FRIDAY, 8 JULY 2005

ESTIMATES COMMITTEE D—HEALTH

Estimates Committee D Members

Ms VL Barry (Chair)
Mr SW Copeland
Dr B Flegg
Ms JH Jarratt
Mr MF McArdle
Mr KG Shine
Mrs CA Smith

In Attendance

Hon. GR Nuttall, Minister for Health

Queensland Health

Dr S Buckland, Director-General
Dr J Scott, Senior Executive Director, Health Services
Mr T Hayes, Senior Executive Director, Resource Management
Mr T Mehan, Zonal Manager (Northern Zone)

Committee met at 8.31 am

CHAIR: I declare this meeting of Estimates Committee D open. I am Bonny Barry, the member for Aspley and chair of the committee. My fellow committee members are Mr Stuart Copeland, the member for Cunningham; Dr Bruce Flegg, the member for Moggill; Ms Jan Jarratt, the member for Whitsunday; Mr Mark McArdle, the member for Caloundra; Mr Kerry Shine, the member for Toowoomba North; and Mrs Christine Smith, the member for Burleigh.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2005 for the portfolio of the Minister for Health and the Attorney-General and Minister for Justice in that order. Given last night's events, at its meeting this morning the committee resolved that it was most appropriate at this meeting of parliament to rise for one minute's silence in memory and commemoration of the sadness of the people of London. Please join me in doing that.

Honourable members and attendees to the committee stood in silence.

CHAIR: Thank you. In relation to the media coverage of today's hearing, the committee has resolved that television film coverage and photography will be allowed during the chair's opening statement and during the introductory statements of each minister. I remind members of the committee and the minister that the time limit for questions is one minute and the time limit for answers is three minutes. A warning bell will ring once 15 seconds before the end of these time limits and twice when the time has expired. I will allow more time for questions if the questioner consents.

The standing orders require that at least half the time for the questions at today's hearing be allocated to non-government members. Government members and non-government members of the committee will take turns at asking questions in blocks of equal time. For the benefit of Hansard I remind departmental officers and advisers to identify themselves if the minister asks them to answer a question. Please also ensure that mobile phones and pagers are switched off while in the chamber so as not to disrupt the proceedings.

The proceedings today are similar to parliament to the extent that members of the public cannot ask questions. In that regard, I remind visitors that, in accordance with standing order 206, any person admitted to a public hearing of a committee may be excluded by order of the committee.

The first area to be examined relates to the Minister for Health. The time allotted for questioning is four hours. There will be a 20-minute break at 10.40 am. I declare the proposed expenditure for the portfolio of the Minister for Health open for examination. The question before the chair is—

That the proposed expenditure be agreed to.

I welcome the minister and representatives from the department who are in attendance today. Minister, would you like to make a brief introductory statement or do you wish to proceed directly to questioning?

Mr NUTTALL: I would like to do two things, if I could. I would like to make a statement. The statement I would like to make is extensive. With the indulgence of the committee I would like to provide a copy of the statement to each of the committee members and ask that that be incorporated in *Hansard* and then that I be allowed to speak to the statement.

CHAIR: In making a statement the committee asks that you limit it to five minutes.

Mr NUTTALL: Just to clarify, will the statement that I have issued be incorporated in *Hansard*?

CHAIR: Do you seek to table it?

Mr NUTTALL: I seek to have it tabled and incorporated in *Hansard*.

CHAIR: Is it the wish of the committee that the document from the Minister for Health be incorporated in *Hansard*?

Mr COPELAND: We accept it being tabled but not incorporated.

Mr NUTTALL: I would like to have it incorporated in *Hansard*.

Dr FLEGG: We have had no opportunity—

Mr NUTTALL: It is purely a statement around the operations of the department and the future direction of the department.

Dr FLEGG: That is not what an estimates committee is for.

Mr NUTTALL: As I indicated to the Chair, I wish to make a statement, but that statement is extensive and goes beyond the five minutes. So to assist the committee I have provided a copy to the committee and have asked that it be incorporated in *Hansard*. I then wish to speak to the statement.

Mr COPELAND: Minister, the procedures are that you have five minutes to read the statement. We have no problems with it being tabled but I think incorporation is a different thing.

CHAIR: I put the motion—

That the committee move to incorporate the document received from the minister.

There being four in favour and three against, the document will be incorporated.

Leave granted.

Overview

Providing health care to all Queenslanders, across the length and breadth of this State is a great challenge.

When I became Health Minister a lot of people said to me it was a 'poisoned chalice'. I simply don't accept that.

As the Minister I'm prepared to publicly acknowledge the problems, I'm also a Minister who will work through the solutions and I look forward to the challenge.

I have said before we should never be complacent about the services we offer. We must balance the desire to offer services with the very real need to ensure that the services we provide are safe and effective.

The people of Queensland want, and deserve, the best health care we can provide. Everybody understands that desire.

However as a Government and a community we need to be honest about the environment in which we offer these services.

A chronic national and international shortage of trained medical professionals, increased costs associated with advances in medical treatment and changes in our lifestyle are just some of the pressures being placed on our hospitals.

Nobody can honestly suggest we can continue to operate the way we have. With the current shortage of doctors, demands for health services are outstripping our ability to provide them.

Without radical change, continuing to care for people in some parts of Queensland will not be possible.

To put this into perspective, in Queensland last year 226 medical students graduated from our universities, the same number that graduated in 1976. Over this period of time Queensland's population has more than doubled.

The result of this can be seen when looking at the latest report by the Australian Institute of Health and Welfare which provides information from 2002.

This report paints a bleak picture of Queensland's medical workforce.

In 1997 Queensland had 236 employed practitioners per 100, 000 of the population, by 2002 this had decreased to 220 per 100, 000—the lowest of any State or Territory.

The report shows that between 1997 and 2002 the number of medical practitioners in Queensland grew by just 1.7 percent. The national average over the same period of time was 12 percent.

Figures from the Medical Board of Queensland show that between 2002 and now our position has gotten worse.

The number of medical practitioners we can rely on is decreasing.

In 2002, 13 754 doctors were registered in Queensland, this year there are only 13 643. Over this period of time our population has increased by more than 300 000.

When you look at these facts it becomes clear that if we are going to continue offering safe and effective health services we need to make radical changes.

Options—working with the Commonwealth

There are no easy answers to the challenges that face us, long term solutions will only be found if Governments, both State and Federal and all healthcare professionals are prepared to work together.

A large part of our medical workforce is divided between public and private systems leaving two levels of Government responsible.

This has severely impacted on our ability to successfully plan and manage our medical workforce.

A practical approach to address the problems with Australia's medical workforce would be to streamline this system—to make the Commonwealth responsible for all doctors and the States responsible for providing equipment and infrastructure.

This would ensure clear and simple lines of responsibility and reduce administrative burdens for both the Commonwealth and State Governments.

This approach would ensure better workforce planning with only one level of Government responsible from university through to specialisation. It would provide a truly national approach to these problems.

State and Commonwealth relations will always be prone to ideological debate and arguments about who pays.

This idea will involve putting those differences aside and with the best intentions working together to find a solution.

State solutions for a Queensland problem

We have reached a point where endless talk and debate is simply no longer an option.

If we are to continue to offer safe and effective services we need to radically change the way we work.

While I have outlined a way for the Commonwealth to work with States and Territories to do this, we can't rely on this alone. We need to look at solutions for Queensland that can be implemented now.

Enhanced clinical roles

Recently both the Premier and I released publicly a submission to the Morris Royal Commission outlining options to enhance the clinical roles of a number of nursing and allied health professions.

I won't take time now covering these ideas again but will say without these types of initiatives our medical workforce will never be able to meet the demands placed on it—that is, treating all patients who need help.

Midwife led models of birthing

The Hirst Review into maternity services in Queensland identified this issue and showed useful ways to fully utilise the medical workforce we have.

This review called for the establishment of mid-wife led birthing units throughout the State to combat the closure of maternity services in many rural and regional areas.

Under this model we would see midwives delivering birthing services for low-risk births across the State. We have already established a pilot site for this model of care in Mareeba and I have asked my Department to identify a further three potential sites to trial this service.

This is aimed at safely providing maternity services across the State—allowing mothers to birth in the community they live in.

I am committed to finding new and innovative ways to provide safe and effective health services to all Queenslanders, wherever they live.

Providing Services in Rural Queensland

However maternity services are just one example of the impact the shortage of doctors has had in rural and regional Queensland, in both the public and the private sectors.

If we are to continue to provide services throughout Queensland we need to be innovative.

One possible solution is to partner with the private sector.

To say to doctors in rural and regional Queensland here are the facilities, base your practices in our hospitals and using our resources care for all patients, not just private patients.

This approach would see local doctors partnering with Queensland Health in running our hospitals.

Doctors involved would receive a financial benefit through basing their practices in a ready made facility with support staff at no cost. This approach would also ensure public patients could see a doctor when they needed to.

Work is underway to identify four pilot sites that may be used to trial this model of health delivery. My Department is currently identifying hospitals that may be suitable and once this is completed will make contact with local doctors to discuss the initiative.

This approach could be further enhanced through the co-location of ambulance services at our hospitals.

In effect this would create health service hubs, allowing local doctors, nurses, allied health staff and paramedics to work together to provide services.

Maintaining Health Professionals skills

Another vital area is working to maintain the clinical skills of doctors working in Queensland.

Studies show that each and every year in Australia approximately 18 000 patients die through medical misadventure—adverse outcomes from seeking medical treatment.

Medicine is a human science delivered by people. We will never find a faultless system. What we can and must do is work to ensure human error is limited.

Other industries such as aviation and the nuclear power industry have worked tirelessly over the last decade to limit human error. Each year airline pilots undertake an assessment of their skills, conducted in a simulator, before being allowed to continue flying.

Do we need to look at a similar system for medicine?

Some form of periodic assessment, conducted in conjunction with the Medical Board, when doctors renew their registration.

Each year doctors travel extensively to medical conferences to learn about advancements in medicine from their peers.

This is useful and essential, but you can't learn medicine simply out of a book—you need to study the practical work as well.

Through bodies like the Skills Development Centre there is no reason why we can't provide practical assessments to monitor doctors' clinical skills and ensure they are adequate.

Any doctor not competent to perform surgery or other important medical interventions would be identified and their registration limited until they became competent.

This would ensure our doctors continue to be trained in the latest surgical techniques and are all competent to perform interventions appropriate to their area of practice.

By conducting these periodic reviews we could ensure that doctors in both the public and private sector were checked, ensuring all Queenslanders could be confident in services they are receiving.

Delivering health services

A number of these initiatives will assist in delivering safe and effective healthcare to the people of Queensland.

They will not however address the fundamental issue of demand for services outstripping our ability in the public system to deliver services.

For this issue to be addressed we need to see a dramatic increase in the number of doctors we are training in Australia. Unfortunately even if this were to happen tomorrow it would still be 10 years before we would see the benefit.

In the meantime we need to better manage the health resources we have.

Partnering with the Private Sector

In Queensland we have only just started to explore innovative ways to partner with the private sector. The Government's current elective surgery program is a good example of how we can work together, with a number of patients receiving their elective surgery in the private sector.

We need to look at how we can enhance this relationship and ensure that our health service capacity, in both the public and private system, is used effectively.

One possible way to enhance this partnership would be through the use of a voucher system. Giving patients the ability to decide where and when they receive their surgery.

The vast majority of non-urgent elective surgery patients could be provided with a voucher, allowing them to access their surgery in the private system with little or no cost to themselves.

This would relieve the pressure on our public elective surgery waiting lists and fully utilise the capacity of the private system.

Through these more highly developed partnerships we may also see a wider scope to provide training to doctors who wish to become specialists.

Training in the Private Sector

Currently the public system is responsible for the vast bulk of specialist training.

This vital role places a heavy burden on our public hospitals. It's compounded by the fact that following their training many specialists leave the public system to pursue their career privately.

As part of this training our surgical specialists spend a lot of time working on non-urgent elective surgery, gaining experience on the less complicated cases.

If we implemented a voucher system and moved the bulk of this work into the private sector this would have implications for the training of specialists.

Private providers would need to start playing a role in the training of new specialists. Providing them with theatre time and supervision to give them the experience they need.

Queensland has already pioneered a system of allowing junior doctors to train privately in Queensland Hospitals, as highlighted by the Productivity Commission's Health Workforce Paper earlier this year.

If we are going to partner with the private sector we need to extend this arrangement and encourage all private facilities to offer training places.

Conclusion

As I have said before there are no easy solutions.

We need to look at new and radical ways to deliver health services to the most decentralised state in Australia.

To improve our health system we need to work together. We have to put vested interests aside and look for solutions.

I've started today by outlining a number of ideas that could be looked at. I don't pretend for one minute that they are the answers to all our problems but they're a starting point.

The challenge is now for all stakeholders to debate these ideas, put their own on the table and for all of us to start working towards solutions.

Mr NUTTALL: As the minister responsible for the portfolio of Health I firstly acknowledge that, while we do have challenges before us, we have proposals and solutions to work through the issues before us. Today in the document that I have incorporated I have outlined a number of ideas we have for reforming the health system. One of the ideas is a partnership with rural doctors. It is about trying to address the issue around the shortage of doctors in our rural and regional areas.

All of these options that I am putting on the table are purely options for the general public to have some discussion about. I think that is what is needed. We can no longer try to provide services in our rural and regional hospitals when we have significant doctor shortages not only in this state but in this country. The only way we can address that issue is through a partnership.

One of the proposals I am putting on the table today relates to doctors in rural and regional Queensland. We would like to identify four sites—and I have already had a meeting with the Rural Doctors Association to work through those issues—for a genuine partnership with the private sector in rural and regional Queensland. That may mean that doctors would be able to have their private practices in our hospitals and at the same time work with us in running those hospitals in genuine partnership. We would then actually have a proper health hub in a small rural or regional town.

We would obviously need to upgrade the skills of our nurses. We have talked about the nurse practitioner role. We want to upgrade the skills of our paramedics. We want to colocate our paramedics to hospital. We want to have a genuine health hub in these small regional and rural towns. I think that is vitally important for the people in rural and regional Queensland if we are going to provide the services that are required.

That is just one of the ideas that we are floating today. Another idea we are floating today is the issue of waiting lists for surgery. We have trialled over the last 18 months or so a genuine partnership with the private sector in terms of outsourcing both in the area of dental care and in the area of general surgery. We have had enormous success in both those areas.

We have now had over 8,000 occasions of service in dental care performed by private dentists due to us outsourcing that work. That is 8,000 occasions of service that would not have been done simply because of the huge workload that we have in the public sector and the shortage of dentists. Outsourcing actually does work.

We want to extend that even further. We have done that in other areas of general surgery. If we are genuine about trying to fix the problems we are going to have to change the way we do things and the way we have done things in the past. We can no longer rely on doctors coming to our hospitals. Doctors in specialist areas have very big practices. We have more and more private hospitals. We have more and more private day surgeries. We have to change the way we have done business in the past.

Maybe one of the ways we can do that is by further outsourcing our work in the category 3 area. Certainly our hospitals are responsible for category 1 and category 2. Those people need to be urgently treated and we do that very well. In the area of category 3, instead of getting the doctors to come to our hospitals maybe we need the patients to go to the doctors.

We want to put on the table today an option to be considered. We are considering some form of voucher system whereby we would say to the patient, 'You require that surgery. Here is a voucher and off you go to the private sector. Visit your specialist and have your surgery out in that area and paid for by the public system.'

It can no longer be sustainable—no longer sustainable—to expect that we can attract highly qualified specialists to work in our hospitals to address the workloads that we have. Those specialists, as I have said, have huge practices and those practices prevent them to a large degree from working in our public hospital system.

CHAIR: Thank you, Minister. The first round of questions is from non-government members. I call the member for Cunningham.

Mr COPELAND: Minister, I follow on from your statement regarding the shortage of qualified doctors and specialists within the Queensland Health system.

Mr NUTTALL: No, I said in Queensland and Australia.

Mr COPELAND: In Queensland and Australia and specifically the shortage and the difficulty in attracting them to work for Queensland Health. Report after report that has been delivered to your government, including, for example, Cherrell Hirst's report into maternity services, has been highly critical of Queensland Health and the fact that good people have been driven away from Queensland Health. What are you going to do to address that inherent culture that is driving good people out of Queensland Health and making it impossible to recruit new people into that system?

Mr NUTTALL: It is called the Forster review, and that is why we are having the review by Peter Forster.

Mr COPELAND: So you had no plans to do that before the Forster review started?

Mr NUTTALL: Madam Chair, I am trying to answer the question, if the honourable member would allow me to answer the question that he has raised. The difficulty we have had in the public system relates to a number of complex issues. One is the significant issue of the shortage of doctors and specialists and the shortage of highly qualified nurses, and we are endeavouring to address that. The Forster review will look at the operations and the administration of Queensland Health to assist us in trying to change the system so that we can retain our doctors and our specialists. But it is very difficult to retain those when, just as we in this nation are trying to recruit doctors from overseas, overseas countries are trying and endeavouring to recruit specialists and doctors from within Australia. That is no different. We are not in isolation from the national and international shortage.

In order to address that, money is not always the answer. I am put in a position where I am asked to increase salaries, and we will do that, and the Premier has stated that. We have a round of enterprise bargaining coming up, and there will be pay rises in that round of enterprise bargaining. But if you are to continue to do a Dutch auction of one state against the other, you do not solve the problem. The problems are not just around, in terms of attracting doctors and others, the issue of money. That is why Peter Forster is doing the review—an extensive review with extensive consultation throughout the state. We look forward to the report from Peter Forster, and we will work on the recommendations that are contained in the report.

Mr COPELAND: Minister, I refer to your statement about the process of recruiting overseas trained doctors. It was reported in the *Courier-Mail* on 30 April this year that—

Nuttall's position is that he did not know about the widely held concerns over the proficiency of overseas trained doctors streaming into Queensland, nor did he know, he says, about the worries over the lack of screening of their qualifications because he said nobody, not his Director-General, Dr Steve Buckland, his Head of Health Services, Dr John Scott, nor any of their underlings had

told him. 'In all the briefings given to me when I became minister, all the briefs were by way of senior management coming in and talking to me about their issues. This issue of overseas trained doctors was never raised—never ever raised.

Minister, do you stand by that statement that you were never ever advised by your department of the issues relating to overseas trained doctors?

Mr NUTTALL: What issues are you referring to?

Mr COPELAND: About the training, the concerns over proficiencies, the registration of those doctors coming into Queensland or any of those issues regarding OTDs as you were quoted as saying?

Mr NUTTALL: I stand by the statement I made.

Mr COPELAND: You were never ever briefed?

Mr NUTTALL: I stand by the statement I made.

Mr COPELAND: Minister, could I ask Dr Buckland and Dr Scott whether they agree that you were never ever briefed on the issues of OTDs?

Mr NUTTALL: I am happy for them to answer that, but let us get it very clear when we talk about the issues of overseas trained doctors. The question is around the competency of overseas trained doctors. Is that what you are getting at?

Mr COPELAND: Widely held concerns about the proficiencies of overseas trained doctors, which is what you said. There has been a whole range of issues that have been raised over the proficiencies of overseas trained doctors for 18 months, and you said that you were never ever briefed about any of those widely held concerns.

Mr NUTTALL: I will let Dr Buckland answer and Dr Scott can answer.

Dr Scott: Certainly, my understanding is that in discussions that I had had with the minister's office and with the minister in the past, either on the basis of one to one or in concert with other officers of Queensland Health, the issues had been raised. But I think also that there have been other meetings in the past with outside agencies like the AMA or the Rural Doctors where I understood that those issues had been raised as well.

CHAIR: I just remind honourable members that it is one question.

Mr COPELAND: I was clarifying with the minister.

CHAIR: It was previous to that. Thank you. Your question?

Mr COPELAND: The minister has advised that Dr Buckland would be able to speak as well.

CHAIR: That is it. Thank you. Your question?

Mr COPELAND: Dr Scott, thank you for that clarification, because that would have been, I think, everyone's expectation that the minister had been advised, particularly—

Mr NUTTALL: Hang on. I am going to clarify this. Try to clarify for me exactly what you are saying. Are you saying to me that I have said that the issue around the competencies of overseas trained doctors was never raised with me by Dr Scott? Is that right? The issue around the competencies of overseas trained doctors was never brought to my attention. It was never brought to my attention that there were problems around the competencies of overseas trained doctors by anyone, and, as I said to you, I stand by that statement.

Mr COPELAND: Thank you, Minister. Dr Scott has just said that his belief was that they indeed were raised with you.

Mr NUTTALL: And I am telling you they were not.

Mr COPELAND: Could we perhaps get Dr Buckland to clarify the position? Yes or no, Minister? That is all we need.

Mr NUTTALL: I do not quite understand what you are trying to get at here.

Mr COPELAND: I think it is a very important issue—that you have publicly criticised—

Mr NUTTALL: And where is this in the estimates? I have tried to clarify it with you, but I am trying to come to grips with where this is in terms of the estimates that we are trying to address, or are you trying to run a parallel inquiry to Commissioner Morris?

Mr COPELAND: Minister, you have just raised in your answer to my first question the difficulties and the necessity to recruit overseas trained doctors to address staff shortages.

Mr NUTTALL: No. Do not put words into my mouth. In my opening address I said that we are having difficulties in recruiting doctors full stop.

Mr COPELAND: And in your answer to my first question you said that you are out there recruiting overseas trained doctors to come and work in the Australian system and while you are doing that there are other countries in competition with that. I also refer to MPS page 1-1 under 'Strategic Issues' and healthier staff with an aim of providing staff with the right knowledge and skills and providing an

environment that values their experience. On the one hand we have the overseas trained doctors, and there have been wide concerns held by, as Dr Scott quite rightly said, the RDAQ, the AMAQ and staff within the Queensland Health system and you are saying that you have never been briefed about those issues.

Mr NUTTALL: If all these bodies have great concerns about the competencies of the overseas trained doctors, the question that should be asked is this: why didn't those organisations go to the Medical Board with examples of where they had their concerns and what they did to address those concerns? That is the body that is there to address the issues around competencies of overseas trained doctors.

Mr COPELAND: Minister, with respect, Dr Lennox within Queensland Health wrote a report in 2003 raising these very issues. The RDAQ have been raising their issues and the QRMSA in their report last year detailed their concerns with—

CHAIR: Order! Members, the reference in the first place should be to the MPS for the estimates committee that we are in. I congratulate the person who is time keeping in keeping up with this, because I cannot. Questions are one minute and answers are three minutes unless the minister chooses to be shorter than that. Can we please just flow with that? I call the member for Cunningham.

Mr COPELAND: Again, I refer to 'Strategic Issues', and I think this goes to the whole fundamental problem within Queensland Health and the strategic direction. Dr Scott has quite rightly I think said that his understanding is that all of those bodies had raised issues of concerns about the proficiencies of OTDs and it was his understanding that in fact in one-on-one briefings they had been raised with you.

Mr NUTTALL: So are you saying that you agree with Dr Scott but you do not agree with me?

CHAIR: Order! Minister, the question had not been finished being asked. You need to get to the question, member.

Mr COPELAND: Thank you. Minister, you have publicly criticised in the media both Dr Buckland and Dr Scott—

Mr NUTTALL: No, I have not.

