



Western Australia

## **Youth Specialist General Practitioners Bill 2019**

## **Explanatory Memorandum**

In Western Australia and across the nation, there is a significant reluctance amongst young people to seek professional health advice. Young people's main reservations towards accessing health advice seem to centre around concerns of confidentiality, social stigmas around seeking help and the financial boundary of seeing a healthcare professional, much of this is due to a lack of awareness of Medicare rebates, health insurance plans and other entitlements available to young people.

Research suggests that young people are in urgent need of access to mental and physical health intervention. Young Australians aged 16-24 are experiencing a mental disorder prevalence of 26%, and in 2014-5 27% of 5-17-year olds were obese or overweight (ABS 2007 National Survey of Mental Health and Wellbeing, ABS National Health Survey 2014-5). Early intervention is integral in addressing these issues from an early age to lessen the severity of these physical and mental health challenges later on in life.

This bill seeks to offer a solution to these growing health and social issues with the introduction of mandatory 'Youth Friendly GPs' across the state. We believe the introduction of specialised GPs for young people will improve youth accessibility to healthcare and will have the potential to reduce stigmas around accessing healthcare, making young people more confident to seek help independently. This bill will ensure the widespread accessibility of GPs in metro areas, while being especially inclusive of youth in rural areas. The Committee Concerning Youth Practitioners is also initiated through this bill which will be responsible for the scrutiny and regulation of these YFGPs across WA, ensuring that professionals and practices are adequately trained, adhering to the legal requirements set forward in this bill. This Committee will also oversee a Youth Health Rights Campaign, with the purpose to promote and raise awareness of young people's legal health entitlements, encouraging them to actively seek help.

Currently in Western Australia, the Australian Medical Association provides a Youth Friendly Doctor program, designed to train medical professionals to deal with significant issues affecting young people with specific solutions and possible treatments. However, this program is not legally enforced, with many locations inaccessible to those in rural areas, and it is scarcely recognised by the youth population in Western Australia. The Youth Specialist Practitioners Bill 2019 provides for the mandatory implementation of general practitioners, specifically concerning the health, safety and wellbeing of young people aged 15-25 in Western Australia.



Western Australia

## Youth Specialist General Practitioners Bill 2019

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Western Australia

**A Bill for —**

**An act to enforce the mandatory implementation and training of general practitioners in practices across the state that specialise in issues relating to young people across the state and the protection of their rights and privacy with health issues.**

## **Part 1 — Preliminary**

### **1. Short title**

This Bill may be cited as the *Youth Specialist General Practitioners Bill 2019*.

### **2. Commencement**

This Bill commences on the day on which this Act receives Royal Assent.

### **3. Interpretation**

In this Bill, unless the contrary intention appears —

“**AMA**” means an abbreviation for Australian Medical Association.

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“**Appeal**” means an application for consideration over a ruling or wrongdoing.

“**CCYP**” means an abbreviation for the Committee Concerning Youth Practitioners.

“**Early Intervention**” means programs and initiatives designed to alter the behaviour or development of individuals who exhibit risk factors or vulnerabilities for the identified problem, by providing the resources and skills necessary to combat the identified risks.

“**General practitioner**” means a doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital.

“**LGBTI+**” means an abbreviation for Lesbian, Gay, Bisexual, Transgender, Intersex.

“**Rural**” means a geographic area that is located outside towns and cities, typically with low population density and small settlements.

“**Specialist**” means a general practitioner that is highly skilled in a specific health topic in relation to the youth population.

“**Substance abuse**” means the use of any psychoactive substances that may be harmful or hazardous. This is including but not limited to alcohol and illicit drugs.

“**WA**” means an abbreviation for Western Australia.

“**YFGP**” means an abbreviation for Youth Friendly General Practitioners.

“**YHRC**” means an abbreviation for Youth Health Rights Campaign..

“**YHRW**” means an abbreviation for Youth Health Rights Website.

“**Youth**” means a person between the ages of 14-25, in relation to age of attaining individual Medicare card.

“**Youth Friendly**” means elements of healthcare that are accessible and comfortable for the youth population.

