the same diagnosis from the emergency department doctor and the GP. When I got to the orthopaedic surgeon, he examined the X-rays and had a very careful look at things. He also said, "Look, you probably don't need surgery and, in fact, if you do get surgery, it'll have to be in two goes, because we'll have to put a plate in and then you'll come back in two months' time to take the plate out. Instead of having a slight lump on your shoulder, you're going to have a scar on your shoulder, so it's probably better to go for no surgery. That is always a better option." I was greatly relieved by that. I do not know that I have the same strength in the shoulder as I had before, but that was just a little demonstration of the importance of the consistency that we expect.

I have been involved with various inquiries over the years, going back to my days on the Public Accounts Committee and more recently as Chair of the Education and Health Standing Committee. During our inquiry into the Esther Foundation, consistency was needed not so much for medical professionals but for allied health services and in people being qualified. That was a finding of our fourth report. I know that the minister is very much in touch with this issue and I thank her for her engagement on this topic. I remind the house of recommendation 4 —

> That the Minister for Health and Mental Health amends the *Health and Disability Services (Complaints) Act 1995* to provide HaDSCO —

That is the Health and Disability Services Complaints Office —

> with greater powers to handle complaints and concerns about organisations that provide health services. These powers should be comparable to the powers that HaDSCO will have in relation to individual healthcare workers through the implementation of the National Code of Conduct for Health Care Workers— including the ability to receive complaints, initiate own-motion investigations and issue prohibition orders.

We need to take that approach with all health services and ensure good regulation of our hospitals. Indeed, there is an issue with private health facilities. Another finding in the fourth report is that the Private Hospitals and Health Services Act 1927 needs to be amended to ensure that it captures places that are set up as private institutions, as the Esther Foundation was, so that there is good regulation of the institution, and that the regulatory framework captures the people who work within those institutions as well.

Medical professionals covered by the Health Practitioner Regulation National Law are already well accustomed to the regulatory framework that they work within. It is the legal mechanism by which our Western Australian law moves with the national law that is being refined by this legislation. That is an important advancement on the previous situation. It is all about maintaining consistency. I agree with the comments of other members that the medical treatment we receive in Western Australia is absolutely second to none. We tend to compare ourselves with other jurisdictions around the world to see how good our system is. At the same time, though, we hear from our constituents about cases that are perhaps more challenging or more complex, or from people who have not had the right contact or have had a communication breakdown between themselves and the health service. Those points of friction do occur, and sometimes with very sad consequences. However, those occasions are very rare, but they do of course make the headlines.

In general, I think there is every reason for the Western Australian community to be very proud of and confident in the quality of the health services that we provide. I think back to the mid-2000s documentary *Sicko* by Michael Moore in which he compared the US style of health service with the British National Health Service, the French service and that of a couple of other countries. He outlined how terrible and expensive the for-profit US-style was and the fact that the United States spends more on health than anywhere else, but accessibility to that health system is very different from the level of access that we enjoy here. We can be very proud of our health service.

I notice other members naturally talk about the United Kingdom's NHS for a long time being thought of as a high-quality system. It certainly was when I was in the UK in 2012 with the Public Accounts Committee inquiring into the decision to award Serco Australia the contract for the provision of non-clinical services at Fiona Stanley Hospital just prior to the hospital opening up. There was a lot of controversy, and it was a worthy subject of inquiry in seeing whether we were getting value for money by handing over something like 28 services to Serco to run. It was important to look at other hospitals at which Serco was running things, and the obvious choice to inspect was establishments in the UK. The UK back in 2012 was in that phase of the early days of the conservative Cameron government when the NHS was still very confident and proud and delivering in a strong way for the community.

Sadly, over the last 12 or 13 years, it seems that system has been very seriously run down to the point now that the NHS has strikes. A BBC report from last month outlined NHS bosses warning patients to expect extreme disruption in hospitals, as junior doctors and consultants staged a three-day joint walkout in England. The example is to definitely not follow the latest trends that the NHS is adopting. The NHS is no longer the example. One time it might have been the exemplar, but now it is definitely a service that we must look at and realise has unfortunately run into the ground through political philosophies that were perhaps about making it into an American-style system. Some people in the conservative party in the UK see the US style as attractive, and consequences for the general public are dire. Young doctors are working for as little as £14 an hour, which is in the $28-an-hour region here. People with many years of study are struggling to earn enough to pay the rent and buy groceries. It is important to acknowledge what is going on elsewhere in the world as that is something that we can definitely avoid here in Australia. The quality of our system is underpinned by great infrastructure resulting from decisions made along the way.