Mr COPELAND: Well, advising through the media that Dr—

Mr NUTTALL: No, I have not. I have never criticised—

CHAIR: I call for order again. I remind the member for Cunningham that you need to ask the question.

Mr COPELAND: I am trying to get there, Madam Chair.

CHAIR: That is because we are talking about a whole lot of opinions. You need to ask the question.

Mr COPELAND: In the media reports you advised that neither Dr Buckland and Dr Scott nor any of their underlings had advised you about the issues of overseas trained doctors—'never ever' raised it were your words. Now Dr Scott has advised that it is his belief that in fact they were raised. It would be interesting to hear what Dr Buckland's view was, but given that all of those different bodies have raised the issue of overseas trained doctors in the past year, do you really believe that anyone is going to think that this issue was not raised with you as you have publicly said to the people of Queensland and again reiterated today?

Mr NUTTALL: I am not going to get into an argy-bargy with you other than to say that I stand by the statement that I have made in the past.

Mr COPELAND: Again, could I ask if you would be prepared for Dr Buckland to put on record his—

Mr NUTTALL: I am not going to get into an argy-bargy with you over this issue. I have made a statement to the committee, and I am going to leave it at that.

CHAIR: Thank you. Next question.

Mr COPELAND: With the overseas trained doctors, given that the issue has been raised in the parliament last year, it was raised by the AMAQ, it was raised by the RDAQ, it has been raised by the QRMSA, it was raised by Queensland Health's own report by Dr Lennox, what is the normal procedure if an issue is raised with you in the parliament? Does the department provide you a briefing on that issue?

Mr NUTTALL: If I ask for it, yes.

Mr COPELAND: So unless you ask for it, no briefing is provided to you?

Mr NUTTALL: Is that another question or what?

CHAIR: It is, Minister. Can I just please remind all honourable members that under standing order 177(f) a member may ask any question relevant to the examination of the appropriation being considered. Would you please make clear the examination of the appropriation being considered in your question? Thank you.

Mr COPELAND: Madam Chair, this is a $6 billion department with 65,000 staff. I would have thought the operation of the ministerial office is actually fairly integral to how the department is going to operate.

CHAIR: Can I just respond by saying that, with a $6 billion budget appropriation, there should be a reference to the MPS.

Mr COPELAND: Again, I refer to the strategic issues in providing a healthier Queensland, because obviously we are having real problems. Minister, to clarify, you have said that, unless you ask for it, if a question about an issue that has been raised in parliament is asked then the department does not provide you with a brief?

Mr NUTTALL: Any issues that are brought to my attention I have my department address—any issues. Any issues that are brought to my attention by any person or relevant body, I have my department address.

Mr COPELAND: So when the issue of overseas trained doctors was raised in the parliament last year, did you ask for a briefing on that issue?

Mr NUTTALL: In what context was it raised and who raised it and did they raise it with me?

Mr COPELAND: Dr Flegg at least once raised it about the proficiency of overseas trained doctors.

Mr NUTTALL: In what context?

Mr COPELAND: It was a question he asked of you.

Mr NUTTALL: And I answered the question in parliament.

Mr COPELAND: So you did not ask for any further briefing—

Mr NUTTALL: I answered the question in parliament.

Mr COPELAND: So given that you did not ask for any further briefings, we now have a situation where in February this year we have had an absolute scandal erupt at Bundaberg because of—

CHAIR: Order! Member for Cunningham, I refer you once again to the MPS and the examination of the appropriation that we are dealing with.

Mr COPELAND: Surely, Madam Chairman, the issue of the proficiency of doctors within the Queensland Health system is fundamental to this estimates inquiry.

CHAIR: I am unable to see the relevance to the MPS. Could you please move on. Ask another question. Give me an MPS reference.

Mr COPELAND: Madam Chair, I will refer you to MPS page 1-1 where it talks about healthier people and communities, healthier partnerships, healthier hospitals and healthier staff—none of which are being provided at Bundaberg certainly. I think it is fundamental to the issues that are inherent within Queensland Health.

CHAIR: Please move on to your next question.

Mr COPELAND: I refer to the allegations of Medicare fraud outlined in documents that have been provided to various different groups emanating out of Townsville. Are you aware that this practice is happening and what have you done to address the problems?

Mr NUTTALL: Do you have some documents or evidence around that?

Mr COPELAND: I am happy to move that a stack of documents be tabled regarding issues surrounding those allegations. These documents have been forwarded to the Morris inquiry and I table them for the committee's understanding.

Mr NUTTALL: Do you believe they are of a serious nature?

Mr COPELAND: Absolutely.

Mr NUTTALL: If you believe they are of a serious nature, can I ask why you did not bring them to my attention earlier and why you have waited for today to bring them to light? If they are of such a serious nature, why have you not brought them to my attention as minister prior to today?

Mr COPELAND: They were forwarded to the Morris inquiry over a week ago.

Mr NUTTALL: So you forwarded them to the Morris inquiry but you are asking me a question. My question to you is: if they are of such a serious nature as you state, why did you not bring them to my attention prior to today?

Mr COPELAND: These allegations have been ongoing in Townsville.

Mr NUTTALL: Why did you not bring them to my attention before today if they are of such a serious nature?

Mr COPELAND: Do you not know that these allegations have been made in Townsville?

CHAIR: Order. You will need to seek leave to table the documents.

Mr COPELAND: I seek leave to table those.

Leave granted.

CHAIR: Again I would like to congratulate the timekeepers on keeping up with this. Reference to the MPS, member for Cunningham?

Mr COPELAND: This goes to ongoing claims of bullying and vilification which I think still refers to the Integrating Strategy and Performance process and providing an environment that values their experience and supports positive ideas to drive innovation, creativity and health innovations. When these issues have been raised in Townsville the people that have raised them have been threatened with, for example, cuts in pay.

CHAIR: Member for Cunningham, order! The question?

Mr NUTTALL: Do you have evidence of that?

Mr COPELAND: I would draw your attention to those documents.

Mr NUTTALL: Well, you have not shown them to me.

Mr COPELAND: Have you had any of those issues raised with you through Queensland Health?

Mr NUTTALL: No.

Mr COPELAND: The allegations have been made within the Townsville district but they have not been referred to you?

Mr NUTTALL: I do not know where the allegations were made or who they were made to. You have got the documents there which you have not given me the courtesy of giving me a copy of, so it is very hard to answer your questions when you have not provided them.

Mr COPELAND: Just like Bundaberg where you had no idea that there were problems happening within the Bundaberg Health District, you have no idea of problems happening within the Townsville Health District?

Mr NUTTALL: What I have said to the committee is this: any matter that is brought to my attention by any person or any groups of people I have my department address.

Mr COPELAND: Is this another issue that you say that you have not been briefed on but your department may disagree that you may well have been briefed on it?

Mr NUTTALL: It is no coincidence that the story appears in today's paper on the morning of my estimates. So one must be a bit, I suppose, concerned about the events surrounding that. Certainly in terms of the issue around what you have raised, that has not been brought to my attention.

Mr COPELAND: Given people's experience of raising issues within Queensland Health, it is clear that the only way that any action is taken—whether that was investigation of the Bundaberg mental health system, whether it has been the royal commission and Forster inquiry into Bundaberg health—and the only way that any issues are addressed is if they are raised publicly because clearly if they are raised within Queensland Health these issues are not addressed.

Mr NUTTALL: That is a statement, not a question.

CHAIR: Move on to the next question.

Mr COPELAND: I refer again to the issue of overseas trained doctors. At the Rural Doctors Association of Queensland conference on 11 June you advised delegates that you were not aware of the then QRMSA report titled *Solutions for the provision of primary care to rural and remote communities in Queensland* which provides a blueprint for recruiting and retaining staff—

CHAIR: Member for Cunningham, the question?

Mr COPELAND: I have got a minute, Madam Chair. Minister, you advised delegates that you were not aware of that report. That report was launched at last year's RDAQ conference. I knew about it and quoted from it at that conference; Dr Buckland and Dr Scott were both in attendance last year when it was launched. Why was it 12 months later you still were not aware of that report?

Mr NUTTALL: Because I did not attend the 2004 conference. That is the first thing. The document that was waved around at the conference that I attended in Cairns in June where the person indicated that I had had the document for 12 months was dated May 2005. May 2005 that document was dated.

Mr COPELAND: The only change to that document was the change in name.

CHAIR: Order! The time allocated for questions by non-government members has expired. Minister, given that an additional $4.6 million is being spent to expand the Healthy Hearing program—MPS page 1-21—can you advise of how much success the program has had at this point?

Mr NUTTALL: We have allocated $22 million to implement the statewide universal newborn hearing screening program. As you rightly point out, it is called the Healthy Hearing program. This funding has been allocated over a three-year period progressively to implement the program throughout

Queensland. The aim is to obviously detect permanent childhood hearing impairment by providing free hearing screening to babies before they reach three months of age. The early detection of hearing impairment and subsequent early intervention is critical for speech and language development and can significantly improve educational and employment prospects for these children that are identified.

So far the program has been fully implemented in six of our hospitals in Queensland—the Townsville Hospital, Mater Health Services, Royal Brisbane and Women's Hospital, Logan Hospital, Cairns Base Hospital and the Nambour Hospital—and it is achieving its targets in these hospitals. So far to date more than 11,000 babies have been screened, which represents a 98 per cent capture rate of babies born in hospitals with this program. Figures to the end of April show that 1.6 per cent of these babies have been referred for audiology for immediate testing, 52 babies have been confirmed with a hearing loss of some kind and a further 28 babies are currently being diagnosed. More than 600 babies with risk factors for delayed onset or progressive loss have been referred to audiology services for testing at nine months of age.

By early July a further five hospitals will begin screening. From this time approximately 50 per cent of all babies born in Queensland will be able to access a hearing screen during birthing admission. Private hospitals are also being invited to participate in the program and will be funded to undertake the screening. Six private hospitals have been approached to date and all have indicated their willingness to participate. Work is progressing on implementation in these hospitals.

When the Healthy Hearing program is fully implemented at the end of 2006 all newborns and their families in Queensland will have an opportunity to receive a hearing screen and, if needed, to access support services which will significantly improve, obviously, the quality of life for these young children.

CHAIR: In what ways will the $12.1 million investment in the Queensland Bone Bank identified in the MPS improve the health of Queenslanders?

Mr NUTTALL: The Bone Bank has been an issue that has been ongoing for some time and it is an important area for us in Queensland Health. It was established back in 1987 and there has been significant growth in that area since that time. More than a thousand patients a year now receive benefits from the Bone Bank. Grafts provided by the Queensland Bone Bank are used for children with cancer undergoing limb salvage surgery, patients having complex spinal surgery, patients undergoing revision for hip and knee surgery and patients suffering from massive skeletal loss as a result of road accidents.

An investment of $12.1 million in the Queensland Bone Bank has enabled the construction of a state-of-the-art facility at Coopers Plains which is unparalleled on an international basis. This purpose-specific tissue-processing facility is required to meet current needs and to cope with projected increased demands for human allograft material. This new facility will promote growth of our donor recipient program and it will make provision for increased personal capacity, increased storage space for tissue, tissue-processing equipment and other related material and larger and purpose-specific tissue-processing areas. The Queensland Bone Bank is licensed by the Therapeutic Goods Administration, and increasingly stringent requirements have been of paramount importance in the planning and design of the future facility. The ability through the new facility to meet these requirements will provide a sound framework for continuous quality improvement.

The centre obviously strives for excellence in the provision of all its work and there is also a strong commitment to ongoing research to improve both quality and safety of the product and to build a solid foundation for future research initiatives. I am confident that this state-of-the-art facility will be a flagship for the Smart State in years to come.

CHAIR: I refer to an area that I know that we are all committed to, and that is tobacco control. Can you please advise the committee how the $4.5 million for the enhancement of the multistrategy Tobacco Control Initiative identified in the MPS will be spent?

Mr NUTTALL: Thank you, Madam Chair. What the $4.5 million will pay for is increased enforcement of Queensland's tobacco laws with recurrent funding for an additional 18 officers for the enforcement work office; statewide industry and public education campaigns to support roll-out of the new tobacco laws; increased capacity for the specialist team which enforces sales to minors tobacco laws; more antismoking and quit-smoking mass media campaigns; an increased work force across the state to provide quit-smoking advice and support and implement smoking prevention programs; increased capacity for Queensland Health's Quitline telephone service, including assessments, quit-smoking assistance and a new call-back counselling service; enhanced implementation of community based programs to promote culturally appropriate antismoking messages at Indigenous sporting and cultural events; increased training and support for health workers to enable them to deliver quit-smoking advice and support for Indigenous patients; and roll-out of a new comprehensive antismoking policy for all public hospitals and Queensland Health facilities, including new smoking bans, free nicotine patches for inpatients, a quit-smoking program for all Queensland Health staff and a new clinical guideline for all health workers to help them encourage and support their patients through the quit-smoking process.

The use of tobacco remains the leading preventable cause of death in Queensland. Despite our success in reducing overall smoking rates in recent decades, we estimate 20 per cent of Queenslanders aged 14 years and over are still smoking every day. Smoking rates for Indigenous Queenslanders are still too high, coming in at more than double that for the general community. Youth smoking also remains a concern, with the latest figures showing that 14 per cent of students between the ages of 12 and 17 smoke regularly. More than 3,400 Queenslanders are dying from smoking related diseases each year so there is still a lot more work to be done.

The new investment matches this government's commitment to antismoking legislation. Queensland's new tobacco laws put in place the toughest and most comprehensive smoking bans in Australia. The new laws also contribute to a culture that supports smokers trying to quit and discourages young people from taking up the habit.

Mr SHINE: In relation to the $5.8 million being invested improving secondary and tertiary cardiac care, could you please advise how this will improve services for patients?

Mr NUTTALL: Secondary prevention is the early detection and treatment of people who have begun to develop coronary artery disease. In the current budget the government will provide an additional $4.8 million for the operation of the cardiac catheter laboratory at the Gold Coast Hospital. The cardiac catheter laboratory will improve equity in service provision and improve accessibility for clients within that area.

Since opening in March of this year more than 3,000 patients have so far had access to early intervention angiograms and stents. This funding will allow a further 2,000 patients to access these early intervention procedures.

Congestive heart failure is a major public health problem and affects one per cent of the general population, three to five per cent of the population over 65 years and 10 per cent of the population over 75 years. It accounts for the largest and most expensive diagnosis and constitutes a major public health burden, generally due to recurrent hospital admissions. A large proportion of these readmissions are due to poor patient education, medication, noncompliance and errors, dietary management and poor discharge planning and follow-up.

The government has allocated $0.3 million to the PA Hospital health service district in order to provide a multidisciplinary approach to the management of CHF. This program will include patient education, specialised follow-up and improved management, cardiac rehabilitation, exercise education, and behaviour modifications to improve the physical and emotional conditions of people with heart disease. An allocation of $0.3 million for additional cardiac rehabilitation programs will enhance patient access to both traditional facilities based and alternative programs that will subsequently assist patients in their recovery to a full and active life, including reducing the risk of further coronary artery disease and cardiac events for the majority of patients.

The allocation of $0.4 million to undertake approximately 80 additional early intervention angiograms and stents will also benefit the people of Queensland by improving access to this vital service.

Mr SHINE: Thank you, Minister. Minister, could you please explain the benefits to rural renal patients from the expenditure to complete telehealth links between low-dependency services and senior clinicians at major centres?

Mr NUTTALL: Yes, it is an important area for us. We have invested a substantial amount by using technology to assist rural and remote renal patients. Potential use in other specialities such as radiology, dermatology and others is currently being considered. The telehealth stuff has worked well so we are hoping to expand on that.

In 2004-05 and right through to 2006-07, our election commitments for telehealth services will be established in the following Queensland Health centres: Thursday Island, Cooktown, Atherton and Innisfail. They are low-dependency units and they will link to senior clinicians in the Cairns Base Hospital high-dependency renal unit. Mount Isa, Mackay and Home Hill will also receive low-dependency units and they will also be linked to the Townsville Hospital high-dependency unit. Hervey Bay and Bundaberg will require linkage to Nambour Hospital or the Royal Brisbane and Women's Hospital, depending on the availability of senior clinicians. Redcliffe and Nambour will have the ability to link with senior clinicians at the Royal Brisbane and Women's Hospital, and Toowoomba and the Gold Coast, Logan, Ipswich and Redlands will have the ability to link with senior clinicians at the PA Hospital, although many of these facilities currently have senior clinicians in their own right.

The application of this technology is expected to include consultations for both pre- and post-operative patients, some pre-dialysis education, supervision of patients experiencing difficulties with dialysis access, and it has the potential to include patient review out of normal clinical times. In addition to that, the benefits to home dialysis patients would include access to the service of a multidisciplinary team including a dietician, dialysis nurse, biomedical engineers—that is, technicians—and additional consultations. Further, there is also expected to be benefits to staff for ongoing in-service education,

training, team meetings, networking and other support, and we are investing $0.5 million which was committed to establishing that service. However, benefits such as the significant reduction in travel costs of patients and staff are expected to balance that over a number of years.

Mr SHINE: Thank you, Minister. Minister, in reference to oral health services in Queensland, could you outline what benefits there have been for my constituents in the electorate of Toowoomba North by the provision of funding for these services?

Mr NUTTALL: Yes. Again, it is a significant area of high demand and the people in Toowoomba North are provided with oral health services by the Toowoomba Oral Health Service, which caters to eligible patients through community clinics and a school dental service. In addition to that, the Toowoomba service provides clinical and managerial support to the oral health services in both the Northern Downs and Southern Downs health service districts under the host district arrangements for oral health services.

The commitments made by the government provide for innovative strategies to address the growing demand for our services in the area of dental care. These strategies include additional funding to extend clinical hours, to establish partnerships for the private dentists, as I have outlined earlier today, and to establish outreach teams to provide services in rural and remote areas. The host district—that is, the Toowoomba Oral Health Service—received approximately $475,000 in additional funding the last financial year for the provision of extra services across Toowoomba and the Northern and Southern Downs. This funding also supported the establishment of an outreach team. As a result of this additional funding, around 42,000 occasions of service were provided to adult patients across the three districts in the 2004-05 financial year.

I think what is important here is to show that that represents an increase of 6,000 occasions of service compared with the 2003-04 year, so it shows that the program is working and it shows that more people are being cared for. In addition, a travelling dental team was established and is based in Toowoomba. This team provides services across the southern part of the state. In the past 12 months the team has visited Barcaldine, Chinchilla, Cunnamulla, Dalby, Goondiwindi, Gympie, Longreach, Stanthorpe, St George, Tara, Warwick and Winton. The Toowoomba Oral Health Service has also been instrumental in establishing a partnership with Goolburri Dental Service and the Indigenous Dental Health Service which also operates a mobile dental service.

In 1996 the Howard government ceased the $300 million Commonwealth dental program. Our share was $20 million annually, and we were the only state that fully replaced that and we have also added to that. Queensland has the most generous eligibility criteria for any state, and the services provided are completely free. The eligible population in Toowoomba, Northern Downs and Southern Downs health service districts is estimated at 70,000 adults and 47,000 schoolchildren.

CHAIR: I call the member for Whitsunday.

Ms JARRATT: Minister, I was interested and delighted to read on page 1-14 of the MPS that Queensland Health will be investing $62.5 million over four years as part of the cancer package. Could you outline to the committee where this funding will be directed?

Mr NUTTALL: Yes. It is a significant investment in the area of cancer, and I think most of us would agree that all of us know someone within our family or friends or relatives who have been affected by cancer. We have made a commitment to trying to provide a world-class cancer service for all Queenslanders, and we started this concerted effort in 2004 when we announced nearly $40 million worth of investment for cancer services as part of a comprehensive cancer strategy. This year's funding boost to cancer services across Queensland is designed to enhance this commitment. Cancer is a complex disease but obviously all of us are committed to fighting it on all fronts.

We will dedicate an additional $4.5 million each year to deliver enhancements to the government's multistrategy approach to tobacco laws, antismoking social marketing campaigns, quit smoking services and Indigenous programs. Residents of the Gold Coast will benefit from the employment of a full-time specialist clinical haematologist at the Gold Coast oncology service. As well as employing this high level specialist, funds have been made available for additional treatment costs. To try to ensure that the kids get the best possible care, the government will provide finding for a specialist medical oncologist at the Royal Children's Hospital. The additional funds made available in this year's budget complement the spending that we have made as a government to cancer services across Queensland.

Some examples of this are: $2.5 million will go towards the running cost of a state-wide positron emission tomography—what they call the PET service—at the Royal Brisbane and Women's Hospital; $2.4 million will go to hospitals around the state for increased costs for new cancer drugs that have been approved by the Therapeutic Goods Administration but have not been listed on the pharmaceutical benefits scheme; $0.5 million will go to bone marrow transplants; $0.5 million to be spent on sun awareness campaigns; $1 million for the Sunshine Coast public patients' access to radiation therapy services; $600,000 to staff at North Queensland oncology services; $0.5 million will go towards the establishment of specialist dermatology services for those Queenslanders in rural and remote areas;

and $1 million has been allocated across the state for palliative care and pain management services. So we are building a fairly strong foundation for cancer services.

CHAIR: Order! The time allocated for questions by government members has expired. I call the member for Moggill.

Dr FLEGG: Thank you, madam chairman. Minister, in order for a specialist in a Queensland public hospital to legally bill Medicare for services that he provides to patients in the public hospital, could you tell the committee what your understanding is of the nature of that service and what conditions have to be met for that to be legally billed to Medicare?

Mr NUTTALL: Sure. I call on Dr Buckland.

Dr FLEGG: Minister, I wanted to hear your understanding of it because it is relevant to subsequent questions.

Mr NUTTALL: I call on Dr Buckland.

Dr FLEGG: Is that because you do not know?

CHAIR: The minister is answering the question.

Mr NUTTALL: Yes, I am calling on Dr Buckland to answer it.

CHAIR: That is right.

Dr Buckland: Thanks, Minister. Member for Moggill, Queensland Health must ensure that all eligible persons have the choice to receive treatment free of charge as a public patient. The range of services offered to public patients must be no less than that which was available on 1 July 1998.

Dr FLEGG: Sorry, could you speak up a bit? I am just having a bit of trouble hearing you.

Dr Buckland: Sorry. I will start again. Queensland Health must ensure that eligible persons have the choice to receive treatment free of charge as a public patient. The range of services offered to public patients must be no less than that which was available on 1 July 1998. All public hospital services available to private patients should be accessible on a public patient basis where there is a demonstrated clinical need. These are the requirements of the Australian Health Care Agreement compliance summary.

Patients must elect to receive admitted public hospital services as a public or private patient. This election must be exercised in writing before, at the time of or as soon as possible after admission. All eligible patients presenting at a public hospital outpatient department will be treated free of charge as a public patient unless there is a third party payment arrangement with the hospital or Queensland to pay for such services or the patient has been referred to a named medical specialist who is exercising a right of private practice and the patient chooses to be treated as a private patient.

Referral pathways cannot be controlled so as to deny access to free public hospital services. This includes the control of referral pathways so that referral to a named specialist is a prerequisite for access to outpatient services.

Dr FLEGG: Could you repeat that last sentence for me?