## **Part 2 — Youth Specialist General Practitioner training, requirements and regulations**

### **4. Youth Friendly Practices**

- (1) There must be a ratio of one (1) Youth Specialist in every three (3) General Practitioners in a general practice.
- (2) YFGPs must clearly display the official signage in a conspicuous location
- (3) Every practice officially recognised by the department of health, the medical board of Australia and the Royal College of Australian General Practitioners, must comply with the specifications in this part

### **5. GP Confidentiality Requirements**

Subject to relevant provisions of the Patient Confidentiality Policy 2016, GPs will keep all information disclosed confidential according to their practice's policy. The only exceptions to this include but are not limited to —

- (a) If the information disclosed has the potential to be of harmful or dangerous nature to the patient or to others;
- (b) If the law requires disclosure
- (c) If the law permits disclosure
- (d) If the GP or nurse thinks a minor is being sexually abused and must notify the Department for Child Protection and Family Support

### **6. Training Requirements**

- (1) Training must be updated every four (4) years subsequent of initial training to remain certified.
- (2) The responsibility to create a Youth Specialist training program rests in these organisations —
  - (a) The Youth Affairs Council of Western Australia;

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- (b) Sexual Health Quarters;
  - (c) Peer Based Harm Reduction WA;
  - (d) Act, Belong, Commit; and
  - (e) Headspace
- (3) After the creation of a Youth Specialist training program, the aforementioned organizations must submit their proposed courses to the CCYP for approval.
- (4) General Practitioners must select and complete all the modules of at least two (2) of the courses created by these organisations and approved by the CCYP in order to achieve a Youth Friendly Certificate, as stated in clause 3.5
- (5) If a course is deemed inadequate by the CCYP, the course issuer must incorporate any extra areas of teaching, as deemed necessary by the CCYP. At the discretion of the CCYP, upon consultation with the Department of Health, Health Minister, Royal Australian College of General Practitioners, and the Youth Health Rights Campaign, new training requirements may be added to the existing courses provided.
- (6) If an individual completes youth related training by an organisation other than those mentioned above, a submission of consideration can be given to the CCYP for their review and decision.
- (7) GPs must supply the appropriate qualifications upon request.
- (8) The aforementioned organisations will also create renewing courses, for Youth Specialist GPs with expired certificates, these training courses are subject to the same scrutinization and adaption as the original training program, as addressed in clause 2 subclauses, 5 and 6.

**7. Youth Friendly Certificates**

- (1) Upon the completion of at least one of the aforementioned courses, the practitioner will be granted a youth friendly certificate, recognising their achievement, and affirming their ability to serve as a youth practitioner.
- (2) The certificate expires in three (3) years, upon which it is the responsibility of the practitioner in question to renewing courses.



**8. Referral to Specialists**

- (1) Referral to a specialist will be in accordance to individual practice policies
- (2) In the event of a minor requiring specialist assistance, one of the following must be completed —
  - (a) An assessment of the youth must be completed to ascertain that they qualify as a Mature Minor
  - (b) The minor must sign an agreement to inform their legal guardian/s of the circumstances

**9. Monitoring by the CCYP**

The CCYP will be responsible for the monitoring of qualified YFGPs through bi-yearly reports received from the regional representatives.

**Part 3 — Operations and Oversight**

**Division 1 — Committee Concerning Youth Practitioners**

**10. Creation of the CCYP**

- (1) A committee concerning youth practitioners is to be established.
- (2) The CCYP is an agent of the State, and as such, has the status, privileges and immunities of the State.
- (3) The CCYP is eligible for proceedings to be taken by, or against their corporate name

**11. CCYP meetings**

The CCYP must hold at least three (3) meetings per calendar year.

**12. Membership of the CCYP**

The Committee will consist of nine (9) members

On the Committee there will be —

- (a) One (1) CCYP Chairperson as selected in Clause 4;
- (b) Two (2) representatives of the Department of Health;
- (c) One (1) South rural regional representative;
- (d) One (1) North rural regional representative;
- (e) One (1) Mid-range regional representative;
- (f) Three (3) Metropolitan regional representatives.