I know it was a Carpenter government decision to implement the recommendations of the Reid review to make funding available for Fiona Stanley Hospital. This was back in 2008, and the quality of treatment that people receive there is absolutely second to none. The ongoing work in the Perth Children's Hospital and our future intentions with the replacement of King Edward are all excellent, very carefully considered decisions. With the state of our economy, we have capacity to ensure that we have the best-quality equipment and bring in and train people with the best skills.

With any health service, though, we reach a point at which one says there is almost a bottomless pit of need that we extend and extend and keep people in a very frail condition alive for longer and longer. There is a good argument for all that, but I think there is a point at which we need to put a little extra responsibility on individuals to look after themselves. I have become increasingly aware of this. There is a lot of good research around that says eating, sleeping and exercising well will put a person in the best possible place to live as long and as well as possible and not need the services of a hospital or a cardiovascular intensive care unit at some early stage. Of course, there are all sorts of circumstances that mean that for some people, it is just bad luck or the luck of the draw with genetics. There are all sorts of reasons why we will all need the help of our health service at different stages, and that is why we invest in it. That is why the biggest segment of our state budget is invested in health. There is no question about it; it is totally justified. However, I think we can ensure that the broader community is mindful that there is a way to have the best possible quality of life. People would be doing the right thing not only by themselves, but also by the community if they look after themselves in every possible way and not need the services of our hospitals as soon in life or as extensively. It is a difficult point to think about at times. Many people have a health predicament or a health condition with a need for treatment, and we want to be able to fund support for those cases as well as possible. However, when we can, we should help people avoid all those preventable diseases with good campaigns that encourage people to look after their own health wherever possible. Prevention is so much better than cure; it is an old saying, but it is totally valid, as it means that we can look after people with desperate need.

There is consistency of the registration and various mechanisms in play. I was pleased to hear the member for Collie–Preston talk about the use of the title "surgeon". My constituents have certainly raised this matter as well, which suggests that this problem goes right across the community. People are keen to access various cosmetic surgeries from time to time, and they need to be sure that they consult somebody who is genuinely a surgeon, not someone who is just looking at a commercial opportunity, although, of course, they would require a medical qualification. People want to know they are well qualified and capable of doing the job.

It is interesting with the term "surgeon" that when we meet a surgeon, they are not called "doctor" anymore; they are called "mister". My understanding is that that comes from a situation in the Royal Navy—I suppose we are going back to the eighteenth century—in which the person on board a ship who was best placed to do any surgical intervention was generally the ship's barber; it was not a doctor. The barber had the sharp knives and equipment. That person was a mister, so the title mister is one that surgeons today have stuck by—which is curious. I am sure they spend many years studying to become doctors, but when they are even more highly qualified and practising as surgeons, they tend to use the title mister. It is a quirk of the terminology here. The legislation refers to the need for the term "physician" to be retained in Western Australia. I know that is something that the profession holds on to, and it values the use of that title. It is very important that we have this quality management of all the professionals working in the area. It is what they, as professionals, deserve as well.

The ACTING SPEAKER: Member, given the—sorry, carry on!

Mr C.J. TALLENTIRE: That is tomorrow night, Acting Speaker. I am coming to a conclusion, though.

In conclusion, I cannot speak highly enough of the quality of people who work in our health service in all the medical professions. They provide an amazing service. With the stress and pressure that they are often under, they deliver for us and provide fantastic service. The decisions that we are making here and the work that the Minister for Health puts in—especially the Minister for Health but also the work of the McGowan and now Cook government—to look at options and make decisions for our health services are absolutely commendable. I commend the bill to the house.

Debate adjourned, on motion by **Mr D.R. Michael (Minister for Ports)**.