Dr Buckland: Referral pathways cannot be controlled so as to deny access to free public hospital services. This includes the control of referral pathways so that referral to a named specialist is a prerequisite for access to outpatient services. Where a patient chooses to be treated as a public patient, services that are a component of the episode of care, such as pathology and diagnostic imaging, will be regarded as a part of the public patient episode of care and will be provided free of charge as public hospital services.

An eligible patient presenting at a public hospital emergency department will be treated as a public patient regardless of whether they subsequently become an admitted private patient unless a third party has entered into an arrangement with the hospital or Queensland to pay for such services. If it is clinically appropriate, the hospital may provide information about alternative service providers but must provide free treatment if the patient chooses to be treated at the hospital. However, a choice to receive services from an alternative service provider will not be made until the patient or legal guardian is fully informed of the consequences of that choice. Emergency department patients cannot be referred to an outpatient department to receive services from medical specialists exercising a right of private practice under the terms of employment or a contract with the hospital which provides such public services.

Dr FLEGG: I refer the minister to the persistent allegations that Queensland Health has illegally used provider numbers for its specialists. I seek leave to table an email from Dr Andrew Johnson, the Executive Director of Medical Services at Townsville.

Mr NUTTALL: Who is the email addressed to?

Dr FLEGG: It is addressed to Shaun Drummond.

Leave granted.

Dr FLEGG: In relation to registrars seeing the patients and then the specialist provider number being used to claim benefits back from the Commonwealth, the email says—

The mechanics of how this would work ... Essentially what we are asking is that privately referred patients ... those who come with a named referral, are seen by the consultant and bulk-billed with no out-of-pocket expenses ... While at first this may seem that registrars are left out of the picture, it ain't necessarily so. The requirement from the HIC—

CHAIR: Order! Your minute is up. Ask your question, please.

Dr FLEGG: Does that arrangement in the email meet the criteria to legally bill Medicare for the services that are provided?

Dr Scott: My understanding of this—and I have not had a chance to read right through the email—is that registrars can be involved but they have to be supervised by the consultants in their involvement with the patient concerned.

Dr FLEGG: This email says that the consultant only has to 'cast their eyes on the patient' and write in the notes, 'I agree with your plan.'

Dr Scott: Again, I have not had a chance to go through this and I do not know the background to it.

Dr FLEGG: How much treatment would that consultant have to provide for it to be legal—

Mr NUTTALL: Dr Flegg, I just want to get clear where we are heading. You obviously believe that this is a very, very serious issue.

Dr FLEGG: Absolutely. The penalty is five years imprisonment for the doctor.

Mr NUTTALL: I am pleased to hear that. If it is such a serious issue and such a serious offence, why did you not bring it to my attention before today?

Dr FLEGG: Minister, this has been raised repeatedly over years with your department.

Mr NUTTALL: Not with me. Did you bring it to my attention?

Dr FLEGG: Anyone would assume that a competent minister would know what was going on in his department.

Mr NUTTALL: I would have thought—

Dr FLEGG: Of course we would think you would know about this.

CHAIR: Order! The minister is answering the question.

Mr NUTTALL: The email also says, 'We do not want you to do anything illegal.'

Dr FLEGG: It has just directed them to do something illegal.

CHAIR: Order!

Mr NUTTALL: The question I ask you is: if you have known about this for such a long period of time, you as a doctor more than anyone—

Dr FLEGG: I have only just received this document—

Mr NUTTALL: Oh! So you have only just received it.

Dr FLEGG: But your department has had it for a long time. In fact, your department wrote it.

Mr NUTTALL: We have answered the question. We have tried to answer the question for you. The email from Dr Andrew Johnson says, 'We do not want you to do anything illegal.' That is what it says.

Dr FLEGG: It is directing the doctor to do something that is illegal.

Mr NUTTALL: But it also says, 'We do not want you to do anything illegal.'

CHAIR: Ask your next question, member for Moggill.

Dr FLEGG: At the bottom of the email, reference is made by Dr Johnson to the fact that the hospital cannot maintain viability of services without raising funds in this dubious way from Medicare. In particular, your admission this morning that the Queensland public hospital system has virtually collapsed—

Mr NUTTALL: I did not.

Dr FLEGG: You did not use the word 'collapsed'. You said you can no longer provide services to rural and regional Queensland. You cannot provide services to category 3 patients, which all have to be put into the private sector. The federal government has boosted private health insurance by over 50 per cent during your term in government. You have increased the budget for health. You have had a radical increase in staff. Can you tell me why with a radical increase in staff, a radical increase in budget and substantial assistance with the federal government shifting patients into the private sector Queensland Health cannot use those resources to provide the services that patients have to have?

Mr NUTTALL: I am getting very tired of both Mr Copeland and Dr Flegg misquoting me. I find that quite annoying. I am happy to sit here and I am happy to answer the questions, but I do regret the fact that those honourable members continue to try to misquote exactly what I said. What I said was that we were having difficulty in providing services because of the shortage of doctors. That is what I said. I just need you to play fair here. If you are going to go quote me, at least quote me in the proper context.

Dr FLEGG: I wrote it down as you said it. You said that you cannot provide services to rural and regional—

CHAIR: Order! The minister will continue to answer the question uninterrupted.

Mr NUTTALL: Thank you. Let me just go through exactly what we do provide every day: 24,000 outpatients receive services every day; 7,000 patients are cared for in our public hospitals every day; 3,300 people are treated in accident and emergency every day; 950 people receive day-only procedures in our hospitals every day; 500 women are screened for breast cancer every day; 1,500 older people receive residential care every day; and 90 babies are born every day. While we do have major problems to tackle, we are tackling them, and Queenslanders should not lose sight of the fact that we do have one of the best health services in the world, despite what you may think.

After all the recent reporting around the Bundaberg Hospital Commission of Inquiry there is a genuine risk that people will lose faith in our public hospitals and in doctors who are not born in Australia, and we need to try to ensure that that does not happen. We continue to provide excellent services for the people in this state. Both the Premier and I have acknowledged that there is an area of difficulty within the system, and we are doing all we can to address that and rectify that.

Dr FLEGG: Is that the end of the answer?

CHAIR: No.

Mr NUTTALL: We can give further answers to this email if you want. That is all. It is up to you.

Dr FLEGG: Let us do at least one more question first because it may be relevant. I refer the minister to this letter. I seek leave to table it.

Leave granted.

Dr FLEGG: It is a letter from a doctor in Townsville to the Health Insurance Commission. The allegations were raised with your department, and if it is working functionally you should be aware of them. This is a particular doctor who has seen no more than a handful of private patients yet has had Medicare billings of around $9,000. The implication is that the provider number has been used without the doctor's knowledge. This was made available to your department.

Mr NUTTALL: It was made available to—

Dr FLEGG: The complaint was made available to your department before it was taken to the HIC. The member for Cunningham has tabled documents in relation to that.

Mr NUTTALL: Sure.

CHAIR: Order! We do not have a copy. I am reminding the member for Moggill about referring to the MPS, as I did with the member for Cunningham.

Dr FLEGG: This is in relation to cost recovery from Medicare.

Mr NUTTALL: Madam Chair, I am happy to answer the question. In relation to both the email that was handed to us by Dr Flegg and the letter that he has just tabled, we will take the questions on notice and get you some responses.

Dr FLEGG: I thank Dr Buckland for his answer earlier in relation to the Australian Health Care Agreement. Among other things, Dr Buckland read out to us that Queensland Health, under the Australian Health Care Agreement, cannot control the referral pathway of patients who come with named referrals, that all services must be made available to public patients and that patients may elect whether they be public patients or private patients. Yet a significant number of Queensland Health units will not accept private patients. I have tabled one in parliament for you, so you should be aware of that one, which is the cardiac catheter unit on the Gold Coast. Another is the diabetes clinic at the Caboolture Hospital. Public patients are refused treatment. They are charged private fees if they have not been to an outside doctor for a named referral. How does this fit with your obligations under the Australian Health Care Agreement to provide treatment to public patients?

Mr NUTTALL: We are happy to answer it. Dr Buckland.

Dr Buckland: As the member for Moggill knows, or should know, we have just finished our latest round of compliance with the Australian Health Care Agreement by the Commonwealth for 2002-03, and we have been given a clean bill of health. We will complete the next compliance requirement by the Commonwealth in December this year. As it relates to the cardiac services at the Gold Coast and the treatment of private patients in Queensland hospitals, the member would also be aware that full-time specialists who work for Queensland Health have as part of their employment package the right of private practice either with option B or option A where they are paid a 35 per cent or 45 per cent loading

to be able to see private patients on behalf of Queensland Health. The granting of private practice rights to public hospital staff specialists is nationally consistent, and it is acknowledged by the Australian government under the Australian Health Care Agreement.

In accordance with the Commonwealth legislation, Queensland Health does not receive revenue from the HIC for staff specialists treating private patients. Under contractual arrangements, staff specialists employed by Queensland Health are granted the right of private practice. Depending on the contractual arrangement, these staff specialists assign part or all of their private practice revenue to the health service district. There are specific accounts for us to be able to do that.

I refer the member to my earlier comment that under the Australian Health Care Agreement we are required to maintain our effort as of 1 July 1998. In line with every other public system in this country, with any new services that are introduced we do have the capacity under the agreement to be able to use Medicare for the billing of services to patients who are referred to named specialists.

Dr FLEGG: Even if you exclude public patients all together.

Dr Buckland: We do not exclude public patients all together.

Dr FLEGG: The cardiac unit at the Gold Coast does and so does the diabetic clinic at Caboolture.

CHAIR: I remind the member to allow the question to be answered.

Dr Buckland: In terms of the cardiac services at the Gold Coast, it is both a private and public service. The government has been and is committed to continuing to improve cardiac services in Queensland. Over the next four years we will include another $60 million for cardiac services and $4.8 million will be invested in cardiac services at the Southport campus in 2005-06 to provide services to 2,000 patients each year. I would remind the member that we are being criticised for not attracting doctors into the public system, but they have a right of private practice and they have a right to generate income which allows us to be at least in part competitive.

Dr FLEGG: But they are not in the public system. They do not take public patients.

CHAIR: Order! Member for Moggill, ask your next question.

Dr FLEGG: I refer the Minister to an email from Mr Shaun Drummond, an administrator in Townsville, and, in particular, to two paragraphs that refer to this billing practice. This email was written to a doctor. He says—

I do not accept that a change to our practice in clinics will result in the college removing the training registrars—

The reason for that is that the registrars are doing the treatment but the consultant's provider number is being used to bill them. This particular doctor, who was concerned and who could face five years imprisonment if found to use a provider number improperly, was then told by this Mr Drummond—

At no time has any consultant been asked ... to act illegally and the inference of such in your email is frankly insulting and I am offended.

The reality is that the doctor must make the decision. The doctor is the one facing the penalty. The doctor must make the decision about whether what he or she is being told to do is illegal.

CHAIR: Order! Ask your question.

Dr FLEGG: Does the minister agree with me that this is simply bullying people to do something that they consider to be illegal and that they face the consequences for? Townsville Hospital has lost 30 consultants.

CHAIR: Order! The minister will now answer the question.

Mr NUTTALL: I thank the member for the question. I am happy to look at all those issues concerning Townsville Hospital if you want to provide me with the detail. You obviously have a lot of detail about it and you have obviously chosen today to raise it, not any other time, so you could not have been too worried about it before today.

Dr FLEGG: I only just received the documents, Minister. Get your facts straight before you make those sorts of allegations.

Mr NUTTALL: So you have just received them today, have you?

Dr FLEGG: Not today.

Mr NUTTALL: Oh, not today?

Dr FLEGG: I had a look at them yesterday.

Mr NUTTALL: So you received them only yesterday?

Dr FLEGG: I looked at them only yesterday.

Mr NUTTALL: I am just trying to get things clear. If the honourable member provides me with all the details that he has, I am very happy to investigate the issues that he has raised. I am very happy to report back to him and brief him on that, as I did in relation to the cardiac issue on the Gold Coast. I remember you asking me this question in parliament. I offered you a full briefing from my department. You chose not to take that offer up.

CHAIR: The time allocated for questions by non-government members has expired. I call the member for Whitsunday.

Ms JARRATT: Minister, could you please describe the innovative pilots for the future mental health work force identified on page 1-26 of the MPS?

Mr NUTTALL: Thank you for that question. Mental health services are engaged in a new process of change related to the implementation of reforms under the National Mental Health Strategy, and it is increasingly evident that the future provision of quality recovery based services is significantly impacted by the availability of a strong skilled work force. We have commenced in Queensland Health two major initiatives which will guide the development of our future mental health work force. A 12-month project has just commenced which will engage mental health managers, clinicians, human resource staff, consumers, carers, educators and others in the identification of urgent work force problems and possible solutions that could be implemented in the short to medium term. In the long term, we are developing a mental health work force strategic plan which will, upon completion, identify the work force we require in the next five to 10 years.

Phase 1 has just commenced, and over the next nine months we will analyse and evaluate the current work force and identify changes needed to achieve the work force composition and the skill mix required for the future. That will include consideration of the future population needs for mental health services, the changing models of service delivery that we need to look at and the projected supply and turnover of clinical and support staff. The first phase will also provide recommendations for new ways of working with people with a mental illness.

Based on the recommendations, we plan to support the implementation of a pilot initiative to test and evaluate the quality, effectiveness and sustainability of new ways of practice. The practicalities include the support systems we need to have in place and the potential barriers we need to overcome to make these changes work, so we will have to have a look at that. Obviously the research undertaken in this phase will guide the development of special initiatives, but these could possibly include trialling a new model of care such as alternatives to hospital admissions, introduction of new classifications of staff within our service, redesigning the role of existing staff and the continuing development of partnerships.

In the area of mental health, I think the general public more and more who have relatives or friends who have a mental illness certainly want to be more involved in their care. We are working more and more with the non-government sector in that area, and I think we need to do that. It is a growing problem for us. As the member for Burleigh would know, at one of the regional forums on the Gold Coast we tried to address that, working with the community.

Ms JARRATT: Minister, could you please advise how the $16 million boost to renal services mentioned in the MPS will benefit Queenslanders who live in rural and remote areas?

Mr NUTTALL: As I said earlier, we have increasing rates of both diabetes and hypertension, and that is causing more Australians to suffer end-stage renal disease. As you know, we have a shortage of organ donors and we have a new system for organ donors, and I will not go into that in great detail. Over 1,300 Queenslanders rely on renal dialysis to manage their condition and maintain their quality of life. That number is growing at around eight per cent per year. In the Indigenous communities, unfortunately, the incidence is seven to 10 times that of the general population. Hopefully, with the establishment of the new services that I mentioned earlier, we will be able to provide services closer to where the population is and where people live.

I remember going to Mount Isa early last year and we extended the renal services there from four to eight chairs, I think—do not quote me on that—and I spoke to some of the patients who were receiving dialysis at the time. For them, not having to travel to Townsville and being able to stay in Mount Isa with their friends and families made all the difference in the world to them. So if we can continue to do that it certainly will help those people who have renal disease.

As I mentioned earlier, we are going to establish haemodialysis units at Cooktown and Thursday Island. We have allocated the money for Cooktown; it is $1.7 million. As I said, that will be linked to Cairns. The Cooktown unit will also service the Indigenous communities of Hope Vale and Wujal Wujal. We have allocated $1.3 million to the establishment of a four-chair low-dependency service for the Torres Strait based on Thursday Island, and that will be linked to Cairns. Additionally, we are providing 10 self-care haemodialysis machines selected in sites across the state to provide for rural and remote patients for whom otherwise dialysis at home would not be possible due to unsuitable home environments. So we are working hard to try to continue to improve our dialysis services.

Mrs SMITH: Queenslanders living on the Atherton Tablelands would be pleased to hear the Atherton Hospital stage 2 upgrade of $1.4 million will be completed in 2005-06. Could you please advise the estimated date that this will be operational?

Mr NUTTALL: I visited Atherton Hospital with the director-general earlier this year, and we met not only with the hospital staff but also with the private doctors about the provision of health services on the tablelands in general. We have been on a hospital rebuilding program since 1993-94, and the Atherton Tablelands stage 2 upgrade is the second of two projects aimed at upgrading that facility. The

first project involved the refurbishment of sections of the surgical ward to allow for the relocation of maternity services, along with a series of improvements to the area. Additionally, eight new satellite haemodialysis units were created with the refurbishment of the old laundry building. I went and had a look at that. It is quite impressive.

The scope of the work for stage 2—I was asked this question at the Rural Doctors Association; Dr Flegg might remember that—comprises the relocation of the existing pharmacy and the development of a new conference facility. Other elements involve the remodelling of the day surgery unit to create improved work flow patterns consistent with present day standards plus the addition of a new patient recovery area, along with modernisation and refurbishment of a section of the surgical ward areas.

Tenders have been called for this project. We have received two tenders, the lowest being within the pre tender estimate. The recommended tenderer is based within the area and has undertaken some work for the government in the past. We are processing the necessary approvals. Construction will take 20 weeks and we are hoping to have the work completed by the end of this calendar year. So the physical changes at the hospital will enable more day surgery to be undertaken because of the improved facilities and the planning. Changes to parts of the surgical ward area will create a single-bed ward and a two-bed ward with shared ensuites. That is expected to improve patient management as the existing staff station is to be extended to create an area for staff handovers. Existing storage facilities are to be limited, and provision has been included to increase space. The relocated pharmacy will be better positioned within the hospital and will also improve patient access. That has been a long-awaited development for the Atherton Tablelands, and I am pleased to say today that hopefully it will all be completed by the end of the year.

Mrs SMITH: I note that on page 1-12 of the MPS there is reference to three sites set to trial programs to help prepare people for elective surgery. How will these programs work?

Mr NUTTALL: We have made significant improvements in recent years to the management of elective surgery processes and waiting lists including the establishment of multidisciplinary preadmission clinics, where patients are assessed by medical and nursing staff, anaesthetists and allied health staff. A large amount of patient education also occurs at these clinics which ensures that patients are well informed about their surgery, how they can prepare themselves for their operation and what can be done to ensure a reasonably smooth recovery period.

The aim of our new Fit for Surgery program is to reduce costly and inconvenient postponements of surgery and to improve patient outcomes following surgery. Postponement at late notice is inconvenient and distressing for patients and can disrupt the plan for their families and carers. So it is important that we do not waste the time of our staff and the operating theatre resources in that area.

The Fit for Surgery program will focus on patients' fitness prior to surgery. This will benefit the patient at the time of surgery by reducing post-operative complications and improving the recovery after surgery. There will also be longer term benefits associated with the adoption of a more healthy lifestyle. Three sites have been selected to trial the Fit for Surgery program. Ipswich, Townsville and the Royal Brisbane and Women's Hospital are the sites that have been chosen. The program will target patients referred by their general practitioners and other external referral sources to the orthopaedic services of these hospitals who may be considered for corrective or joint replacement surgery.

Patients will initially undergo a comprehensive assessment by a specialist orthopaedic physiotherapist. Patients will then be referred to other allied health practitioners within the respective hospitals in order to ensure that a thorough patient assessment is undertaken. This assessment will include psychological support for pain and anxiety, support to stop smoking and support to assist with weight loss. The lead-up to admission to hospital for surgery is often a time at which people make major lifestyle decisions. By introducing the Fit for Surgery program, we intend to make the most of that opportunity to promote healthier lifestyle choices which will benefit the patient by improving the outcomes of the surgery and will also have longer term benefits by reducing the burden of preventable disease for all Queenslanders.

Mrs SMITH: What are the benefits to the Queensland public of the $3.1 million invested to finalise the oral health information system?

Mr NUTTALL: The system contains a number of questions which can be asked of patients fairly quickly so that we can determine the priority of their need, allowing those patients with the greatest need obviously to be seen first. When combined with the call centre approach that we have, patients can call a toll-free number during clinic hours, they can be triaged and it can be determined when and where they can get an appointment without their having to leave home or line up at the clinic.

Currently there are five health service clinics that use the call centre. This service will be expanded through the health contact centre. Oral health directors can monitor the workload in each of their clinics, and if a dentist is off sick, for example, treatment or rescheduling can be arranged far more easily. Or if one of the clinics is not busy we can make appointments and the waiting list can be reassigned to balance the workload. A central database means that each patient has only one central electronic oral health record rather than the multiple paper based oral health records that they had in the

past. This system does enable improved workload management, which, in turn, supports the retention of staff and the benefit for the patient is improved continuity and availability of the service. The information being captured within the system supports a culture of evidence based decision making, clinical and management settings, and the development of good public oral health policy leading to a fairly sustainable service.

We have 213 oral health clinics, including all health service districts except those at the Royal Brisbane and Women's Hospital oral health services, and they are running on their own system. It is a fairly extensive oral health network. As I said, we have been outsourcing some of our oral health care, which has worked for us. We have succeeded in achieving all our targets in terms of delivery of service in that area.

Ms JARRATT: Minister, could you please advise this committee how Queensland Health acts to assist internationally trained doctors to improve their skills?

Mr NUTTALL: Sure.

Ms JARRATT: I thought you might be able to.

Mr NUTTALL: Queensland Health integrated the operations of the Centre for International Medical Graduates into the Skills Development Centre on 1 July last year to facilitate the processes of screening, assessing and preparing permanent resident international medical graduates for employment in Queensland Health public hospitals. The Skills Development Centre has a commitment to international medical graduates working in rural and regional areas of Queensland and is in the process of providing access to educational programs offered by the Centre for International Medical Graduates.

Through the use of alternative delivery modes—for example, videoconferencing and computer assisted learning—the 19-week preparation for employment course offered by the Centre for International Medical Graduates involves a precourse assessment, which includes an interview, clinical assessment, an English language proficiency test and basic computer literacy in a medical context. The course comprises a three-week intensive prehospital preparation followed by a 16-week unpaid clinical placement for observation in Queensland Health teaching hospitals comprising four separate clinical rotations. The preparation for employment course covers language skills, including communication for medical practice, clinical knowledge, procedural skills, a Well Woman's examination, an overview of Australian health care systems including practice in the Queensland Health system, workplace culture, professional behaviour and cultural safety. Whilst on the preparation for employment course, the international medical graduates are assessed by hospitals at the completion of each four-week rotation, on completion of the Well Woman's examination and in various medical communication tasks. Once the international medical graduates are employed by Queensland Health, they participate in ongoing educational activities organised by medical educators for the junior medical staff.

The Centre for International Medical Graduates also provides two 20-week bridging courses to assist both working and non-working international medical graduates prepare for two Australian Medical Council examinations—the multiple choice examination and the clinical examination. One hundred and fifty-six international medical graduates have participated in the Centre for International Medical Graduates course from 1 July last year to 1 June this year.

Ms JARRATT: Minister, I am keen to hear more about the new registration arrangements that have been introduced to improve safety and quality in the provision of medical practitioner services. Could you tell us a little more about that?

Mr NUTTALL: Yes, and it is an important area. In my statement to parliament on 18 April this year I endorsed the recommendations made by the Medical Board of Queensland for the introduction of stringent new registration requirements. The requirements to be introduced include immediate actions, short-term actions and medium-term actions. I am advised by the board that all the immediate- and short-term actions have been fully implemented as follows: the certificate of good standing must be provided by the board in all jurisdictions in which the applicant has practised; a software-driven process for searching the internet about an applicant's disciplinary history is now being used; a staff training workshop has been delivered on the procedures for reviewing the certificates of good standing; and all new staff are inducted into this process. The board has notified the registering authority in Oregon of Dr Patel's fraudulent actions and that board has administratively cancelled his licence.