**13. Presiding officer**

- (1) The Minister(s) for Health, Mental Health and Disability Services will select a chairperson for the CCYP.
- (2) The Chairperson will preside over all meetings of the CCYP.
- (3) In the event that the Chairperson is absent from a meeting, all members present shall elect an acting Chairperson to preside over the meeting.
- (4) The Chairperson will be notified of any conflicts of interest arising from the membership of the Committee and determine the action/s taken. That is, whether the member in question shall be permitted to contribute to and remain in the discussion on the issue from which the conflict arose and related matters.

**14. Regional representatives**

- (1) The Minister(s) for Health, Mental Health and Disability Services, and Regional Development will select North rural, south rural, mid-range and metropolitan representatives;
- (2) A north rural representative must —
  - (a) Reside in the Mining and Pastoral legislative council region;
  - (b) Be a qualified general practitioner;

- (c) Be a citizen of Australia.;
- (3) A South rural representative must —
- (a) Reside in the South west legislative council region;
  - (b) Be a qualified general practitioner;
  - (c) Be a citizen of Australia.
- (4) A mid-range rural representative must —
- (a) Reside in the Agriculture Legislative council region;
  - (b) Be a qualified and active general practitioner;
  - (c) Be a citizen of Australia.
- (5) A metropolitan region representative must —
- (a) Reside in either the; North metropolitan; South Metropolitan; or east metropolitan Legislative council regions;
  - (b) Be a qualified general practitioner;
  - (c) Be a citizen of Australia.

## **15. Roles of the CCYP**

The CCYP will perform the following functions —

- (a) Jointly Administer and oversee the maintenance of the Youth Health Rights Campaign, as set out by clause 12, with the Department of Health;
- (b) Invite guests with experience in the contemporary context of general practice and youth issues to attend Committee meetings, or consult with said guests beforehand, in so that they can contribute to discussions on issues relating to Youth Practitioners;

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**Part 3** Operations and Oversight

**Division 1** Committee Concerning Youth Practitioners

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- (c) Consult with Project Officers of the Youth Health Rights Campaign as created in Clause 12, to gain understanding of the issues facing young people, and their needs in society;
- (d) On the advice of guests, and the YHRC consider, and when deemed necessary, rule on and create new requirements to the necessary and previously existing requirements for youth practitioners as set out in Part 2 of this bill;
- (e) Determine changes in punishments as required over time;
- (f) Conduct reviews in to the progress of the Youth Specific General Practitioners bill 2019, as set out in Part 7 of this bill;
- (g) Oversee and hear appeals for fines and other misdemeanours, as incurred by Part 6.
- (h) Create and administer the Youth Health Rights Campaign (YHRC) as set out in Clause 12
- (i) Grant Youth Friendly certificates to those that have achieved the necessary qualifications as set out in Part 2.

**16. Quorum**

- (1) All members of the Committee will be required to be present in order to constitute a full meeting.
- (2) Meetings relating to specific areas, must be attended by the regional representative of the area in question.

**17. Remuneration**

Members of the Committee will be paid such remuneration and other allowances as determined by the Premier on recommendation of the Public Sector Commissioner.

**18. Members unable to act**

- (1) If a member is unable to act as a result of illness, absence or insolvency, the member must appoint a proxy to attend.

- (2) If that member is unable to act at subsequent meetings, the Minister for Health and Mental Health will appoint another person to fulfil a similar capacity, either the original proxy or another person deemed fit for service.
- (3) While so acting according to the tenure of their appointment, that person is taken to be a member.
- (4) If a conflict of interest arises, the member of the Committee to whom it relates, shall notify the Chairperson in writing no less than two (2) business days after the conflict of interest has arisen, or become known to the member.
- (5) As per clause 4, the Chairperson will determine whether or not the member in question shall be permitted to contribute to and remain in discussion about the matter to which the conflict of interest relates

## **19. Termination of members**

A member of the Committee may be terminated by the Minister for Health and Mental Health on advice of the Public Sector Commissioner on the grounds of —

- (a) Misbehaviour;
- (b) Incapacity;
- (c) Failure to comply with the provisions outlined in Clause 10.