A new application for registration form has been implemented which details all the new requirements including certification to the board that referee checks have been undertaken. All registrants must have a board approved clinical supervisor and program of supervision. From 1 October this year all new applicants will be required to provide primary source verification of their qualifications.

On 10 June this year the act was amended to introduce a range of serious penalties for providing false and misleading information to the board. I am further advised that the medium-term actions are being implemented as a matter of priority.

CHAIR: Thank you. The time allocated for questions by government members has expired. I call the member for Cunningham.

Mr COPELAND: Thank you, Madam Chair. Minister, in your answer to the second last question asked, I think, by the member for Whitsunday you were talking about the integrated Skills Development Centre for international doctors that began on 1 July 2004. You became minister in February 2004. Were you not briefed about that centre when you were minister last year before it became operational on 1 July 2004 and the concerns that even back then were expressed about the proficiency and screening of some international doctors?

Mr NUTTALL: I get briefed on a range of issues within my portfolio. You are asking me to recall a briefing in February 2004. It is not practical for me to remember what my briefing was in February 2004. Certainly, I was briefed about the Skills Development Centre and certainly I attended the Skills Development Centre. Your question really is more around my briefing rather than the skills development itself.

Mr COPELAND: That is correct. So you were briefed on the Skills Development Centre and the need to screen the proficiency of overseas trained doctors prior to 1 July 2004?

Mr NUTTALL: I was briefed on the Skills Development Centre and the work that it would do.

Mr COPELAND: So you stand by your statement that you were not briefed about the proficiency and screening of overseas trained doctors.

Mr NUTTALL: Madam Chair, I am not going to continue to repeat my former answers. I stand by the statement I made earlier.

Mr COPELAND: Minister, you said in one of your earlier responses to Dr Flegg that you were tired of us misquoting you. So I want to be absolutely clear on this point. I draw your attention to section 57 of the Criminal Code, False evidence before Parliament, which states—

Any person who in the course of an examination before the Legislative Assembly, or before a committee of the Legislative Assembly, knowingly gives a false answer to any lawful and relevant question put to the person in the course of the examination is guilty of a crime, and is liable to imprisonment for 7 years.

You have again reiterated that you were not briefed on the issue of overseas trained doctors by either Dr Buckland, Dr Scott or 'any of their underlings', to quote your words in the press article. Dr Scott has put on record that he believes that you were in one-on-one briefings as well as by organisations like the RDAQ and the AMAQ as well as your ministerial office being briefed. Clearly, there is a difference of opinion in those two statements. One is not correct. I would again ask if you would be prepared to let Dr Buckland advise the committee of whether he agrees with you or Dr Scott.

CHAIR: Minister.

Mr NUTTALL: Are you happy for me to answer?

CHAIR: Yes, thank you.

Mr NUTTALL: Madam Chair, I know what the honourable member is trying to do: he is trying to drive a wedge between Dr Scott, me and Dr Buckland and that is not going to happen. I meet with my senior people on a regular basis and we are briefed. I am briefed about a range of issues on a regular basis. I also meet with a range of organisations on a regular basis and we discuss a range of issues on a regular basis.

I say to the honourable member that no-one at this table—no-one at this table—is misleading the committee in any way. It is simply a fact that you are asking us to recall issues that may or may not have been spoken about. We may well have spoken about a whole range of issues around doctors in general but I cannot in all honesty say to you that I can remember every comment of every brief that I get from everybody, and I do not think anyone would expect me to.

What I have said to you I stand by: that at no stage did someone come to me personally and say, 'We have a significant problem with the assessing of overseas trained doctors.' No-one came to me at any stage about that. I have nothing more to add.

Mr COPELAND: Minister, Dr Scott has advised the committee differently—that he believes that you were told of the issues surrounding overseas trained doctors both from the department and from those external bodies. Obviously, that is a difference of opinion. I would again ask you if you would ask Dr Buckland what his recollection of those briefings were.

Mr NUTTALL: He may not have been at that briefing and you do not know what briefing you are referring to, either. As I said to you, we have numerous briefings. Sometimes I have them collectively with both Dr Buckland and Dr Scott, sometimes I have them separately with Dr Scott and sometimes I have them separately with Dr Buckland. That is the course of business when you are the minister. When you want to talk to one of your senior departmental people about an issue, you get them in. You may get them in collectively; you may get them in individually. Dr Scott has one recollection; I have another recollection. It does not mean to say that Dr Scott or I am misleading the committee in any way.

Mr COPELAND: I would simply ask again if we could ask what Dr Buckland's recollection is—whether he individually briefed you on the issue of overseas trained doctors or knows of members of the department who briefed you on the issue of overseas trained doctors, or if he knows if there are organisations like the AMAQ, the RDAQ and the then QRMSA that raised issues regarding overseas trained doctors either with you or with your ministerial office.

Mr NUTTALL: My problem is that you are asking us to recollect verbally what people have said. That is what you are asking; is it not?

Mr COPELAND: I am simply asking, Minister, whether you were made aware of very serious issues concerning Queensland Health and doctors operating within Queensland Health. In your public statements, both through the media and in the parliament, you say that you were not aware of any concerns about OTDs. You have publicly stated—

Mr NUTTALL: That is right.

Mr COPELAND: —never, ever were the issues of OTDs raised with you.

Mr NUTTALL: Around their competencies.

Mr COPELAND: Around the screening of their qualifications.

Mr NUTTALL: That is right.

Mr COPELAND: Or their proficiency.

Mr NUTTALL: Before it all blew up, that is right.

Mr COPELAND: Before April 2005. I would simply ask, given that Dr Scott has a different recollection, what Dr Buckland's recollection is.

Mr NUTTALL: And the purpose of that is what?

Mr COPELAND: To see whether you have been misleading the Queensland public, for a start, by saying that you did not know anything about OTDs when clearly your department knew, Dr Scott believes that you were told, I knew, Dr Flegg knew, the AMAQ knew, the RDAQ knew, the QRMSA knew and the general public of Queensland knew. But you consistently say—and you have said again this morning—that you were never, ever briefed on the issue of OTDs. 'Never, ever raised' were your words.

Mr NUTTALL: No. The issue around their competencies—you need to quote to me what you are referring to in my statements.

Mr COPELAND: I will reader your statement again from 30 April 2005—

Nuttall's position ... is that he did not know about the widely held concerns over the proficiency of overseas-trained doctors streaming into Queensland. Nor did he know, he says, about the worries over the lack of screening of their qualifications, because, he says, nobody—not his director-general, Dr Steve Buckland, his head of health services, Dr John Scott, nor any of their underlings—had told him. 'In all the briefings given to me when I became minister, all the briefs were by way of senior management coming in and talking to me about their issues, this issue over OTDs was never raised. Never ever raised.'

Mr NUTTALL: As I said to you earlier today I am not about to embark on an inquiry that will run parallel to the commission of inquiry. This does not refer to the Ministerial Portfolio Statement. What I will say to you is that these are matters for the commission of inquiry. If you have evidence you should send that to the commission of inquiry. The commission of inquiry is the proper body to be handling these issues.

Mr COPELAND: With respect, I believe that the parliament is where the minister should be expected to answer.

Mr NUTTALL: I have answered your question.

Mr COPELAND: This is a parliamentary committee. You say that the issue of overseas trained doctors was not raised with you. Dr Scott says that it was. I would simply ask again whether you will allow Dr Buckland to put on the record of this parliament what his recollections are.

Mr NUTTALL: You are well aware that Commissioner Morris in his commission of inquiry will be reviewing the process for the appointment of medical staff and will make certain recommendations out of that. I am not going to make any statement that would in any way be seen to influence what Commissioner Morris may or may not want to ask or question. At this point in time Dr Scott, Dr Buckland and I have not been asked to appear before the commission of inquiry. You are asking us to give answers to questions that are not relevant to the MPS and may well have a bearing on the commission of inquiry. I stand by the initial statement that I made to this committee at the start of today. The issues that you continue to raise are matters for the commission of inquiry.

CHAIR: Before we go on can I say with respect to the last question that the minister has answered the question in a manner that he deems appropriate and we will move on to the next question.

Mr COPELAND: I refer to MPS 1-1 which states—

Healthier staff: optimise staffing levels, provide staff with the right knowledge and skills and provide an environment that values their experience and supports positive ideas to drive innovation, creativity and health enhancements

Providing the right knowledge and skills to medical staff I thought would have been integral to operating an efficient Queensland health system. One of you is misleading the parliament. I do not think that we should put questions that are integral to the operation of the department aside simply because the commission of inquiry is running. The object is to have the optimum use of resources. If you are not getting appropriate advice then that is an issue for an estimates committee. If you are not taking appropriate advice then that is an issue for the Premier concerning your adequacy in operation as a minister. You have said that you were not briefed. Dr Scott has clarified that he believes that you were. You have clarified that you do stand by your position. I would again ask Dr Scott to clarify his recollection and Dr Buckland to do so also.

Mr NUTTALL: We have answered this question ad nauseam. I am not going to continue to answer it.

Mr COPELAND: So you will not allow Dr Buckland to answer?

CHAIR: The minister has already answered that question. We shall move on to the next question.

Mr COPELAND: I want to clarify this because he has not answered whether he will allow Dr Buckland to answer.

Mr NUTTALL: What I said to you was that I think the question you have raised is not about the budget. The difficulty we have is that both Dr Scott and Dr Buckland may be required to appear before the commission of inquiry. We are in unchartered waters here. I stand by the statement I made. It is improper of you to pursue this issue when you well know that both these gentlemen may, at some stage, be required to appear before the commission of inquiry. That is a matter for the commission of inquiry.

Mr COPELAND: As you know Commissioner Morris has time and time again said the he respects that parliamentary privilege exists. Parliamentary privilege covers the proceedings of this committee. So I do not think that the issue you raise is a valid one. I think we are quite entitled to get an answer and to get both those gentlemen to put on the record of the parliament exactly what their recollections are. This goes to the very heart of the operation of Queensland Health.

CHAIR: I remind the honourable member that the minister makes a determination on whether witnesses speak. The minister has answered the question in a manner that he deems appropriate. I ask you to move on to the next question.

Mr COPELAND: I think we should not just move on because the minister wants to. He has not answered the question.

CHAIR: With respect, I remind the honourable member that the minister can answer questions in the way that he deems appropriate. I have said that the minister has done that. We need to move on to the next question.

Mr COPELAND: Because the minister has not stated it specifically I will put on the record that the minister has not allowed Dr Buckland to answer that question. I refer to the Rural Doctors Association conference that we spoke about earlier.

Mr NUTTALL: Which one?

Mr COPELAND: The 2005 Rural Doctors Association conference. You stated that you were not aware of the then QRMSA, now Health Workforce Queensland, report into issues surrounding the recruitment and retention of staff in regional and rural Queensland. As I said earlier, Dr Buckland and Dr Scott were both in attendance at the 2004 conference, as was I, when the report was launched. Were you given a briefing on the issues that were raised at that conference?

Mr NUTTALL: They would have attended the conference. They meet with the Rural Doctors Association. I meet with the Rural Doctors Association. To the best of my knowledge, they did not specifically brief me on the 2004 conference. I have met with the executive of the Rural Doctors Association on three or four occasions since I have been minister.

Mr COPELAND: Have you met with the QRMSA, or Health Workforce Queensland as they are now known?

Mr NUTTALL: I would have to check my diary.

Mr COPELAND: When you met with the RDAQ did they raise the issue of the proficiency of overseas trained doctors and the need for monitoring programs for overseas trained doctors when they first arrive in Queensland?

Mr NUTTALL: They certainly have in recent times, yes.

Mr COPELAND: So they did not last year?

Mr NUTTALL: Not to the best of my knowledge.

Mr COPELAND: From what Dr Scott said earlier he believes they did.

Mr NUTTALL: That may well be the case. What happens is that the rural doctors meet with Dr Scott, prior to meeting with me, to go through a range of issues. That is the normal course of events and that continues to happen. Subsequent to that meeting there is a meeting with me. The issue that you are

talking about may well have been raised in that meeting with Dr Scott at that time. They may have discussed a whole range of issues. Then they come in and we have a general discussion.

Mr COPELAND: If an issue is raised by one of those organisations with one of your senior executives—and the recollection whether it was raised with you by the organisation independently is obviously different between you and Dr Scott—normally they would expect that the senior executive would brief you on the issue?

Mr NUTTALL: Not necessarily. The senior executive might go and deal with the issues raised with him.

Mr COPELAND: In this case Dr Scott believed he did raise the issue of overseas trained doctors directly with you.

Mr NUTTALL: He may have raised a whole range of issues with me. As I have said to you and I have said ad nauseam in my previous statements, to the best of my recollection that is not the case around the issue of the competency of overseas trained doctors.

Mr COPELAND: And proficiency?

Mr NUTTALL: That is right.

Mr COPELAND: Or screening?

Mr NUTTALL: That is right.

Mr COPELAND: There is a clear difference here. You can understand why people out there are wondering what is going on in Queensland Health when you are saying one thing and Dr Scott is saying another. There is a very simple way to address the issue of inconsistency and that is to ask Dr Buckland what his view is.

Mr NUTTALL: We keep revisiting questions that I have answered.

Mr COPELAND: I do not believe you have answered it.

Mr NUTTALL: Well, that is your problem if you do not believe that. I believe I have answered it and you believe I have not.

Mr COPELAND: Can Dr Buckland answer the question? You allowed Dr Scott to answer it. Why will you not allow Dr Buckland to answer it?

CHAIR: With respect, the minister has the right to answer the question in the manner he deems proper. He has done this. We have been there. You need to move on to your next question.

Mr COPELAND: When did you receive a briefing regarding the options for assisting overseas trained doctors by, for example, mentoring them when they first arrive in Australia?

Mr NUTTALL: I will look up my diary and find out.

Mr COPELAND: So that will be taken on notice?

Mr NUTTALL: Yes.

CHAIR: The time allocated for questions by non-government members has expired. I call the member for Whitsunday.

Ms JARRATT: Minister, you would be aware that many of the residents in the electorate of Whitsunday depend upon medical specialists from the Townsville Hospital for their services. Can you tell me how the recent investment of $2.6 million for cancer services has improved the care of not just Townsville residents but also those in outlying areas?

Mr NUTTALL: As a government we are committed to ensuring that, as much as possible, all Queenslanders have accessible and coordinated cancer services and that they can receive a range of treatment options. We recently invested $2.6 million in cancer services for Townsville to try to significantly assist cancer patients, particularly in the area of radiation oncology services.

There are two distinct phases in that area. The initial phase is the consultation between the specialist who agrees on the course of treatment for the patient and radiation treatment planning. Radiation treatment planning relies on images to locate the cancer in the patient's body. Phase 2 involves the actual radiation treatment itself using the linear accelerators to target the cancer.

We invested $2.6 million in this. We enabled Townsville Hospital to purchase a new CT scanner—a three-dimensional scanning system—and associated software to support cancer treatment services. This improved new technology delivers greater accuracy and efficiency in radiation treatment planning. As a result people with cancer who reside in Townsville experience better access to this service. There is a faster turnaround of patients and reduced waiting lists for radiation treatment planning. In addition, service quality and safety is greatly improved.

Other benefits of this upgrade in technology will include improved radiation treatment quality through improved accuracy, improved timeliness of access to radiation treatment, access for services closer to where people live and updated facilities to enhance the recruitment, retention and training of radiation therapists, which is really important for us. This investment also includes recurrent funding for specialist staff.

Townsville Hospital has been able to recruit and appoint a cancer medical specialist, a medical psychiatrist, three radiation therapists and nursing staff. These additional specialist staff will improve access to high quality cancer services for people residing in Townsville. This increase in cancer specialist staffing complements our other investments in cancer services for Townsville. Specifically we are currently recruiting a director of cancer services. That person will provide expert clinical advice and leadership in the delivery of cancer services and statewide planning. This position will be complemented by the recruitment of a nursing director of cancer services for the northern zone region.

Mr SHINE: I notice that Queensland Health has been evaluating the impact of the multistrategy approach to tobacco control in north Queensland's Indigenous communities. Can you describe the strategies and the progress of that evaluation?

Mr NUTTALL: Thank you for that. We have been working with the James Cook University on the evaluation of this strategy to tobacco control. The approach is one of the components of a three-year project funded by the National Health and Medical Research Council. There are six parts to the project: the Events Support Program, which is designed to raise awareness about the health risks associated with smoking cigarettes; 'Smoking? No Way!', which is a multimedia based tobacco education program to prevent the undertaking of cigarette smoking by children in upper primary school; a workplace smoke-free policy guide to assist organisations to address smoking in and around the workplace; Smoke Check, which is a tobacco brief intervention incorporating a two-day training session for health workers on the stages of changes to models to assist clients in addressing their smoking behaviour; Smoke Rings, which is a five-week group support program that focuses on developing a supportive environment for participants to address their smoking issues and develop goals and strategies for change; and new Queensland tobacco laws where environmental health regulates legislation that relates to the sale of tobacco products.

The multistrategy approach to tobacco control has been implemented in eight Aboriginal and Torres Strait Islander communities. Five of these communities have just been evaluated, including a household survey, a midway survey and a final survey. James Cook University is still in the early stage of processing those results, but we have some early parts to those results. The early results from the evaluation show that 34 events were supported under the Events Support Program. This program involves bringing the antismoking message to places like sporting events, festivals and cultural events. Preliminary indications from this innovative tobacco control intervention in these Indigenous communities are that the strategies are well accepted by the communities and we anticipate positive outcomes from this important research. It is good stuff.

Mr SHINE: Yes. Minister, how will the Toowoomba community benefit from the investment of $67.8 million on health technology?

Mr NUTTALL: You are Toowoomba focused today, aren't you?

Mr SHINE: As it should be.

Mr NUTTALL: My department will spend $67.8 million on new medical equipment to support emergency surgical, intensive care, maternity, neonatal, diagnostic imaging, dental and pathology services in 2005-06. The Toowoomba Health Service District will receive $1,045,270 from the Health Technology Equipment Replacement Program in 2005-06. The majority of this funding will be expended next financial year on new health technology equipment, and I expect that the Toowoomba district health services will receive similar levels of equipment replacement in future years.

Some of the items being replaced from the Health Technology Equipment Replacement Program are monitoring equipment, birthing beds, invasive scopes, dental equipment, sterilising equipment, patient-handling equipment and other smaller items of health technology. Toowoomba Hospital will receive a new monitoring system for its emergency department at an estimated cost of $250,000. The new monitoring system will enable the critically ill and cardiac patients in the emergency department to be monitored in a networked environment.

We will also be delivering four new dental chairs and delivery units in Toowoomba oral health services. The new chairs and units will replace ageing equipment, ensuring less downtime due to repairs and creating more patient activity. The Toowoomba birthing suite will receive four new birthing beds at a cost of $10,000. These beds will improve the care able to be provided to women at a critical and important time in their life. The Toowoomba Hospital will receive a replacement anaesthetic unit which will finalise the upgrading of anaesthetic machines in Toowoomba Hospital to comply with standards defined by the college.

With regard to the invasive scopes for Toowoomba, there are a whole range of other areas there, but I am running out of time. Mount Lofty Nursing Home will receive patient-handling equipment which will assist in the minimisation of risk of injury to patients and staff when patients are moved. The Toowoomba Hospital is replacing the existing batch washer, which is over eight years of age. The new washer will allow the health service to operate in line with Australian standards. So there is a whole range of equipment that we are buying for the Toowoomba district. With regard to the Health Technology Equipment Replacement Program, we will continue that to provide access to the latest technology for our clinicians and patients.

Mr SHINE: If there were other matters, would you like those incorporated?

Mr NUTTALL: There are only a couple of tiny things.

Mr SHINE: Minister, in relation to the funding of $2.2 million for 60 additional intern positions, how will this improve services?

Mr NUTTALL: The funding identified for the additional intern positions across the state will ultimately improve health services by assisting us to meet future medical work force needs in Queensland. An increase in the number of intern positions is critical to meeting the training needs of the additional numbers of graduating medical students. Graduating numbers of medical students in Queensland are set to increase from approximately 220 in the year 2004 to 540 in 2010. Students from James Cook University will enter the work force for the first time in 2006. It is anticipated that these numbers will increase from 60 in the first year to 100 by 2010. It is also anticipated that a large proportion of these students now and into the future will want to stay in north Queensland.

The breakdown of the 60 additional intern positions per zone is as follows: the northern zone, 33 in three facilities; the central zone, 14 in four facilities; and the southern zone, which does not include the Mater Hospital, 13 in five facilities. The additional funded intern positions have mainly been distributed to the northern zone to accommodate the new medical graduates from James Cook University at the end of the year. In summary, additional intern positions will enhance the availability of junior doctors throughout Queensland which will eventually result in greater numbers of senior doctors throughout the system. While it will be some years down the track, more junior doctors going into speciality training positions in Queensland will result in greater numbers of specialists providing services throughout the state. This will also ultimately decrease our reliance on overseas graduates to fill these positions.

Mr SHINE: Thank you.

CHAIR: Thank you, Minister. Minister, I congratulate you on the creation of the Chief Nursing Adviser position found in the MPS at page 1-15. Can you advise on how this role has assisted in engaging the nursing work force?

Mr NUTTALL: Yes, thanks, Madam Chair. The nursing policy from February 2004 committed to the introduction of the position of the Chief Nursing Adviser who would have direct access to me as the Minister for Health and the director-general on all strategic nursing issues. Our nurses are among the most valuable people in our health system and, as the Minister for Health, I recognise that the highly skilled nature of nursing in the 21st century requires ongoing professional development to ensure our nurses remain obviously at the cutting edge of the profession. It is imperative for the nursing work force at all levels and across sectors to have a voice which goes to the top, which is exactly why the position of Chief Nursing Adviser was created.

I am delighted to advise that my Chief Nursing Adviser has very quickly established herself as an essential link between the nursing profession and my office. Since commencing with Queensland Health in October of last year, the Chief Nursing Adviser has initiated site visits to districts around the state for the proposal for conducting open forums with nursing staff at all levels, and staff have displayed high levels of support. The role of a Chief Nursing Adviser is broader than just work force; it also encompasses considerable elements of the importance of nursing leadership, clinical practice and professional development.

Recruitment and retention of nurses remains one of our highest priorities. Whilst nursing is a deeply rewarding profession, like other professions in health service delivery, it is physically and psychologically challenging. The ability to combine the challenge of intellectual and emotional situations allows nurses to make a real difference to people's lives by applying their skills and knowledge as an integral part of the health care team. Strong mentors are critical to nursing in support of the development of nurse leaders. Part of the role of the Chief Nursing Adviser includes the capability to form strong relationships with the nursing work force and key stakeholders. The introduction of the Chief Nursing Adviser has provided the essential link between the nursing work force and me, ensuring that the views of all Queensland Health nurses are heard. It is really important.

CHAIR: Thank you, Minister. Very well done. The committee will now adjourn for a short break and the hearing will resume at 11 am to consider the proposed expenditure of the Health portfolio. Thank you.

Proceedings suspended from 10.39 am to 11.02 am

CHAIR: The Estimates Committee D hearing is now resumed. The question before the committee is—

That the proposed expenditure for the portfolio of Minister for Health be agreed to.

For the benefit of Hansard I remind departmental officers and advisers to identify themselves before they answer a question referred to them by the minister and remind everybody about their mobile phones and their pagers that may have been turned on during the break. Minister, I note that the Herston Block 7 refurbishment at the Royal Brisbane and Women's Hospital is due for completion. Could you please advise as to how this will improve service to the people of Queensland?

Mr NUTTALL: I am pleased to announce today the $75.6 million Herston Block 7 refurbishment on the Royal Brisbane and Women's Hospital campus, which is due to reach practical completion in late August of this year—five months earlier than January 2006 that was forecast. This redevelopment is one of the largest capital works projects to be undertaken in Queensland and it is possibly the largest refurbishment and reuse project ever undertaken in Brisbane.

Block 7 was originally built in 1977 to house clinical services. The building, which is in good structural condition, was deemed unsuitable to continue with clinical services but is ideal for the non-clinical support services such as pathology, information and the Royal Brisbane and Women's Hospital Health Service District support service, including human resource management, finance, education and research.

The consolidation of referral pathology services into a single location in Block 7 will create a state reference laboratory that will deliver higher-quality services in terms of efficiency and effectiveness for the people of Queensland. The new pathology facility will support the specialist testing requirements of 32 pathology laboratories throughout the state, but most importantly for patients and doctors the new pathology centre will offer a broader range of tests over seven days a week. That means dramatically faster test results for regional Queenslanders. This building represents a new phase of pathology excellence, not just for Queensland but for this country.

Block 7 will combine information services from the corporate office and the Herston campus and provide a major information service centre that will offer benefits and security while optimising resources and expertise across the state. Block 7 will enable Queensland Health to consolidate information services into its own premises rather than being scattered across Brisbane in leased premises.

The Royal Brisbane and Women's Hospital Health Service District support service is currently located in an old, unsuitable building across the campus. The relocation of these support services, including human resource management, finance, education and research, into Block 7 will allow better interaction between departments in a greatly improved environment for the staff, which will lead to improved efficiency for Queensland Health.

The commissioning of the building will occur in September this year with the relocation of the shared services. Commissioning will continue until March 2006 when pathology will relocate to that area. All in all, that is a good story.

Mrs SMITH: As you know—but my colleagues may not—fast track is an initiative that came from the regional community forum members on the Gold Coast and has been adopted by Queensland Health. On page 1-20 of the MPS there is an allocation of $2 million for the fast track area of the Gold Coast Hospital Emergency Department. How will this investment assist the people of the Gold Coast?

Mr NUTTALL: The fast track area is an initiative of the Gold Coast Health Service District, as you pointed out. It is designed to quickly treat patients with conditions where it is expected that the patients will not be admitted. Most patients treated under fast track are categories 4 and 5. Following the introduction of the fast track services at the Gold Coast Hospital Emergency Department, patients waiting times have reduced across all categories and the number of patients who left before treatment could be given has reduced by almost half.

Between December 2004 and March 2005, 18 per cent more patients were seen within the recommended time frame. This meant over a thousand more Gold Coast patients were seen on time in the emergency department. The number of patients recorded as not waiting to be seen has dropped by over five per cent, equating to over 250 additional patients being seen per month.

The additional $2 million will allow the Gold Coast Health Service District to address the growth and demand at the Gold Coast Hospital Emergency Department and will provide additional staffing to allow the fast track area of the department to increase its hours of operation to 24 hours a day, seven days a week.

What happened there was we went down to the Gold Coast with Dr Buckland and had a look at the emergency department. There were some issues around there. There was some discussion at the community forums around it. There were some recommendations made around a fast track area and we believed that it would work. We did a trial on it and now we have provided $2 million in additional funding so it is seven days a week, 24 hours a day, which is really good and hopefully takes some pressure off the emergency department for the categories 4 and 5 to allow the real emergency stuff to be done.

As we know, the Gold Coast is a fast-growing district and there are pressures on our hospital system down there. That is why we are spending a significant amount of money to build the emergency department at the Robina Hospital as well.

CHAIR: The time allocated for questions by government members has expired. I call the member for Cunningham.

Mr COPELAND: Minister, when I asked you earlier today if I could ask Dr Scott about his recollection of whether he briefed you or not on the competency of screening of the proficiency of foreign doctors you allowed that question to be asked. It was only after Dr Scott contradicted you and

when I wanted to ask Dr Buckland the same question that you suddenly decided that asking the question would actually compromise the Morris inquiry. Why were you not of this view before I asked the question of Dr Scott and why, amazingly, did you suddenly form that view only after you had been contradicted?

Mr NUTTALL: Because your line of questioning initially was my understanding around the competency. Where you were coming from was just around the issue of OTDs, but your expansion of your question started getting into the area of the Morris inquiry and it is as simple as that. With the greatest respect, as I said to the committee, both Dr Scott and Dr Buckland may be required to appear before that inquiry. That is very difficult for them. You are asking them to answer questions here when they may or may not have to answer significant questions before the commission of inquiry on a whole range of issues. I do not think that it is fair on my senior management team to be put in that position and I am not going to put them into that position. It is as simple as that. There was nothing untoward in that. It is simply that that is the case and that is where it should remain. I stand by the statements I have made earlier to both the parliament and this committee.

Mr COPELAND: My questioning was not in regard to proceedings before the Morris inquiry; it was regarding your public statements, your knowledge of OTDs and the briefings that you have received from your department—nothing of which we should be precluded from talking about because of the Morris inquiry. Why was it that it is only after the contradiction that you have decided that it is not able to be questioned?

Mr NUTTALL: I am happy to answer that, Madam Chair. If the honourable member would like to quote to me where I said this publicly—I presume it was a *Courier-Mail* article you are talking about; is that right?

Mr COPELAND: Yes.

Mr NUTTALL: The *Courier-Mail* article written by Hedley Thomas; is that right?

Mr COPELAND: I will get the copy for you, if you like, minister.

Mr NUTTALL: Good, so we can clarify something once and for all here.

Mr COPELAND: It is regarding, for a start, the activities at Bundaberg Hospital and then it goes generally into whether Wendy Edmond had received advice from the department—from Dr Lennox—and whether you had received advice from your department about OTDs and you clearly said that you had not.

Mr NUTTALL: Is that my quote? What is my quote?

Mr COPELAND: I will read your quote back to you, if you like?

Mr NUTTALL: Please—from the article.

Mr COPELAND:

But the test of a good minister is how he stands up to an issue like this, how he responds and reacts, whether he is strong enough to withstand the storm. Nuttall's position, (which will be tested by the inquiry), is that he did not know about the widely held concerns over the proficiency of overseas-trained doctors streaming into Queensland.

Mr NUTTALL: That is not my quote.

Mr COPELAND: No. I will get to that.

Mr NUTTALL: Go on.

Mr COPELAND: You wanted to know what the article was about.

Mr NUTTALL: Yes. Go on.

Mr COPELAND: And it is your position, that you have obviously stated, you —

... did not know about the widely held concerns over the proficiency of overseas-trained doctors streaming into Queensland. Nor did he know, he says, about the worries over the lack of screening of their qualifications, because, he says, nobody—not his director-general, Dr Steve Buckland, his head of health services, Dr John Scott, nor any of their underlings—had told him. 'In all the briefings given to me when I became minister, all the briefs were by way of the senior management coming in and talking to me about their issues, this issue over OTDs was never raised. Never ever raised.'

It is the issue of your knowledge of the overseas trained doctors that we are questioning.

Mr NUTTALL: I am glad we have clarified that. Because what you have got there and what you have said there is this: the article referred to by you this morning appeared in the *Courier-Mail* earlier this year following issues in Bundaberg being raised publicly. That is where it initially came from. My comments in that article related to the situation at the Bundaberg Base Hospital, although they were reported in a broader fashion. When I became the Minister for Health I undertook an extensive amount of travel around the state, talking to our staff in hospitals, learning the portfolio and identifying issues for our staff. I want to make it very clear—very clear—at no stage was I briefed about the competency of any overseas trained doctor at the Bundaberg Base Hospital and, as I outlined today, I stand by these comments. If you look at that article it says 'when I first became minister'. If you ever reach the dizzy heights of being a minister, what will happen to you is that your new department will brief you—give you

briefings on all areas of your department. My comment in that article says that in those briefings, at no time in those briefings, at no time was I advised about overseas trained doctors and the problems around those overseas trained doctors and their training. That is what that article refers to; is that right?

Mr COPELAND: Well—

Mr NUTTALL: That is right, that is what it says.

Mr COPELAND: Minister, you have just said two different things.

Mr NUTTALL: No, I did not.

Mr COPELAND: You did. In the context of that quotation—which was reported more broadly than you actually said—you said that you were not briefed about overseas trained doctors at Bundaberg Base Hospital and that that is what the quotation pertains to. You have now just said again, reiterating what you said earlier, that the issue of OTDs was never raised with you.

Mr NUTTALL: Listen to what I said.

Mr COPELAND: I am trying my best, Minister. It would be very easy to clarify it if you would allow Dr Buckland to answer.

Mr NUTTALL: If you are prepared to listen you will understand. What I said in that article, and you quoted it, is that when I became the minister—is that what it says?

Mr COPELAND: It says that when you became the minister, in all the briefings given to you—

Mr NUTTALL: That is right.

Mr COPELAND: In all the briefings—

Mr NUTTALL: That is right. So when you become the minister—

Mr COPELAND: So when did the briefings stop after you became minister?

CHAIR: Order! Member for Cunningham, the minister should be allowed to answer the question uninterrupted.

Mr NUTTALL: I am trying to. The interview with the journalist—that was the context in which that comment was made. I said to the journalist, when I first became the minister, all the briefings that came in to me when I first became the minister, at no stage in those briefings was I advised about problems around the qualifications of OTDs in those briefings. That is the context in which that article was written. You have now broadened it to say, 'So, you have never, ever, ever, ever, ever been briefed about overseas trained doctors' incompetence.' That is your version of events. It is not my version of events.

Mr COPELAND: You said it this morning. We will get the *Hansard*.

Mr NUTTALL: Do you want to let me finish? One step at a time—just one step at a time. So, in terms of that article, that was the comment I made. In relation to when I first became minister, the briefs that came into me, there was no briefing specifically to me about the difficulties around overseas trained doctors. Subsequent to that as a minister I have made statements in the parliament and I have made statements publicly and I stand by those statements that I have made.

Mr COPELAND: So if, Minister, it was only at those initial briefings that you were not made aware of the concerns about the OTDs, when were you made aware about those concerns?

Mr NUTTALL: About what concerns?

Mr COPELAND: About the concerns about the proficiency and the lack of screening of qualifications of OTDs.

Mr NUTTALL: That obviously all arose as a matter of the Bundaberg issue.

Mr COPELAND: So you knew nothing about it until the Bundaberg issue was raised?

Mr NUTTALL: Not on the scale—no. Not on that scale. There are always issues that come to you about individual doctors from time to time. Not around the issue of, 'We have a significant problem in relation to the certificate of competencies; we have a significant problem in relation to the skills assessment of the overseas trained doctors; we have a significant problem in relation to X, Y and Z.' No.

Mr COPELAND: Minister, if you were not aware until the issues around the Bundaberg Base Hospital arose in March of this year, then you stand by your statement that you were not briefed on the issue of concerns about OTDs between when you became minister in February of last year until March of this year?

Mr NUTTALL: Again, you need to clarify to me what you mean by concerns.

Mr COPELAND: I will again quote to you, 'The lack of screening of their qualifications and the proficiency of the overseas trained doctors.' Now, that changes nothing from the statement you made this morning when you said you did not receive briefings, but which Dr Scott contradicted in his response when he said he believes that you were.

Mr NUTTALL: As I have said to the committee, Madam Chair, Dr Scott and I meet—I cannot recall the number of times that Dr Scott and I have met over the last 18 months. There are numerous times. We have numerous meetings—numerous briefings. Dr Scott and I simply have a different recollection on this particular point. There is nothing sinister in that. As I said to the committee, I meet on a regular basis with all my senior management. I travel the state and talk to numerous staff. We have numerous meetings and numerous briefings. It is human to think that, from time to time, people have a different recollection of things. There is nothing sinister about that. It is simply the case. That is simply what happened.

Mr COPELAND: Minister, I disagree. I think there is something sinister in it, because you are trying to deflect blame of your lack of knowledge of what is going on.

Mr NUTTALL: No, I am not.

Mr COPELAND: Clearly, Dr Scott believes you were briefed. You will not allow Dr Buckland to answer the same question—

Mr NUTTALL: And I explained why I would not allow that—because of the line of questioning you have gone down.

Mr COPELAND: It has nothing to do with the Morris inquiry.

Mr NUTTALL: It has everything to do with the Morris inquiry.

Mr COPELAND: It is simply about your knowledge of your department and your knowledge of the problems associated with overseas trained doctors.

CHAIR: Order! The member for Cunningham. Can I please remind the member for Cunningham that questions are with reference to the examination of the appropriation being considered here today. Please ask your next question.

Mr COPELAND: I will refer to the same MPS reference that I did earlier, Madam Chair, because it is integral to the operation of the department if we have got clear differences between the minister and his senior executive in relation to what the minister is or is not told. When I did ask you if I could ask Dr Scott about his recollection of whether he had briefed you, you allowed that question. When you told the media that you had never been briefed by the department on the competency, screening or proficiency of foreign doctors, you said publicly that you had not. When you gave that answer to the media, you were not of the view that the inquiry would be compromised. Why can you give your version of events and not consider that it compromises the Morris inquiry, Dr Scott can give his version of events and not consider that it compromises the Morris inquiry, but, if Dr Buckland gives his version of events that it will compromise the Morris inquiry. Why is there the inconsistency between the two positions?

Mr NUTTALL: Because the question when it was first raised was, I think, your first or second question in the estimates hearing. Subsequent to that question, you started down another path. The path is areas where the commission of inquiry is heading. If I had known you were going to head down that path, I would not have asked Dr Scott to answer the question.

Mr COPELAND: All I referred to in my initial line of questioning was the issue of overseas trained doctors and their competencies. Nowhere did I mention specifically Bundaberg.

Mr NUTTALL: Madam Chair, I have answered the questions raised by the honourable member ad nauseam on this issue and I do not intend to continue. He is just simply asking me the same question twenty different ways. I have given an answer. I have answered every time. I think it is time we moved on.

Mr COPELAND: Does Dr Buckland agree with you or with Dr Scott?

CHAIR: Order! The member for Cunningham, with respect to the minister's comments, I believe that the minister has already answered the questions that you have asked. I ask that you move on the next question.

Mr COPELAND: Madam Chair, this is a new question—one that I have not asked. Does Dr Buckland agree with you, Minister, or with Dr Scott?

Mr NUTTALL: Madam Chair, the same answer as before.

CHAIR: The member for Cunningham, your next question?

Mr COPELAND: Minister, how many overseas trained doctors in Queensland Health are acting in positions higher than those for which they have been approved by the Queensland Medical Board?

Mr NUTTALL: There are a couple of things around that. We are just getting some data for you. Two things around that. There is an agreement that we have reached with the AMA to ensure that for all overseas trained doctors working in the Queensland public health system, we will do an assessment of their skills. We are working in conjunction with the AMA in relation to that. I have asked—or I have had my department ask—all my district managers and medical superintendents to ensure that no doctor is performing above and beyond their area of expertise. I can ask Dr Scott to elaborate on that.

Dr Scott: We have specifically gone and asked our districts, 'Are there overseas trained doctors who are working outside of their practice as defined by the Medical Board?' And we have been informed that, no, we do not have anyone.

Mr COPELAND: Does that include the allegations that have been made about the Mt Isa hospital, where there were clear allegations that senior medical officers were acting in positions higher than those for which they had been approved?

Mr NUTTALL: Madam Chair, that issue is before the Morris inquiry at the moment.

Mr COPELAND: Are there any other hospitals about which allegations have been made of that type?

Mr NUTTALL: We are not aware of it.

Mr COPELAND: Not aware of it?

Mr NUTTALL: And if there are—and if you or anybody has any evidence of that—you should be advising either my office or the Medical Board of that, so that I can then hand it on to the Medical Board, or you advise the Medical Board. I think it is reprehensible if anyone knows of a doctor performing beyond their scope and does not report it. If that includes you—you have an obligation as well.

Mr COPELAND: I think you will find, Minister, that all the major inquiries that are going are because of things that we have reported to the public. I refer to the commission of inquiry into the scandal at Bundaberg Base Hospital. Has your department conducted an estimation of how much money Queensland Health may be required to find for compensation claims resulting from botched treatment at Bundaberg and, if so, how much?

Mr NUTTALL: No, we have not because, at this stage, we are still unaware of what the claims may be. We will need to wait and see. I mean, it is a bit hard to assess what our claims may be when we do not know what they are. The solicitors acting on behalf of the patient support group and others at this stage have not come to us with a claim for any specific amount, or even the number of cases, so it is very hard to determine until we get that.

Mr COPELAND: So there has been no estimation whatsoever?

Mr NUTTALL: No. You just cannot do it; you just physically cannot do it.

Mr COPELAND: Minister, how often have you visited the Bundaberg Base Hospital since the scandal erupted and when is the last time you visited?

Mr NUTTALL: I have visited the hospital on two occasions since it erupted. The last time I visited was with the Premier to meet the patient support group. If I had visited on more occasions, you would have said to me that I was interfering up there and I should stay out—that I was trying to gag the patients and staff. When I do not go up you say that I am not going up there because I do not care. From your point of view I am in a no-win situation. But I have been to the Bundaberg Base Hospital now on four occasions as the minister—two occasions since the scandal, as you call it, erupted. I think it is not appropriate for me to be going up there, meddling in affairs—that is what you would say I would be doing—while the commission of inquiry is sitting. It needs to complete its work without any political interference whatsoever.

Mr COPELAND: Minister, you went up there after the allegations were first made in the parliament.

Mr NUTTALL: That is right.

Mr COPELAND: Clearly, the staff felt intimidated by that.

Mr NUTTALL: No. I genuinely wish that someone had a video or a full tape of that meeting so that they could clearly understand what was articulated at that meeting. There were certain people at that meeting who had a different view and that is okay. They have expressed that. Everyone is entitled to their opinion, and I respect that. But I and Dr Buckland went up there with the best of intentions to talk to the staff about the issues at hand. There was no plan at any stage to go up there and intimidate or harass staff. The whole idea of going up there was to lend our support to the staff.

Mr COPELAND: Minister, I refer to the legal representation of Queensland Health staff before the commission of inquiry, and I ask: Who did recommend approval of the indemnity for Dr Darren Keating, and does your department believe that the indemnity does extend to the Supreme Court?

Mr NUTTALL: There are policy guidelines around providing indemnity to staff. The guidelines are around that representation, and you have heard the Premier state the government's position that the indemnity only applies to the extent of the commission of inquiry.

Mr COPELAND: Is the advice from your department in contradiction of the Premier's stated position?

Mr NUTTALL: There is no advice from my department. My department simply acted in accordance with policy guidelines and it has gone to Crown Law. It is a Crown Law issue. It is not my department; it is Crown Law.

CHAIR: Order! The time allocated for questions by non-government members has expired. I call the member for Burleigh.

Mrs SMITH: Minister, can you please advise what enhanced prevention initiatives are included in the $10 million being allocated this financial year for chronic disease issues?

Mr NUTTALL: As part of the first year of our implementation initiatives for the prevention and management of chronic disease, I am pleased to announce that $10 million will be allocated this financial year for initiatives to address the primary prevention of chronic disease through the key risk factors of alcohol, nutrition and physical activity. The other key risk factor of tobacco will also be addressed through an additional $4.5 million under the cancer package.

The nutrition initiatives will build on this government's additional investment, which has grown to $5 million per annum over the past three years, to implement our commitments under Eat Well Queensland 2002-2012: Smart Eating for a Healthier State. This will include funding for a number of new positions, including community nutritionists and Indigenous nutrition health workers who will work with local communities to deliver culturally appropriate nutrition services in our health service districts across Queensland. It will also include funding for nurses who will coordinate healthier lifestyle programs across the state, such as the Lighten up to a Healthy Lifestyle program and the Indigenous-specific Healthy Weight Program.

Further additional public health nutritionists will be appointed across the three public health unit networks to contribute to the work force development and support of district health nutrition staff, particularly Indigenous staff, and to implement and support nutrition and healthy lifestyle programs regionally. Priority areas include addressing food supply issues; increasing demand for healthy foods; increasing consumption of vegetables and fruit; enhancing the health of mothers, infants and children; and promoting healthy weight. The promotion of physical activity is obviously an important part of chronic disease prevention. This initiative will provide funding for health promotion officers specialising in physical activity to work with the district health staff, local government and other sectors to promote physical activities in communities across Queensland, including a special focus on Indigenous communities.

Established Alcohol, Tobacco and Other Drug Services will be significantly enhanced and, more importantly, access to services for rural and remote communities will be improved. Treatment, early intervention and prevention programs will all benefit, most notably through an increased work force to address the concurrence of mental health and drug issues, commonly referred to as dual diagnosis. There is a lot of work being done and it is all about preventive care.

Mrs SMITH: Minister, what strategies will be used to address unnecessary hospitalisation of older people?

Mr NUTTALL: There is obviously growing evidence at both the state and national level that particular programs and services can minimise the risk of unnecessary hospitalisation of older people. We have committed $18 million to implement Queensland Health's Directions for Aged Care 2004-2011 and enhanced services for older Queenslanders to address unnecessary hospitalisation of older people, maximise functionality of older Queenslanders and provide appropriate community placements and care. A detailed implementation plan outlining specific initiatives will be developed by Queensland Health's Directions for Aged Care 2004-2011.

To achieve the aims mentioned above, strategies which will be implemented in Queensland, including adopting models of acute and subacute care and delivery in non-hospital settings. Examples of these models include Hospital in the Nursing Home and Hospital in the Home. Hospital in the Nursing Home models aim to develop partnerships and pathways of care with hospitals, GPs and residential care facilities with the aim of providing acute care within the residential aged-care facility and preventing admission to acute facilities.

I visited one of these facilities on the Gold Coast with a couple of doctors from the Gold Coast Hospital. We went to one of the aged-care homes and spoke to some of the residents. Part of the advantages are that if older people are transferred to hospital they become disoriented. If they are still in the aged-care home, they are still in their own bed and the food is similar, so it is a much better way of recovery. It is a really good program and something that all of us should be really pleased about. It is a great initiative.

We have also committed $28 million for the implementation of the Transition Care Program, and that is jointly funded by Queensland Health and the Commonwealth government. That is to provide short-term support and active management of older people at the interface of subacute and residential aged care sectors.

All of the strategies being progressed by Queensland Health are consistent with the national action plan for improving the care of older people across the acute aged care continuum developed by the Australian Health Ministers' Advisory Council Care of Older Australians Working Group. It is really important for us to try to minimise the hospitalisation of older people, and some of these programs are going a long way towards doing that.

CHAIR: Minister, what will be the benefits to patients as a result of the $9 million purchase of the PET scanner and cyclotron at the Royal Brisbane and Women's Hospital?