## **Division 2 — Youth Health Rights Campaign**

## **20. Youth Health Rights Campaign**

- (1) A Youth Health Rights Campaign (YHRC) is to be established.
- (2) Creation of the YHRC is the responsibility of the CCYP, upon advice of the public sector commissioner and department of health.
- (3) The YHRC is to be jointly administered by the CCYP and Department of Health.
- (4) These two entities will assume responsibility for the planning and execution of the YHRC. This will include but is not limited to —

- (a) The development of a state-wide advertisement and supporting campaign for youth health and the promotion of Youth Specialist Practitioners.
- (b) The appointment of at least three (3) Administrative officers as per clause 14;
- (c) The development of a supporting youth health rights website;
- (d) The development of youth related events or projects upon request from community organisers;
- (e) The implementation of a helpline to provide information to those needing it.

## **21. Roles of the YHRC**

The YHRC will perform the following functions —

- (a) Advise young people of their rights and entitlements relating to their health and wellbeing;
- (b) Provide ways in which young people can locate and book consultations with, youth specialist general practitioners;
- (c) Provide answers to questions relating to Youth Specialist Practitioners and their responsibilities;
- (d) Provide details on which courses have been undertaken by every Youth Specific General Practitioner;
- (e) Provide answers to commonly asked questions from young people;;
- (f) Meet, and discuss with Young People issues and problems facing them in society, and work with them to figure out possible changes that could be made to existing societal frameworks, and Youth Specialist General Practitioners;
- (g) Give practical information for young people to create awareness about and for their health rights;
- (h) Allow young people to ask questions related to their health rights which, where necessary, will be referred to Legal Aid WA for questions that require more complex legal knowledge; and

- (i) Refer the other respective enquiries onto a government entity deemed fit and appropriate to respond, given the nature of the concern or question.

## **22. Project Officers**

- (1) The YHRC will initially appoint at least three (3) Project Officers and determine the appointment of additional Project Officers as they see fit.
- (2) Project officers will have first contact with callers.
- (3) Project officers will coordinate the development of the YHRC slogan and campaign in collaboration with young people in the state, the CCYP committee and the Department of Health.
- (4) Project officers will respond to website enquiries and questions, referring to Legal Aid WA and the Department of Health website when questions require professional legal or health expertise are required.
- (5) Project Officers will create signage and other ways in which qualified Youth Specialist General Practitioners may be identified.

## **Part 4 — Funding**

### **23. Funding for the CCYP**

Funding for the Committee Concerning Youth Practitioners is to be allocated by the Premier upon advice from the Public Sector Commissioner.

### **24. Funding for the YHRC**

Funding for the Youth Health Rights Campaign is to be allocated by the Premier upon advice from the Committee Concerning Youth Practitioners, and the Public Sector Commissioner.

**25. Allocation of funding for the CCYP**

Allocation of the funds is to be decided by the chairperson and confirmed through a vote involving all members of the CCYP, upon achieving a majority of votes, then confirmed by the Public Sector Commissioner.

**26. Allocation of funding for the YHRC**

Allocation of the funds is to be decided by the project officers and confirmed by the Chairperson of the Committee Concerning Youth Practitioners and the Public Sector Commissioner.

**27. Funding for organisations administering training**

Grants for the organisations administering training are to be allocated by the Premier upon advice from the Committee Concerning Youth Practitioners, and the Public Sector Commissioner. Grants will exceed no more than \$10,000

## **Part 5 — Inability to comply with the Bill**

**28. Qualification of inability to comply with the Bill**

If a practice is unable to conform with the requirements as set out in part 2 for becoming a youth practitioner, they must appeal to the CCYP within two (2) weeks of becoming aware of their inability and must be approved of being unable through a committee wide vote.

**29. Assistance for those unable to conform**

For only the first four (4) years, if a practice is deemed to be unable to meet specifications, as determined by the CCYP, they may receive assistance through either —

- (a) Grants of up to \$250 as provided by the CCYP.



- (b) Extension of mandatory implementation time by up to two (2) years.