Mr NUTTALL: We have established this service at the Royal Brisbane and Women's Hospital to provide internationally accepted state-of-the-art imaging, leading to a safer and better community. The positron emission tomography is an imaging tool—as you said, better known as PET. That is why people call it PET. It is an imaging tool that has not previously been available within the public sector in Queensland. In effect, the government is addressing a clear need for health based technology.

As a result of purchasing the PET scanner and associated infrastructures, patients will benefit in several ways. Unlike other types of scanning which provide imaging of the physical structure of the body, a PET scan provides functional imaging. The PET scan is able to show whether the tissue is normal or abnormal based on its cellular function rather than structural appearances. It can help medical specialists with early diagnosis of disease, mostly cancers, and provide information that can help predict a person's suitability for surgery. It can also help medical specialists monitor a person's response to treatment and identify the spread of tumours.

Specifically, a PET scan is beneficial to clients as it offers the potential to improve the management of cancer, coronary artery disease, epilepsy and conditions such as Alzheimer's disease. Other improvements in the quality and safety of patient care will come through the selection of more appropriate treatment options for people with coronary artery disease that may be eligible for a coronary artery bypass graft. Coronary artery bypass grafts can be targeted to those people who will get the greatest benefit. Conversely, it can help avoid unnecessary high-risk surgery for certain patients.

For nervous system applications, brain tumours can be diagnosed noninvasively and the surgical management of epilepsy can be planned noninvasively in conjunction with the currently available tests. The PET scanner will allow a more tailored treatment for many patients in Queensland's public sector, resulting in better patient outcomes. It will also lead to a more efficient use of our valuable health resources. This is a really valuable tool for us. As you can see, it is not inexpensive but it does have some great outcomes.

CHAIR: Thank you, Minister. How will patients benefit from the investment of $0.5 million in lithotripsy services?

Mr NUTTALL: We are going to allocate $0.5 million to perform the lithotripsy procedures across the state. It is better known as the ESWL. It is a non-invasive procedure for the management of urinary tract stones less than 25 millimetres in diameter. I do not know whether we want to get into those graphics. High-energy shock waves are focused on the stones in order to shatter them and enable the smaller fragments to be passed via the urinary tract. The demand for the treatment of kidney stone disease is likely to increase in Queensland due to the predicted increase in the total population—about 8.4 per cent by 2006 and 10.8 per cent by 2011—that will require the service.

There is evidence that the incidence of kidney stone disease is increasing in women due to the growing popularity of high-protein diets to promote weight loss. I say that to all of the women of Queensland; you should take note. Just go and see your local doctor and get some good advice. The contributing factor to the development of kidney stone disease is dehydration, so the incidence is reported to be higher in warmer climates such as Queensland. There are currently five service contracts in places to provide this service to public patients. These include services being provided in Townsville, Brisbane, Toowoomba, Gold Coast and Cairns.

Mr SHINE: Minister, in which parts of the state will the provision of residential care services, as outlined on page 1-31 of the MPS, be progressed and which rural communities will benefit from that expenditure?

Mr NUTTALL: We have 20 facilities across the state and we provide aged care to approximately 1,650 senior people in contemporary environments of the highest quality and that forms part of the integrated care and continuum available to older people. All Queensland Health facilities meet the accreditation standards set by the Aged Care Standards and Accreditation Agency. All redevelopment facilities that are part of the Aged Care Capital Works Program will meet national design standards and will support resident focused care that respects the privacy, dignity and independence of older people. It is consistent with Queensland Health's Directions for Aged Care 2004-2011 and the Commonwealth aged care principles of 1997.

The rural communities that will benefit are Dalby—and I have visited Dalby; mind you, there was only a slab on the ground—and Maryborough, which is well on the way. Roma, Warwick and Wondai will also benefit from the Aged Care Capital Works Program, as will the Redland community here in the

south-east of the state. Each of the facilities in these locations will be rebuilt using Queensland Health's modular design and be completed as follows: Dalby in February 2006, Maryborough in December this year, Roma in March 2006, Warwick in March 2006 and Wondai in June 2006.

In addition, the redeveloped Parklands facility in Townsville is about to be commissioned. I have recently asked the department to enter into discussions with private sector aged-care providers in Yeppoon to ascertain possible partnerships to avoid a replication of services in that location. Other projects completed to date are at Redcliffe, where the facility has been expanded from 40 to 60, and in my electorate of Sandgate—can I just put on the record that that was in the planning before I became the minister—at Eventide, where 80 beds have been redeveloped and opened. Refurbishments have occurred at Eventide at Charters Towers and airconditioning has been installed at the facility at Oakey. A number of options for the facility at Nambour are being examined.

In relation to the department's compliance with government fire and safety requirements, Project Services are currently auditing 13 residential aged-care facilities in order to determine the extent of modifications that are needed to meet those requirements. These audits are expected to be completed by August this year, with the necessary modifications expected to be completed by early 2006.

Mr SHINE: Minister, you were spending $1.7 million for the continuation of the drug court pilot project. Can you advise of the success of that project to date?

Mr NUTTALL: The drug court diverts offenders who are dependent on illicit drugs into treatment rather than into the traditional criminal justice system. It aims to help offenders overcome their drug dependence and associated criminal behaviour through court enforcement and supervised treatment programs. The south-east Queensland pilot commenced in June 2000 and the north Queensland pilot commenced in November 2002, operating from magistrate courts in Beenleigh, Southport, Ipswich, Cairns and Townsville.

Offenders who are eligible for diversion receive a suspended sentence and then an intensive drug rehabilitation order as an alternative to prison. Offenders must actively participate in an intensive rehabilitation program for 12 to 18 months, including alcohol and drug treatment—they have to go through courses for that—regular urine testing and comply with the strict conditions set by the court. Offenders then return to the court for final sentencing.

In the first 48 months of the drug court operation in Queensland, no-one who successfully completed the rehabilitation program went to jail. Instead, they received community based sentencing options like probation. Statistics summarised as at 31 May 2005 show that since the commencement of the program 148 people have completed and graduated from the program, with a further 105 currently participating in their intensive drug rehabilitation orders.

With regard to the success of the drug court, an independent report by the Institute of Criminology has found that the drug court works for those offenders who complete the program. The final report looked at approximately 300 people who had taken part in the program up to the end of 2002. It found that offenders who had completed the program had lower reoffending rates and for those who did reoffend they took longer to reoffend than people who did not participate. In another report, one of the participating magistrates found that the drug court assisted lawyers, magistrates and counsellors and others involved in the court to work better together to help program participants overcome their substance abuse. The drug court is an important component in the overall approach for dealing with substance misuse which addresses the trilogy of supply reduction, demand reduction and harm reduction. The program started in June 2000 in south-east Queensland and was expanded to north-east Queensland in November 2002. I think by anyone's standards it has worked very well.

CHAIR: I am aware of the wonderful service that Riverton provides to mothers with babies and young children, and I ask: could you advise the committee why it is being relocated to the Prince Charles Hospital campus and the extent of the upgrade?

Mr NUTTALL: The department is relocating the Riverton early parenting centre from Riverton Street in Clayfield to the Prince Charles Hospital campus at Chermside. The $8.8 million project is an initiative provided through the government's Smart State Building Fund and will provide a flexible, multipurpose centre capable of supporting the further development of early parenting services.

The current Riverton early parenting centre is an old orphanage and its layout is inflexible in meeting contemporary service needs, making admission of both parents and children very difficult. The services provided by the Riverton early parenting centre have changed rapidly in recent years, brought about by societal changes and by the introduction of early discharge without a planned community response to meet the needs of the family. These unmet needs will continue to exacerbate postnatal depression in mothers and may well cause an increase in behavioural disorders in very young children.

Parents as well as infants are now being admitted for the two-week intensive parenting program, with a shift in focus from infant management to parenting skills. The problems of families with infants and young children are a result of the complex interplay between infant behaviour, maternal mood and behaviour, psychiatric status and health, family dynamics and the environment, and social circumstances in which the families live.

I understand that the rate of admission for this program has increased over the past few years from 20 per year to 100 per year, which placed considerable pressure on the existing building to deliver an efficient and effective service. The purpose-built centre will allow opportunities to include specific health services at the centre for the very vulnerable groups of children within our state such as foster children and children in women's refuges.

The project will deliver an early parenting centre with approximately 2,000 square metres of floor area that will include residential accommodation for 20 families. A clinical facility for assessment of children in families at high risk as well as more capacity for professional education and training will be provided. The new Riverton early parenting centre will be located off Hamilton Road, Chermside adjacent to the existing Chermside Community Health Centre, allowing easy access to complementary health services available on the campus. I am happy to report that the project is ahead of schedule and currently in the design phase with construction to commence at the end of this year and due for completion at the end of next year.

CHAIR: The time allocated for questions by government members has expired. Just prior to calling the member for Moggill, I understand that the minister does have some answers to questions from Dr Flegg which were taken on notice earlier. It is appropriate for the minister to answer those questions towards the end of Dr Flegg's questioning period. I call the member for Moggill.

Mr NUTTALL: I am sorry, I just need to correct the *Hansard* record concerning an earlier answer. I think the question was from you, Dr Flegg. Queensland Health has been advised by the Australian government that we have complied with the 2003-04 requirements. We said 2002-03; it was 2003-04.

Dr FLEGG: Minister, a number of times today you have said—and I noted down your most recent quote—that nobody had alerted you to the significant problems with skills assessments of overseas trained doctors. On 18 May last year in parliament I explained to you what the Australian standard was and asked you why Queenslanders were being treated by people in public hospitals who have not even passed a basic medical competency test. In May of last year the Redcliffe medical association sent registered mail to your PO Box—a copy of its letter to the Medical Board saying that it was voicing concern about competency of some overseas trained doctors recruited by Queensland Health. Further, the association said that, if this situation continues, it will result in the trust of citizens in the health system being eroded. How can you continue this farce to say that nobody alerted you to the situation of the competency of overseas trained doctors?

Mr NUTTALL: In relation to the letter from Redcliffe, you asked a question in parliament of me, I think. We did a thorough search of our records for that letter and could not locate that letter.

Dr FLEGG: They sent me a copy of the registered mail.

Mr NUTTALL: They might have sent you a copy of that, but what I am saying to you is that we did a thorough search of the records in my office and could not locate it.

Dr FLEGG: It was sent to your PO Box in Sandgate.

Mr NUTTALL: That is not my ministerial office, is it?

Dr FLEGG: It is your electorate office. They are sending it to you personally. In fact, that is closer.

Mr NUTTALL: And that is fine, but we checked all that and it was not received by me. I cannot do anymore than that.

Dr FLEGG: Has a search been made of Australia Post as to why it did not turn up? It was registered mail.

Mr NUTTALL: Not back in May, no. I am sure it hasn't.

Dr FLEGG: Doctors are pretty tight. They do not send it registered mail if they do not think it is important, I can tell you.

Mr NUTTALL: I am sure of that.

Dr FLEGG: So you are still persisting with the idea that no-one told you?

Mr NUTTALL: This issue around Redcliffe, you said that it was sent to me by registered mail. I think it was a newsletter that was sent to me.

Dr FLEGG: Yes—a copy of their letter to the Medical Board. I have it here, addressed to Lloyd Toft and sent registered mail to you.

Mr NUTTALL: So it was sent to the Medical Board?

Dr FLEGG: Yes, and a copy was sent to you registered mail.

Mr NUTTALL: If the Medical Board have it, the Medical Board will deal with it. That is what the Medical Board is for.

Dr FLEGG: Yes, but you said they did not tell you; they did tell you.

Mr NUTTALL: I indicated to you that it is a newsletter, and I indicated to you that it was not received by me. I cannot do anymore than that.

Dr FLEGG: I told you in parliament as well.

Mr NUTTALL: Again, I will say this, and I have said it to you before: you are a doctor and if you have information about doctors—

Dr FLEGG: I did; I brought it to you in parliament on 18 May last year.

CHAIR: The minister is entitled to answer without interruption.

Mr NUTTALL: Thank you, Madam Chair. You keep saying that you bring these matters to my attention, but, if you have specific examples of where this is happening, as a doctor you have a professional obligation to report that to the Medical Board, and you did not do that.

Dr FLEGG: You said that you were not told about the overseas trained doctors, not specific examples.

CHAIR: Member for Moggill, the minister has three minutes to answer the question. He needs to answer it uninterrupted.

Mr NUTTALL: If you had specific examples of doctors who were not performing properly, you had an obligation not as a member of parliament but certainly as a doctor to take that to the Medical Board. You could not provide me with individual specific examples. You stand there and you wave the newsletter. If the newsletter was sent to the Medical Board, it is a matter for the Medical Board to deal with. That is what the Medical Board is there for.

Dr FLEGG: We are going round in circles. I will move on to a different topic. Minister, I refer you to page 1-10 of the MPS. Can you tell the committee what the health inflation rate for Queensland currently is?

Mr NUTTALL: We will take it on notice.

Dr FLEGG: I can help you. It is 7.1 per cent this year and it was 7.3 per cent last year. I just wanted to see if you were aware of it. Minister, are you able to tell us what the increase in recurrent health expenditure in the budget under question here was?

Mr NUTTALL: I will get Tony Hayes to answer that.

Mr Hayes: The budget for 2005-06 is $5.354 billion. The previous budget was initially $4.941 billion, which then rose through various other grants, subsidies and revenues throughout the 2004-05 year to peak as an estimate of $5.013 billion. The reason for these figures changing from the beginning of the financial year to the end is that revenues are actually earned by the department and grants are made by the Australian government at various times throughout the year as well. At this point in time the MPS, as it indicates on page 1-10, is total expenses of $5.013 billion, and the increase would be the difference between that and $5.354 billion.

Dr FLEGG: Can you tell us the increase in recurrent expenditure after you take the capital spending out?

Mr Hayes: That is recurrent expenditure.

Dr FLEGG: I am sorry; I missed the answer.

Mr Hayes: Those figures are recurrent expenditure.

Dr FLEGG: I did not hear the number.

Mr Hayes: $5.354 billion.

Dr FLEGG: I agree with your numbers. That, on my reckoning, is an increase in recurrent expenditure of only 2.7 per cent, Minister. That is a very substantial reduction in recurrent health spending in real terms. That has happened now three years in a row, and the real spending on recurrent health expenditure has dropped back by $450 million over the last three years. How in this environment, and with health expenditure and population growth increasing the way they are, can we possibly justify reducing the real amount of recurrent health expenditure?

Mr NUTTALL: We can sit here and play with figures all day, and that is probably what we are going to do, but we have committed $2.149 billion in funding to the public hospitals for 2005-06. In comparison to 2004-05, the actuals, that represents a growth of 8.7 per cent. The Australian government will contribute $1.622 billion to the Queensland public hospitals for 2005-06 via our 2003-08 Australian Health Care Agreement.

Dr FLEGG: Are you including capital expenditure in that?

CHAIR: The honourable member will cease interjecting.

Mr NUTTALL: When compared to the contribution for 2004-05, that represents a growth of only 6.6 per cent from the Commonwealth. We operate an efficient hospital system relative to other states and territories. Our cost per weighted separation for 2003-04 was 11 per cent lower than the national

average. A comparison across states and territories of contributions to public hospital services is problematic. Significant variations exist across all states and territories on what is considered a public hospital service, but in terms of our public hospitals the amount has actually increased by 8.7 per cent.

Dr FLEGG: Minister, with regard to the reduction in real terms in recurrent health expenditure, is this an effort on the part of the government to withhold spending from the budget to appear to make a more serious response to the Morris royal commission?

Mr NUTTALL: No, not at all.

Dr FLEGG: So you have just reduced the funding in real terms anyway?

Mr NUTTALL: Well, I do not agree with that. I just went through the figures with you.

Dr FLEGG: Minister, in relation to a number of well-publicised incidents relating to mental health patients in the community—notably, a couple on the Gold Coast, Robina town centre and so forth—I refer the minister to page 1-25 of the MPS and the mental health budget of $8.2 million, and I ask you: why has there been no increase in funding allocation to the non-government mental health sector for this coming year when the community is clearly so concerned about the incidents that have been happening?

Mr NUTTALL: We have allocated an additional $8.2 million for the enhancement of mental services in Queensland this year. That includes the full-year effect of 19 positions funded in the last financial year to provide consultation and liaison at psychiatric services for patients admitted to general hospital wards with concurrent—

Dr FLEGG: The question was about the non-government sector, Minister.

Mr NUTTALL: I think you will find that in the non-government sector there was a—I will get Tony Hayes to answer that for you.

Mr Hayes: In the last couple of years there has been a non-labour related escalation for all government grants that have gone through to the NGO sector. Two and a half per cent is the figure that is currently being exercised in that area.

Dr FLEGG: Minister, I refer you to your answer to question on notice No. 10 for this estimates committee where you asserted that no additional funding was provided to Queensland public hospitals for undertaking more complex surgical procedures. I asked them to provide you that answer. I think that is the gist of your answer. Yet, on my transcripts here from the Morris royal commission, Dr Miach was very clear in his evidence that there is a weighting for the complexity of the case. There is a significant conflict between the evidence given at the Morris royal commission and the answer that you have given us in relation to the funding of more complex surgical cases.

Mr NUTTALL: Dr Buckland will answer.

Dr Buckland: I am going to ask Dr Scott to answer. I am unable to really go into criticism of evidence given before the inquiry, which would be inappropriate. But I would point to the fact that Dr Miach is a renal physician whose knowledge of elective surgery and its funding would appear to be limited on the evidence available to us in the transcript of the commission of inquiry. I would ask John to talk more directly about the funding.

Dr Scott: Our funding for elective surgery is provided on the basis of a combination of historical funding to facilities and also extra funding that is allocated as new incentives come through on the basis of express need—either looking at what our knowledge of throughput is or, alternatively, what the waiting lists are telling us in terms of need in those facilities.

What we then do is we provide funding which is, as I said, a block amount of dollars which is translated to activity by the notion of weighted separations—the idea of taking a certain amount of dollars and on the basis of the current costs of delivering surgical services we can say, 'Well, that will provide us with a certain amount of surgical activity,' which is measured in a unit of weighted separations. With those weighted separations, obviously then you will have a smaller number of weighted separations for a less complex case and a greater number of weighted separations for a more complex case. There is no incentive in terms of, say, oesophagectomies, which are more complex cases, being done to get more money.

The amount of money that comes to the facility is set at the start. The decision is then taken as to what that amounts to in terms of surgical activity through the weighted separations, which is a nationally agreed benchmarking cost. That then translates into the amount of activity that is expected in that facility. In other words, there is at no point in time an incentive program which will provide more funding to that facility for doing more complex surgery. The amount of funding that is set is set at the start of the process and in no way reflects the complexity of surgery.

Dr FLEGG: Just to clarify, if it is a weighted separation, would that not mean the more complex case would attract more funding?

Dr Scott: It does, but I am making the point—of course it does—but I am making the point that that is coming out of a total pool of funding provided to that facility, which is set at the start on the basis of historical need and need defined by waiting lists. In other words—

Dr FLEGG: If they did an oesophagectomy, would that result in a higher payment under the weighted separation than an ingrown toenail, Minister?

Mr NUTTALL: I am happy for Dr Scott to answer.

Dr Scott: Bruce, I assume you are still a doctor.

Dr FLEGG: Just.

Dr Scott: So I think you can probably answer that question. Naturally it does simply because there are more consumables and there is more staff time et cetera.

Dr FLEGG: If the payment is higher, why would that not be an incentive to do the more complex surgery?

Dr Scott: Because I am making the point that the pool of funding that is provided is based on the activity that is needed in that facility. So if you do a more complex procedure, what you are effectively doing is limiting your capacity to do all of those other procedures that are needed in that facility. We do not provide bonuses for the number of oesophagectomies that you do or the number of complex cases that are done. Do you want to add to that?

Dr Buckland: Fundamentally, all you are saying is, 'This is the amount of money available to you and this is the money you will get for whatever procedure.' They are not actually paid on a bonus system. There is a concept, which is quite wrong, which is that they are paid on a bonus system—you do all the work and then we pick up the tab. It does not work that way. The tab is given and they say, 'Okay, what do you want to do?' So to answer your question in a different way, you could say, 'Yes, you could do 10,000 ingrown toenails or you could do so many hips.' That is the difference; whereas in terms of how they work it out, it is not actually about going hell for leather and then we will pick up the tab at the end. We say, 'This is the amount of money available for elective surgery.' Clearly, cataracts would bring in different funding—carry a different weight—than what a hip replacement or a revision of a hip replacement might do. So the concept that somehow or other by doing oesophagectomies they are on a financial winner is not borne out by any fact.

Dr FLEGG: Okay. I can see how a doctor would think they were making more money if there is a higher weighted separation.

CHAIR: Before calling the member for Moggill, the Minister did indicate that there were questions from the member for Moggill that were taken on notice earlier that I said, as I opened this session, could be answered towards the end of it given that we have at least three minutes left. We shall proceed with those answers as agreed to.

Mr NUTTALL: Yes. That is around the Townsville memo. Terry Mehan is the zonal manager for that area.

Mr Mehan: There were several issues raised in earlier questions in respect of revenue in Townsville Hospital. Without knowing the specifics of the allegations made, I can inform you of general policy areas and also activities that are undertaken in our zone in respect of revenue.

We have given in north Queensland specific attention to revenue, because we are entitled to collect revenue and the revenue against our bottom line assists us in providing services. What we have done is given particular attention to optimising the revenue which we are entitled to collect. In doing that, we have people appointed at a zonal level that continue to review administrative procedures across the zone and also there are people who conduct regular audits of our procedures.

In respect to registrars, I have a policy document here, which I can read, and the string of emails on the information that was provided to me go back to people trying to clarify—

Dr FLEGG: Can you table that for us?

Mr Mehan: I will read it and then I will submit it with the leave of the committee. It says—

Only the Staff Specialist can provide a private service, and not a registrar under the supervision of a Staff Specialist. A registrar may be present during the provision of the private service, but the service must be provided by the Staff Specialist.

That is the policy of Townsville Hospital. That is the document that is in place.

Dr FLEGG: It is certainly not what Dr Johnson instructed the doctors.

Mr Mehan: No. The email from Dr Johnson was posing an opinion that he believed the registrar could be present to do certain things. The email was sent to Shaun Drummond. Shaun Drummond took further advice in respect of what the registrar could and could not do. That email—and you have a parcel of other correspondence that I do not have—formed part of a string of correspondence between parties to form a view of what the policy would be in terms of registrars.

Dr FLEGG: The email was sent to a practising clinician.

Mr Mehan: Yes, and the policy was clarified in terms of what they could do and the policy is as submitted here. This is the policy that applies in Townsville Hospital. This is what a registrar can and cannot do. So when Dr Johnson, Shaun Drummond and others were forming an opinion, the opinion led to the formation of a policy and this is the policy document that is in practice at Townsville Hospital. If that policy is not being followed, and there is information that is available to show why it is not being followed and that can be provided—

Dr FLEGG: Why was the option A—

CHAIR: Order!

Mr Mehan: In respect of—

CHAIR: Order! Minister, are you seeking leave to table the documents that Mr Mehan talks about?

Mr NUTTALL: Yes.

Leave granted.

CHAIR: Thank you. That is it.

Mr NUTTALL: I think we would like to answer more, but we have run out of time.