**30. Assistance for rural practices**

For only the first four (4) years of this bill's implementation, if a practice has reason to need assistance due to their rural location, they may appeal to the CCYP and in doing so, request financial assistance in the form of —

- (a) Grants of up to \$400 .
- (b) Extension of mandatory implementation time by up to three (3) years.

## **Part 6 — Punishment**

**31. Implementation of Punishments**

- (1) Practitioners and practices not conforming with the specifications set out by Part 2, may be liable for punishment upon the achievement of a Youth Friendly Certificate.
- (2) For the first four (4) years, any punishments issued by the CCYP, must first be approved by the Minister health, and the Medical Board of Australia.

**32. Requirements for Punishment**

Punishments will take place if —

- (a) A practitioner or practice refuses to comply with the requirements set out in Part 2 and chooses not to appeal;
- (b) A practitioner or practice has an appeal refused by the CCYP after an infringement of the requirements in Part 2;
- (c) A practitioner or practice Neglects to inform the CCYP of an inability to comply with the bill.

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**33. Punishments**

If a practitioner or practice fulfils the requirements set out in part 22 as to be punished, at the discretion of the CCYP, the practitioner will receive —

- (a) A removal of their Youth Friendly Certificate;
- (b) Fines of up to \$10,000;
- (c) Upon consultation with the health minister and premier, and conformation by the Medical Board of Australia and the Royal Australian College of General Practitioners, a disqualification of practice as a medical practitioner for up to 5 years.

**34. Appeals**

- (1) Appeals can be made to the CCYP within three (3) weeks of an infringement that was committed.
- (2) Appeals can be made to the CCYP within one (1) week of an issue of punishment.
- (3) All Appeals must be considered and voted upon by all active members of the CCYP.
- (4) If an appeal was rejected by the CCYP, a practice will face punishments as complying with clause 23.

**35. Regaining of a Youth Friendly Certificate**

- (1) After a removal of a GP holding a Youth Friendly Certificate, a practice must, if there are no other remaining practitioners with a certificate, either —
  - (a) Train a new youth specialist practitioner in accordance with part 2;
  - (b) Fix the problems identified by the CCYP.
- (2) Once either or both of these options have been fulfilled, practices must provide an appeal for reinstatement as to be assessed by the CCYP.

- (3) A disqualified General Practitioner is not re-eligible for accreditation for at least three (3) years, after which time, they must lodge an appeal with the CCYP for the ability to re-train.

### **36. Lack of Compliance**

If after three (3) attempts at reinstatement, a practice is unable to comply with the requirements set out in part 6 clause 25, practices may at the discretion of the CCYP —

- (a) Be allowed one (1) year to properly fix issues that incurred the loss of the certificate;
- (b) Be fined up to \$25,000 a year, until the issues are rectified, and an appeal for reinstatement is lodged with the CCYP;
- (c) Upon consultation with the health minister and premier, and conformation by the Medical Board of Australia and the Royal Australian College of General Practitioners, be disqualified as a medical practice for as much time as deemed necessary by the aforementioned organisations.

## **Part 7 — Review**

### **37. Review Period**

- (1) A review of this bill by the CCYP is to commence four (4) years from the day on which this Act receives royal assent.
- (2) All subsequent reviews will take place every four (4) years.
- (3) The CCYP will submit a report to the Minister(s) of Health and Mental Health, the Premier, the Royal Australian College of General Practitioners, and the Medical Board of Australia within six (6) months of the conclusion of each review.

### **38. Review Content**

The CCYP will be responsible for reviewing the progress, efficiency and effectiveness of the Youth Specialist General Practitioners Bill 2019 and its various provisions including but not limited to —

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- (a) The effectiveness of the YHRC;
- (b) The mandatory implementation of YFGP per practice;
- (c) Scrutiny of funding for practices in the process of implementing their YFGP program;
- (d) Review of the nature of appeals made to the CCYP.

**39.        Committee Review**

The Minister(s) of Health and Mental Health will conduct a biennial review into the CCYP that considers several factors which include but are not limited to —

- (a) Efficiency;
- (b) Effectiveness;
- (c) Membership composition;
- (d) Contemporary contexts associated with the needs of young people in terms of their physical and mental health