CHAIR: Thank you. The time allocated for questions by non-government members has expired. Minister, I have a question. The MPS refers to the commencement of the BreastScreen Queensland service in the Brisbane city centre targeting women who are working in the city. Can you advise the committee on how many women have used the service since its commencement?

Mr NUTTALL: I can, Madam Chair. The BreastScreen Queensland program aims to screen 70 per cent of women between the ages of 50 and 69 as this is the age group where the benefits from screening have been most clearly demonstrated. In the 2002-03 financial year, 58½ per cent of women in that age group were screened by BreastScreen Queensland. This is well on the way towards achieving our target of 70 per cent.

There is a significant difference between the number of women participating in the program in metropolitan and rural areas. Participation varies from 55 per cent in metropolitan areas to 62 per cent in rural areas. That highlights the need to increase the number of women attending screening in the south-east corner of Queensland, in particular here in Brisbane. There are several reasons why women in Brisbane do not participate in breast cancer screening, one of which is that a greater number of women between the age of 50 and 69 are now working. Sixty-eight per cent of women between the ages of 45 and 54, and 34 per cent of women aged between 55 and 64, were in some form of employment in the year 2000.

While all BreastScreen Queensland services offer appointments outside of business hours, many working women are time poor and breast cancer screening is easy to postpone. To enable working women to access fast, free and friendly breast cancer screening services as they commute to and from work, a partnership with the Brisbane City Council was forged in late 2003. This partnership resulted in the establishment of a BreastScreen Queensland service in council premises within the central business district. Since its commencement on 16 August last year, the BreastScreen Queensland Brisbane city service has screened 2,527 women. Forty-six per cent of them are new clients to BreastScreen Queensland. This is an excellent achievement and validates the government's investment in this service.

Working women accessing the Brisbane city service have reported that the convenience of its location, its nearness to their workplace, the ease of access by public transport, its varied opening hours and the high quality of the service are all major factors in their attending for the breast cancer screening at the service. The opening of the Brisbane city service to target working women has obviously been a very great success.

Ms JARRATT: Minister, under the heading 'Future Developments, on page 1-37 of the MPS there is a reference to the commencement of a new illicit drug diversion program. Can you please outline for the committee how this program will integrate with existing drug diversion programs and how the program will actually work?

Mr NUTTALL: Sure. Under phase 2 of the Commonwealth funded Queensland Illicit Drug Diversion Initiative, the Queensland government will implement a new drug diversion program for people apprehended for a wide range of minor offences related to problematic drug use. The new initiatives will be known as the Queensland Magistrates Early Referral into Treatment program and will be based on a similar initiative as to that in, dare I say it, New South Wales.

The new program will enhance the existing suite of Queensland drug diversion programs. They include: the Police Diversion Program for minor cannabis offences, the Illicit Drugs Court Diversion Program for minor illicit drug offences and the Drug Court Program for drug dependent offenders as an alternative to imprisonment. The Queensland magistrates early referral into treatment program will target offenders who appear in magistrate courts charged with minor offences where problematic drug use has led to the commission of the offence.

The program will be similar to the state funded Drug Court Program but will involve a shorter treatment period. The program will be a joint initiative between my department and the Department of Justice and Attorney-General. It is anticipated that it will be established in a number of locations in Queensland and be implemented as a staged process commencing in two sites in March of next year. The Premier will decide on the initial pilot locations following consultation with me, the Attorney-General and Minister for Justice and the Minister for Police and Corrective Services.

Under agreement with the Commonwealth, Queensland will receive $27.925 million over three years from 2004-05 to 2006-07. This funding will support the statewide implementation of the Police Diversion Program and the Illicit Drugs Court Diversion Program and the trialling of the program in a number of locations. The aims of diversion programs being implemented are: to provide offenders with incentives to address their drug use early and, in many cases, before incurring a criminal record; to increase the number of illicit drug users diverted into assessment, education and training treatment; and to reduce the number of offenders being convicted before the courts for possession of small quantities of illicit drugs. Obviously it is another program to try to get people who are getting into drugs onto the right path.

Ms JARRATT: Thank you for that. While we on the topic of early intervention programs, can you please give us some details about the additional early intervention procedures for cardiac care mentioned in the MPS on page 1-3?

Mr NUTTALL: The government has committed an addition $0.4 million to fund an additional 80 coronary angiogram and stent procedures. Coronary angiography is a specialised medical imaging procedure which examines the heart's arteries to determine whether they are narrowed or blocked. The demand for coronary angiography in Australia increased by 50 per cent over the 10 years to 2001-02.

Where narrowing of the arteries is present a number of procedures can be performed to reopen the artery, including angioplasty, where a small balloon is used to clear blockages. Another treatment option is coronary stenting which involves expanding metal mesh tubes within the artery to form a supporting structure to hold the artery open at the point where there is narrowing. This procedure is often used in conjunction with angioplasty and results in lower rates of reblockage.

The allocation of $0.4 million to undertake approximately 80 additional early intervention angiograms and stents will benefit the people of Queensland by improving access to this vital service. Given that we have an ageing population—and while we are doing work on the primary health care—this is an area that we still have to work on very hard.

Ms JARRATT: I cannot overstate the importance of the public dental service to people in electorates like Whitsunday. Could you please explain to us how the dental outreach services work in rural communities?

Mr NUTTALL: When I travel to regional and rural Queensland it surprises me the number of people who want to talk to me about oral health services. We had a $10 million election commitment over three years for oral health services. Some $3 million will be used to expand outreach dental services in rural and remote areas. The aim is to provide an additional 8,000 occasions of service to areas where it is difficult to recruit dentists and where there is significant unmet need.

Some $1 million was allocated in 2004-05 to dental outreach teams to provide an additional 2,000 occasions of service. The initial intention was to base the teams in Brisbane and Townsville. However, a further examination of the demand and work force in areas in most need of support indicated that Toowoomba and Cairns would be more appropriate bases. After some initial delays due to recruitment difficulties both teams were established and fully operational at the beginning of 2005.

The oral health directors in Toowoomba and Cairns consult with directors and staff in other areas to identify appropriate locations for the travelling teams to visit. The staff making up the travelling team varies depending on the site visited and staff available locally. They can include dentists, oral health therapists, school dental therapists and dental assistants.

The team based in the Toowoomba Health Service District has provided services across the southern part of the state in areas such St George, Dalby, Chinchilla, Goondiwindi, Gympie, Barcaldine, Winton, Longreach, Stanthorpe, Warwick and Windorah. The Toowoomba service is working in collaboration with the Goolburri dental service which, as I said earlier today, is an Indigenous health organisation. It also provides a mobile dental service. This collaborative approach ensures that Goolburri and Queensland Health do not duplicate their services.

The team based in the Cairns Health Service District has serviced northern areas including Atherton, Bowen, Mareeba, Napranum, Lockhart River, Pormpuraaw, Mackay, Proserpine, Cloncurry, Mount Isa, Julia Creek, Doomadgee, Burketown, Normanton, Mornington Island and Yeppoon. The activity estimated indicates that despite the delayed start the target of 2,000 occasions of service has been achieved. It will provide 3,000 occasions of service in 2005-06.

The possibility of working with outreach and being able to travel to different parts of the state is proving to have appeal to both new graduates and experienced dentists. I think that this has been an excellent program. The number of occasions of service in those far outreach areas that we have been able to get to is a really good outcome for those people.

Ms JARRATT: Absolutely.

Mrs SMITH: There is another program called Taking Big Steps. Can you tell us how this works?

Mr NUTTALL: It is a program to actually help primary school students in rural and remote areas. It prepares them for the transition to secondary school when they have to leave their communities to live and study in regional centres. We are working in this area because we understand that if Indigenous children can stay in secondary school it has benefits for longer term social status and health status. The program comprises a video, a checklist and talks in the classroom from well-known role models. The program helps provide primary school students with the information and skills they need for coping with the many cases they will encounter when they leave home. It also provides information for schools and parents in supporting their young people with the move.

Queensland Health developed the program about four years ago and over the last two years we have been running inservice training for primary school teachers. The program is presented by teachers in the classroom. What we are now doing is looking at partnering with Education Queensland for the primary school program. So far we have run 131 workshops—90 for students, 20 for parents and 21 for non-government organisations.

Some 47 primary schools and 12 secondary schools have been involved and the over 1,500 individual students have been exposed to the program. The next stage of the Taking Big Steps program is to work with the secondary schools to help them integrate the new students into their new schools. I visited a couple of Indigenous communities in the cape. Some of the children there get sent to boarding school in Brisbane. The children are lucky to last one or two terms. They are out of place. It is not a good way of getting young people into high school and it is no wonder they leave. This sort of program hopefully assists them to make that transition and stay in school.

Mrs SMITH: I refer to page 1-29 of the MPS. Can you elaborate on the number of service providers that will pass on HACC services throughout the state? Has there been an increase in these providers? In which parts of the state have there been increases?

Mr NUTTALL: Queensland Health administers the HACC program, the Home and Community Care program. It is a joint Commonwealth-state-territory government initiative with the primary purpose of providing basic support and maintenance services to assist older people, the frail and younger people with moderate, severe or profound disabilities and their carers. These services are designed to support eligible clients to remain in their homes for as long as possible and avoid premature and/or inappropriate admissions to residential care.

The HACC program subsidises a broad range of services such as domestic assistance, social support, personal care and respite care across the state, all of which continue to experience a high and growing level of demand. The services are delivered through a diverse range of HACC providers. We would all be aware of the providers in our electorates. They include those operating as part of a larger organisation with branches across the state to very small and often volunteer based providers such as the meals on wheels service. Such a diverse range of HACC providers ensures effectiveness, choice and the benefits of equitable access to services for HACC clients across the state, particularly in rural and remote areas.

The program currently has 400 organisations providing services through approximately 800 individual service providers. In the last financial year an additional 22 service providers were allocated funding under the HACC program in the following areas. In Brisbane North there were four new providers, in Brisbane South there was one, in the Central area there were five, in the Northern area there were two, in the Peninsula area there were three, in the State Focus there were two, on the Sunshine Coast there were two, in West Moreton and South Coast there was one and in the Wide Bay area there were two.

As we all know, the HACC program has significantly expanded. Off the top of my head, I think we have spent about $250 million. We spend an enormous amount of money. If we did not have that program then as members of parliament we would be aware that we would have extraordinary difficulties and pressures on our aged facilities. It is all about trying to keep people at home and look after them in their own environments.

Mrs SMITH: Minister, earlier this morning you mentioned the provision of haematology services in regional Queensland. How will the appointment of a clinical haematologist for the Gold Coast benefit the Gold Coast community?

Mr NUTTALL: As part of our commitment to health services on the Gold Coast we have provided $250,000 from this budget to support a clinical haematologist for the region. We expect that this specialist position will contribute to delivery of quality care for people with cancer who reside on the Gold Coast. Based on the estimated incidence of cancer between 2006 and 2010 we recognise the Gold Coast as an area which will require expansion in cancer services.

We need to plan for this expansion while making sure our current cancer services are of a high quality and meet community needs. It is part of a wider commitment to providing well planned, comprehensive cancer services for all Queenslander, regardless of where they live. We recently set up a review of Gold Coast oncology services to look at the full continuum of cancer care with a focus on

defining referral pathways for local residents accessing services on the Gold Coast, providing further direction to assist in the management of patients at both the Southport and Robina campus, a multidisciplinary approach to patient care, roles and relationships between public and private services, work force and infrastructure and pharmacy and support services.

The specialist clinical haematologist will work within and contribute to the multidisciplinary model of patient care and within our broader plan for delivery of high quality oncology services for the Gold Coast community. I suppose it is a shame as a society that the rate of cancer continues to grow. It is good to be able to provide that service for Gold Coast people.

Mr SHINE: I am pleased to see in the MPS that the Beattie Labor government is committing $5.6 million to homelessness. Could you give us some more detail on that funding, please?

Mr NUTTALL: Again this is another growing area, unfortunately. Queensland Health has allocated $5.625 million as part of a whole-of-government approach in responding to the complex needs of homeless people throughout the state. This funding will be provided to two services targeting the homeless in Queensland. They are to be implemented over a four-year period. In 2004-05 integrated health services are to be provided in two locations of high need—namely, Brisbane and Townsville—and will address the complex health needs of homeless people with mental illness and substance abuse problems.

These health services will include clinical specialist mental health, general health, and drug and alcohol services to assist people who are sleeping in public spaces, squats and other such dwellings. The second service to be established will be transitional housing and treatment support and rehabilitation services for people with mental illness who cannot be discharged from hospital because they lack adequate support or suitable accommodation. Discharge without support places them at high risk. This initiative is in partnership with the Department of Housing and will be established in Brisbane initially, with Townsville to follow in 2006-07. An alcohol and drug withdrawal service will be established in Townsville in order to address substance misuse issues for Indigenous people who are homeless or at risk of homelessness. The funding is recurrent and in further years the service will extend to Cairns, Mount Isa—and the member for Burleigh will be pleased to hear this—and to the Gold Coast as well.

Mrs SMITH: Hear, hear!

CHAIR: Thank you. Time for questions by government members has expired. I call the member for Cunningham.

Mr COPELAND: Thank you, Madam Chair. Minister, during the member for Moggill's previous block of questions you allowed the director-general to answer a question directly relating to evidence produced in front of the Morris inquiry. While Dr Buckland did say that he was not able to criticise that evidence he did say something to the effect that on the evidence of the transcript Dr Miach's knowledge of funding would be incorrect, or something like those words, Dr Buckland.

Mr NUTTALL: No. I think you will find that what Dr Buckland said was that he had to be careful about his comments because there were matters before the commission of inquiry that Dr Miach commented on. He then went on to say that Dr Miach was a renal surgeon and then he went on to answer Dr Flegg's question. He had nothing—

Mr COPELAND: Nonetheless, Minister, it was directly relating to evidence before the Morris inquiry.

Mr NUTTALL: No, it was not.

Mr COPELAND: It is evidence in front of the Morris inquiry. Dr Flegg quoted direct—

CHAIR: Order! Member for Cunningham, the minister is answering the question.

Mr NUTTALL: What Dr Buckland said to you was that Dr Miach had given evidence before the inquiry.

Mr COPELAND: That is correct.

Mr NUTTALL: And that he was a renal surgeon, and then he went on to explain the issue around weighted separations. He did not address any issue—any issue—relating to those matters before the commission of inquiry.

Mr COPELAND: The conclusion that Dr Buckland drew was directly from the transcript of Dr Miach's evidence. That is what Dr Buckland said. Based on the evidence in the transcript—

Mr NUTTALL: What is your question?

Mr COPELAND: Given that you have allowed Dr Buckland to answer a question directly relating to evidence produced in front of the Morris inquiry, will you allow Dr Buckland to address the issue that I raised earlier, which, at best, is indirectly involved in the Morris inquiry but relates directly to your knowledge of overseas trained doctors?

Mr NUTTALL: We are not revisiting this.

Mr COPELAND: Madam Chair, I would ask you to make a ruling on this issue: whether proceedings within this Assembly are able to take precedence over the commission of inquiry. For your information, I will table the relevant section relating to privileges of the Legislative Assembly from the Department of the Premier and Cabinet which says—

Generally, the powers, privileges and immunities of the House of Commans apply to the Legislative Assembly, by virtue of s 40A Constitution Act 1867 (Qld).

It goes on—

Undoubtedly the best-known parliamentary privilege is that of freedom of speech. Any statement made in Parliament is absolutely privileged and cannot be made the subject of inquiry in a court of law or other constituted authority.

It goes further—

The Parliamentary Papers Act 1992 ... is significant in that it provides a definition of the term 'proceedings in Parliament' and provides for the protection of Hansard and other documents published under the authority of the House or a committee.

Section 3(2) of the PP Act—

that is, the Parliamentary Papers Act—

provides that the term 'proceedings in Parliament' includes all words spoken and acts done in the course of, or for the purposes of or incidental to, transacting business of the House or a committee ... 'proceedings in Parliament' include:

a. giving evidence before the House, a committee or an inquiry;

b. evidence given before the House, a committee or an inquiry;

I seek leave to table that information. Madam Chair, just before you make that decision, I would also like to table—and I seek leave to table—an excerpt from the transcript of the Morris inquiry in which, when swearing in and examining Robert Desmond Messenger, the member for Burnett, Commissioner Morris said—

What section 8 of the Parliament of Queensland Act does is to codify and extend to the Queensland parliament one of the most important and fundamental rules of parliamentary government ...

It goes on—

... what they say in parliament can't be questioned or challenged anywhere outside parliament.

Further, it says—

... it would be a breach not only of the letter but also of the spirit of section 8 of the Parliament of Queensland Act for this inquiry to question or impugn anything that went on in the Legislative Assembly either involving you or involving people on the other side of the House.

CHAIR: Order! You are seeking leave to table that? Is leave granted?

Mr NUTTALL: Madam Chair, my understanding in terms of the standing orders of the estimates is that the questions are asked of me. Despite all of the stuff that the honourable member has gone on about, as the minister I respond and it is up to me to determine—not the committee—if my departmental people should or should not answer. I have said to you that I am not prepared to put Dr Buckland or Dr Scott in this position—and if I knew you were heading down that path I would not have asked Dr Scott to answer that question earlier—because they may have to appear before the commission of inquiry. That is a consistent approach that I have had throughout this hearing today, and it is an approach I will continue to uphold. If I had known, as I said to you, that you intended to pursue this line of questioning, I would not have asked Dr Scott to put himself in that position. Both of these gentlemen may be required to appear before the commission of inquiry. Now, it is wrong of you to try to run your own inquiry and scrutinise these two gentlemen. That is not your role.

Mr COPELAND: Madam Chair—

CHAIR: Order! I agree that the minister has the right to answer the question in the way that he considers to be appropriate and proper, and he has done that. I concur. We are still tabling these documents?

Mr COPELAND: Yes.

CHAIR: Is leave granted to table this document about the privileges of parliament?

Leave granted.

CHAIR: For the second document, is leave granted? It is an excerpt of Robert Messenger's testimony during the Morris inquiry. Is leave granted?

Leave granted.

CHAIR: I concur that the minister has answered the question in a way which equates to my understanding of the standing orders, and I ask that you ask your next question.

Mr COPELAND: Madam Chair, I would ask a further ruling from you as to whether using the potential appearance in front of the royal commission as a reason not to answer questions is an appropriate decision.

Mr NUTTALL: I have answered all of the questions that you have asked me.

CHAIR: Can I just refer honourable members to the fact that the minister may answer the question in whatever way he deems proper and ask you to ask your next question.

Mr COPELAND: But it is also, Madam Chair, appropriate for you as chairperson of this committee to advise us whether you believe that because someone may or may not appear in front of the royal commission that is an appropriate reason not to answer a question.

CHAIR: Just give me a moment. Order! The committee will retire for a private discussion. We will be back in a few moments. Thank you.

Proceedings suspended from 12.38 pm to 12.47 pm

CHAIR: The committee has considered these matters and resolved these matters in private. I call the member for Cunningham.

Mr COPELAND: Minister, I refer to the review of the mental health services at Bundaberg, which was completed by Dr Mark Waters in July 2004. That review was instigated only because local staff took their concerns direct to the member for Burnett, who subsequently had a meeting with Dr Buckland. That report is highly critical of the organisational culture and senior management at Bundaberg Hospital. Minister, why was not anything done to fix the management problems that obviously went to the top at Bundaberg when you received that report 12 months ago?

Mr NUTTALL: We addressed all the recommendations that were contained in the report.

Mr COPELAND: Why were we in the situation of March this year when there were serious ongoing problems within senior management at Bundaberg Hospital?

Mr NUTTALL: No, the issue was around the mental health services in Bundaberg Hospital. The review was around mental health services in Bundaberg Hospital. A number of recommendations were made as a result of the review that was done. We agreed to implement those recommendations and there have been a range of service reforms that have been implemented to improve patient care that required a change to service practices and treatment environment. As you rightly pointed out, the review was done by Dr Mark Waters, who was then the CEO of the Wesley Hospital at Brisbane. The report with 13 recommendations was provided. Ten of those recommendations have been implemented. The recommendations yet to be implemented include structural works, and that is expected to commence shortly; the development of patient management protocols associated with change in structures; and the appointment of a senior nursing position, and that position is awaiting classification review with the chief nursing adviser. So out of the recommendations contained in the report, 10 of the 13 have been implemented and the other three are, as I have just pointed out to you, being worked through.

Mr COPELAND: The report clearly states there are serious issues within senior management at Bundaberg—whether that is in the mental health service or not. The only way it was addressed was when it was brought direct to Dr Buckland's notice by the two staff involved. Surely, when you received this report back in July 2004 you must have recognised that there were serious problems at Bundaberg Hospital that went further than just mental health issues; it went to management issues in Bundaberg.

Mr NUTTALL: If there were issues around the management I am sure they would have been contained in the recommendations within the report, and they were not. With any report that you receive you would normally expect to implement either all or part of the recommendations contained within that report. I have acted on the recommendations contained within that report.

Mr COPELAND: Page 13 of that report states—

There is no doubt that the conflict arising out of the change process is now personalised between individuals. This cannot continue for many reasons. Obviously, such a work atmosphere is not conducive to good morale or a positive work environment for health staff.

There are serious issues that are raised in here—

Mr NUTTALL: Around?

Mr COPELAND:—and yet in March of this year it took questions in parliament to show just how ingrained the problems were in Bundaberg. There was nothing done to fix the systemic problems that were existing up there and which you were warned of in July 2004.

Mr NUTTALL: Firstly, again the report is around mental health services; it is not around the whole hospital. It is not around the management of the hospital.

Mr COPELAND: Surely it gives you an idea that there are some management problems.

CHAIR: The minister will answer the question.

Mr NUTTALL: I am trying to, but I continue to be rudely interrupted. As I indicated to the committee earlier, I have visited Bundaberg Hospital on four occasions. Two occasions were prior to the issues surrounding Dr Patel. On one occasion there was a meeting of staff. All staff were invited to a meeting and we had afternoon tea or morning tea. I cannot recall what it was, but I addressed the staff and spent a considerable amount of time with them before I toured the hospital. At no stage at that meeting did any staff member approach me regarding problems with management at that hospital. The

second visit was subsequent to the tilt train accident. I went up and had breakfast and then spent some time with a significant number of staff who were involved in the handling of patients as a result of the accident of the tilt train. Again on that occasion no staff approached me regarding any concerns around the operations and management of that hospital.

Mr COPELAND: We have already established today that when staff do approach you about things like OTDs you do not remember that they have.

CHAIR: Order!

Mr NUTTALL: Madam Chair, I am trying to conduct myself in a proper and dignified way here and I do not appreciate those cheap shots from the honourable member.

Mr COPELAND: I am sure the committee would not have appreciated the cheap shots that were expressed when they were out of the room.

CHAIR: The member for Cunningham will ask his next question.

Mr COPELAND: Minister, I refer you to the ongoing problems at the John Tonge Centre, which is referred to at page 1-20 of the MPS, and delays in the testing of samples. This week a court was advised that DNA samples required for a court case involving a triple murder in Toowoomba would not be available until June of next year—12 months away. Do you think that delay is acceptable?

Mr NUTTALL: There are probably reasons around that. You are going on a newspaper report so we do not know the precise details as to why it may take 12 months. There might be a whole range of complications around that. In relation to the John Tonge Centre, the government and cabinet decided to establish a ministerial task force chaired by me, but Mr Hayes on my left here is doing the work for that ministerial task force. I might hand over to Mr Hayes to complete the answer to the question.

Mr Hayes: There are a range of pieces of information that have gone to the media in recent times about when matters will be considered. There is currently, I suppose, a combination of strategies that have been put in place out at Queensland Health Pathology and Scientific Services. The key issues that surround backlog are such that additional staff have been brought on board. Those staff need to be trained up. They come on board as qualified people, clearly, but there are issues around their training for presentation to court hearings and there is also training them up to, I suppose, manage and work within the sciences that they are asked to undertake.

In addition to that, there are also issues around physical changes to the fabric of the labs. There are issues around the enhancement of technology. A range of things are being addressed at the present moment where police are prioritising cases to enable that backlog to be reduced and only those things that need to be addressed are addressed. In relation to the estimates which you quoted in terms of 2007, I would actually like to see the case in point—

Mr COPELAND: 2006.

Mr Hayes: We would actually need to get that evidence and see what that case is and speak to the appropriate experts to ensure that data is correct. But the amount of resources, the amount of time and energy and the commitment that has been put in to changing things at Queensland Health Scientific Services mean that across the cooling labs in the DNA areas there will be significant changes over the next 12 months to reduce those backlogs.

Mr COPELAND: That will be the end of my block. Can I place on record my thanks to the departmental staff for their assistance in what is a very long process leading up to today and I am sure during today as well.

CHAIR: I advise members that in accordance with standing order 180(e) any time expended when the estimates committee deliberates in private is to be equally apportioned between government and non-government members. The six minutes taken for those deliberations has been taken from both government and non-government sides. I would therefore like to say that the time allocated for the consideration of the proposed expenditure for the portfolio for the Minister for Health has expired.

Mr NUTTALL: In closing, I thank the committee for its courtesies today. I also want to place on record my appreciation to my staff and, in particular, to the departmental staff for not only the work that they have done in preparing for today but also coming along and making sure that we were able to answer the majority of questions.

CHAIR: On behalf of the committee I would like to thank the minister and his advisers for their attendance today. The transcript of this hearing will be available on the Hansard internet quick access web site within two hours from now. The committee will now adjourn for lunch. The hearing will resume at 2 pm with the examination of the proposed expenditure for the portfolio of the Attorney-General and Minister for Justice. Thank you.

Proceedings suspended from 12.57 pm to 2.01 pm

ESTIMATES COMMITTEE D—ATTORNEY-GENERAL AND JUSTICE

In Attendance

Hon. RJ Welford, Attorney-General and Minister for Justice

Mr P Bini, Senior Policy Advisor

Department of Justice and Attorney-General

Ms R Hunter, Director-General

Mr D Mackie, Director (Acting)

Mr P Morgan, Director, Financial Services Branch

CHAIR: The Estimates Committee D hearing is now resumed. The next portfolio to be examined relates to the portfolio of the Attorney-General and the Minister for Justice. I welcome the minister and his advisers.

I remind members of the committee and the minister that the time limit for questions is one minute and three minutes for answers. A warning bell will ring once, 15 seconds before the end of these time limits, and twice when the time has expired. I will allow more time for answers if the questioner consents. The standing orders require that at least half of the time for questions at today's hearing is allocated to non-government members. Government members and non-government members of the committee will take turns at asking questions in blocks of equal time. For the benefit of Hansard, I remind departmental officers to identify themselves if the minister refers to them a question to answer. Please also ensure that mobile phones and pagers are switched off while in the chamber so as not to disrupt proceedings.

I declare the proposed expenditure for the portfolio of Attorney-General and the Minister for Justice open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, would you like to make brief introductory statements or do you wish to proceed directly to questioning? If you do wish to make a statement, the committee asks that you limit it to five minutes.

Mr WELFORD: Thank you, Chair, and thank you to members of the committee. It is my pleasure to present the estimates for the Department of Justice and Attorney-General and its statutory agencies. I am pleased to discuss the government's budget for the 2005-06 financial year and to comment upon the activities of my portfolio during the past 12 months which have contributed, I believe, to a strong, healthy and vibrant state.

I would first of all like to take this opportunity to thank my director-general, Rachel Hunter, who is sitting to my right, and her executive team for guiding a very committed and professional work force of more than 2,200 staff in my portfolio. I know they are working hard to deliver a wide range of services to build, as the portfolio statement says, a safe, just and supportive community. There have been some significant achievements over the past 12 months as we continue to develop innovative, modern approaches to some of the challenges that confront us.

In October the High Court upheld the constitutional validity of the Dangerous Prisoners (Sexual Offenders) Act 2003 in the Fardon case. The Dangerous Prisoners (Sexual Offenders) Act is unique and affords the Queensland community a level of protection which is unavailable anywhere else in Australia. It is groundbreaking legislation, giving Queenslanders the best possible protection under the law against the most dangerous sex offenders who come into contact with our criminal justice system.

In 2004-05 our government continued its courts modernisation program, completing the new Brisbane Magistrates Court, the new western districts court at Richlands and the refurbishment of the Mackay courthouse. We continued to install state-of-the-art technology such as closed-circuit TV and special rooms in many of our courthouses to ensure victims and witnesses, especially children, could give evidence without confronting offenders. In addition, our JPs in the Community program, which supports volunteer JPs in shopping centres, took off at a rate of knots. More than 100 JPs are now volunteering their services at shopping centres all around Queensland.

In 2005-06 we will continue to work towards improving the quality of life of all Queenslanders. I am delighted that our state budget has strengthened our government's commitment to the most vulnerable people in our community. This budget places an emphasis on supporting those people in our community who, in many circumstances, cannot look after themselves. As we all know, we have an ageing population. This has increased demands on the Office of the Adult Guardian and the Guardianship and Administration Tribunal. Both are agencies act to protect the rights of adults with impaired decision-making capacity. New funding of $8.4 million over the next four years will enable the Adult Guardian and the tribunal to employ additional staff to manage the increase in the number of guardianship applications and appointments.

We will also strengthen our child safety regime with additional funds for the Children Services Tribunal, the Children's Court and the State Coroner's office, all of which play a vital role in the welfare of children. We have responded to the demands on these services by providing additional funding of $4.2 million over the next four years to increase resources.

An extra $10.97 million is also provided over the next four years to introduce the latest technology in our courthouses for the criminal justice system. The judiciary, court staff and agencies will have access to an innovative and comprehensive sentencing database which will provide previous judgments, sentencing data, case summaries, legislation and statistics. We will also provide the Office of the DPP with a new, modern software system for managing its case load and reporting performance.

The budget also supports the government's court modernisation program with a further $5.65 million for capital works projects across the state, including new courthouses at Sandgate and Ipswich. We will also complete the refurbishment of the historic Bowen courthouse and purchase land for a new courthouse in the Pine Rivers Shire. A new court support program will be piloted in the Brisbane Magistrates Court as part of our government's initiatives to address homelessness. The program will try to resolve the underlying cause of people's homelessness by using their contact with the criminal justice system as an opportunity to refer them to accommodation and other relevant service providers. Madam Chair, our budget builds on the government's efforts and will support Queenslanders into the future.

CHAIR: Thank you, Attorney. The first round of questions are from non-government members, and I call the member for Southern Downs.

Mr SPRINGBORG: Thank you, Madam Chair. My first question to the Attorney relates to the issue of the Director of Public Prosecutions, Ministerial Portfolio Statement 1-3, and I note the absence of the DPP here this year—as also last year—at a crucial time when there are many questions to be answered.

Mr Attorney, I note the government's recent reappointment of the Director of Public Prosecutions. I would like you to detail to this committee what particular undertakings you have sought from her and what actions you have taken to investigate and to advertise to see if there were more suitable people not only in Queensland but also around the country, and what number of experienced potential people did you have apply?

Mr WELFORD: I thank the honourable member for his question. The responsibility for selecting the Director of Public Prosecutions is a role properly for the Attorney-General of the day who is accountable to parliament for that. There is a process that I use for the appointment of people to that position, as I indeed do for judicial officers, whereby I consult generally within the legal fraternity. Ms Clare, the current Director of Public Prosecutions, has five years' experience in the role. She is very qualified, very experienced. If I am to reappoint someone, then it is not necessary that there be an advertised appointment process as such. Accordingly, I made the decision to reappoint her and recommended that to Governor in Council.

I know the opposition leader has had a very, I think, unsavoury track record when it comes to showing proper respect for independent public officers like the Director of Public Prosecutions. I think it is important that officers like that are not politicised. These are legal professionals who hold these positions. No-one can be appointed to the DPP's position without being very experienced. As everyone knows, Ms Clare has held that position for five years. I regard her as a first-class criminal lawyer and I made the choice to reappoint her for a further term of three years.

Mr SPRINGBORG: Did you consider anyone else?

Mr WELFORD: That further term of three years was determined in accordance with the usual procedures for appointing other senior officers.

Mr SPRINGBORG: Did you consider anyone else? Was there just the one person? Did she have a walk-up start, given her political appointment by your predecessor, or did you consider anyone else?

Mr WELFORD: The DPP was in the current job. The only decision I had to make was whether to reappoint her or to advertise the position with a view to potentially reappointing other people. I determined that I was satisfied with the work she had done and I reappointed her.

Mr SPRINGBORG: What sort of benchmark did you use to assess your satisfaction when you were considering her, given her litany of bungling with regard to Volkers, Pauline Hanson and Di Fingleton? Surely—

Mr WELFORD: Madam Chair, here he goes again. Here he goes again!

Mr SPRINGBORG: Surely that is a pretty low benchmark. You do not consider those issues?

CHAIR: Member for Southern Downs—

Mr WELFORD: That is a pretty low way for you to talk about a senior public official. People in the position of independent statutory officers do not deserve to be attacked and denigrated in the way that you do.

Mr SPRINGBORG: They deserve to be held to account.

Mr WELFORD: You hold yourself out as some lord of judgment over the standards that professionals in statutory offices should achieve. Frankly, as far as I am concerned, Leanne Clare is doing an excellent job and it was on that basis that I chose to reappoint her.

Mr SPRINGBORG: I refer to the fact that under the stewardship of the current DPP the reputation of the justice system and the DPP in Queensland has hit an all-time low, not only in this state but also nationally, and if you were reading the comments from media interstate you will actually notice that. Does it concern you in any way whatsoever that she was criticised by the CMC in relation to the Volkers prosecution, that the Supreme Court in Queensland made some quite serious comments about the operation of her and the office regarding the successful Hanson appeal, and also that the DPP came under scrutiny and criticism recently with regard to Di Fingleton? If you have such a highly esteemed person holding that position, why are we finding odium with regard to the DPP in Queensland that no similar DPP experiences in any other place around Australia?

Mr WELFORD: Queensland has had some very high profile cases in recent times; there is no doubt about that. In any circumstances where there are high profile criminal trials being conducted, there is room for lawyers, or indeed anyone else, to express differing opinions about judgments that are made—legal judgments that are made—in relation to those cases. It is not the role of the Attorney-General or the government, or indeed any other politician, to interfere in the legal decision making of an independent statutory officer like a person in the Office of the DPP. Frankly, unless the Leader of the Opposition can point to any specific decision that he regards as inadequate, his general bleating about the Director of Public Prosecutions is, in my view, out of order, inappropriate and, what is more, it has nothing to do with this budget estimates.

Mr SPRINGBORG: I am afraid it does because it covers the overall operation of the DPP. I have referred to page 1-13 of the MPS. If you do not want to be accountable for it, I cannot help that.

CHAIR: Order! The member for Southern Downs, ask your question.

Mr SPRINGBORG: So you have no concern whatsoever about the criticism by the CMC of the DPP and the operations of her office in relation to the bungling of the prosecution, conviction and squashing of Pauline Hanson's conviction and also that of Di Fingleton's. You have no concern and no eye to those issues when it comes to reappointment. So you have no concern whatsoever about those criticisms and those concerns. Whilst you may not be able to interfere—and I expect you would not—when a person is holding office, you should be able to exercise some discretion when it comes to reappointment. So you had no concern.

Mr WELFORD: I am always concerned to ensure that the public have confidence in the criminal justice system, and the public in this state can have confidence in the criminal justice system. It is a system which works. It is a system which by due process ultimately works. I have no reason to believe that the Office of the DPP is doing anything other than its proper job in relation to that system. I invite the Leader of the Opposition to point out which paragraph on page 1-3 of the MPS refers to decisions of the DPP that he is questioning me on.

Mr SPRINGBORG: Attorney, you know full well—

Mr WELFORD: So there is no reference to it in the estimates, is there! You are trying to abuse the estimates process.

Mr SPRINGBORG: Given your reputation of dodging and weaving and carrying on, if you are not responsible for the DPP and the funding of it, then who is?

Mr WELFORD: Not you.

Mr SPRINGBORG: Maybe it would be run better if I was.

CHAIR: Order! Member for Southern Downs, ask your question.

Mr SPRINGBORG: He knows, with reference to page 1-1, that he is responsible for the overall strategic direction of the justice system in Queensland for a whole of range of issues and specifically with reference to page 1-3. I simply ask you, Attorney: when you made a decision to reappoint the current DPP, did you consider anyone else for that position?

Mr WELFORD: I have already answered that question.

Mr SPRINGBORG: No, you have not. You did not say yes or no.

Mr WELFORD: You can ask it in 10 different ways. It is not necessary for me to consider anyone else when there is an incumbent in the position and I am satisfied with the work of that person and I want to reappointment them. That is the prerogative of the Attorney-General of the day. As the Premier and I announced in late 2003, we have had a review of the operations of the Office of the Director of Public Prosecutions and its relationship to the Department of Justice and Attorney-General. That review was conducted by my now director-general before she became my director-general. That review was concluded on 30 April last year and the conclusions were publicly released near the end of May. The final report of the review summarises the conclusions of the review and made 35 recommendations aimed at ensuring that the prosecution service performs effectively for the people of Queensland.

The opposition leader may wish to attack or denigrate particular individuals, but my concern is to ensure that the system works. The system is working and is continually being improved by the efforts of our government in implementing the recommendations of the review of the Office of the DPP. The recommendations were focused on building the capacity of the Office of the DPP—building its intellectual and legal skills to ensure that it is an effective and modern prosecuting office. The implementation of the recommendations have to a large extent been completed and will provide a solid foundation for the ongoing improvement of how the office manages prosecutions of criminal offences into the future.

The most significant change has involved the reorganisation of the Brisbane office of the DPP. The Brisbane office has now been converted into what we call chambers—a bit like how private barristers are organised at the private bar. So the Crown prosecutors, legal officers and support staff work in small teams to ensure that they intervene early in the management of cases and seek to resolve criminal prosecutions as quickly as possible. Four additional prosecutors and three support officers have been employed to ensure the delivery of specialised prosecution services such as those affecting children.

CHAIR: Order! Member for Southern Downs.

Mr SPRINGBORG: In the process of reappointing the DPP, did you consult with anyone at the bar, anyone in the Law Society or other senior judicial positions as to their views of the performance of the DPP? Did you undertake any form of survey of staff, such as a satisfaction survey, within the Office of the DPP to ascertain their judgment of the performance?

Mr WELFORD: As I said in my earlier answer, the process of appointment of the Director of Public Prosecutions is entirely within the prerogative of the Attorney-General of the day. As I also said, I did conduct some consultation with members of the legal fraternity. I am not going to go into details here about who I consulted and what they said. Those matters are matters which I ought to be able to confidentially conduct with senior members of the legal profession and others in order to make my decision about those matters.

Mr SPRINGBORG: Were they all happy?

Mr WELFORD: Obviously in this role I am constantly receiving feedback from the profession in relation to not just the DPP but also the operations of that office generally. I am pleased to say that the most recent feedback on these matters is that the DPP is seen to be now conducting prosecutions ever more effectively. That is very positive feedback to have. I am very pleased with the quality of the service that the DPP is delivering to the Queensland community in managing criminal prosecutions in this state.

That office has a very hard job. It is the most senior criminal law office in this state. It prosecutes the most serious criminal offences under the Criminal Code in this state. As I said before, there may always be divergent opinions about individual cases and decisions over individual cases. I want to place on record here today that I have the highest regard for all of the staff at the DPP and I would particularly like to thank the dozens of very professional lawyers who are working in that office not only managing a huge case load but also doing it with great skill and great distinction.

Mr SPRINGBORG: Attorney, was there any political or non-merit based motivation in the reappointment of the current DPP?

Mr WELFORD: The current DPP has been in that office for five years. She is very experienced in that role and even more experienced as a criminal lawyer. Why would I need in any circumstances to rely on any extraneous factors relevant to that role? If someone is in a senior position and has been doing it for five years and making legal judgments at the highest level in that role and doing it well, why would I want to take into account any so-called political factors? That might be something that the Leader of the Opposition does because he does not understand the distinction and separation of responsibilities that go with what an Attorney-General does on the one hand and what statutory independent officers do on the other hand. If he were in this role, I hazard a guess that every second day he would want to be interfering in decisions about who gets prosecuted and who does not get prosecuted, who gets appointed and who does not get appointed. He sees himself as the DPP and lines himself up here in the parliament and at this estimates committee trying to dictate to me or to the government or, indeed, to independent statutory officers how they should do their job. That is the height of arrogance. It is about time he just acknowledged the professionalism of the people he keeps criticising.

Mr SPRINGBORG: I note that the Attorney has said that there was no political or non-merit based motivation for the decision. I refer him to a comment from the Premier—and I can give him a tape, if he would like. On 26 June 2005 he said—

Leanne Clare is currently considering whether to take action or not against the Speaker of the House. It would have been an untenable position for us to have replaced the DPP in the middle of that.

Surely that is an indication other than merit. That is an indication other than the role that person had been performing. It was a political consideration, surely, or was the Premier just gobbing off?

CHAIR: Order! I remind the member that questions must be relevant to the examination of the appropriation being considered.

Mr WELFORD: I have already answered the question.

Mr SPRINGBORG: No, you have not.

Mr WELFORD: It is my decision as to whether I appoint a statutory officer. If he has a concern about something the Premier has said, he should ask the Premier.

Mr SPRINGBORG: This relates to page 1-3 of the MPS and the operation of the Office of the DPP. We have had the minister talking about the professionalism of it and making sure it is a schmick operation—all those sorts of things. The Premier said—and this goes to the heart of the contradiction we are seeing here—

Leanne Clare is currently considering whether to take action or not against the Speaker of the House. It would have been an untenable position for us to have replaced the DPP in the middle of that.

So he was just making this up. So that was not a consideration; he was just saying something. There was no truth in what the Premier was saying.

Mr WELFORD: You were at the Premier's estimates; you ask him.

Mr SPRINGBORG: You were just saying that you are the minister responsible here.

Mr WELFORD: That is right.

Mr SPRINGBORG: Why would he say that?

Mr WELFORD: I made the decision. You ask him.

Mr SPRINGBORG: Was he wrong? Why would he say that?

CHAIR: Order!

Mr WELFORD: You ask him.

Mr SPRINGBORG: Why would he say that? Attorney, you now have a conflict between what you said about your motivation for reappointment, which you say was based on merit and performance, and what the Premier, who is the chief executive of this state, said about the DPP being reappointed because she was considering the issue of the Speaker.

Mr WELFORD: I have answered the question.

Mr SPRINGBORG: You have not answered the question. I ask the question again.

Mr WELFORD: Ask a proper question.

Mr SPRINGBORG: Was the Premier's concern relayed to the Attorney that it would be untenable to do anything but reappoint this particular Director of Public Prosecutions when she was considering the situation of Speaker Hollis?

Mr WELFORD: I decided to appoint the Director of Public Prosecutions and I decided to appoint her regardless of any matter other than her professional conduct.

Mr SPRINGBORG: So the Premier was making this up.

CHAIR: Order! The minister is answering the question.

Mr SPRINGBORG: I am not so sure.

Mr WELFORD: The member is speculating. He can speculate all he likes.

CHAIR: Order! The time allocated for questions by non-government members has expired.

I refer the Attorney to page 1-2 of the MPS where it states that there will be significant additional funding for the Guardianship and Administration Tribunal and the Office of the Adult Guardian. Could the Attorney provide the committee with an understanding as to how these funds will help protect the rights and interests of vulnerable Queenslanders?

Mr WELFORD: I am pleased to advise the committee that our government is strengthening the services to the most vulnerable people in our community with an $8.4 million budget funding injection over the next four years to improve guardianship services. The 2005-06 state budget recognises the demand brought on the system by our state's ageing population.

There has been a steady increase in the number of elderly people in our community with impaired decision-making capacity. These people are among the most vulnerable in our community and our government is committed to supporting them. The additional funds that we have provided over the next four years will boost the resources of the office of the Adult Guardian and the Guardianship and Administration Tribunal. Research indicates that our population will increase by an extraordinary 78 per cent over the next 50 years; that the number of people between the ages of 45 and 64 will increase by 93 per cent; and that the number of people aged 65 years or over will increase by 324 per cent. This will result in a proportional increase in the number of Queenslanders who will lose their capacity to make

informed and appropriate decisions about personal matters, health care and finances. The trends are reflected by a steadily growing number of guardianship applications and appointments being received by the tribunal and the office of the Adult Guardian.

Since commencing operation in July 2000, the Guardianship and Administration Tribunal has registered over 20,000 applications and heard more than 19,500 matters. During 2004-05, more than 5,000 applications were registered with the tribunal. The Adult Guardian, during the same year—the last financial year—acted as guardian for 699 adults. This was an increase of nearly 14 per cent on the previous year, and it is expected that this trend will continue with an anticipated 10 per cent increase in 2005-06. So our additional funding for the tribunal will provide for the employment of a further 11 staff to create a new financial administration team and an additional inquiry team. The office of the Adult Guardian will use additional funding to employ an extra nine staff in guardianship and community liaison roles.

Additional guardianship positions will reduce the case load for each guardianship officer and ensure that more effective and responsive service is delivered to clients. The new positions created with this additional funding will enable the tribunal and the office of the Adult Guardian to assist thousands of vulnerable Queenslanders by continuing to provide the current high level of service to adults with impaired decision-making capacity.

CHAIR: I refer the Attorney-General to page 1-3 of the MPS and the reference to strengthening the commitment to child safety. Could the Attorney explain how additional funds to the Children Services Tribunal, the Children's Court and the Office of the State Coroner will further improve our child safety regime?

Mr WELFORD: The overall commitment of our government in this budget to child safety is, frankly, unmatched in our state's history. In my portfolio specifically, an additional $4.1 million has been allocated over the next four years for the Children Services Tribunal, the Children's Court and the Office of the State Coroner—all of which play a significant role in child protection. The Children Services Tribunal plays a key role in the review of decisions made by government about the safety of children with protective needs. It provides an effective and accessible process to review decisions made by the Department of Child Safety to ensure that the system is working in the best interests of the child. The tribunal also reviews decisions made by the Commission for Children and Young People and Child Guardian about employment screening and the granting of blue cards.

The additional funding will be used for extra sitting days for the tribunal, increased administration support, and the development of educational materials and a case management system. All of these initiatives are aimed at ensuring that the community can easily access the tribunal and its services and that it continues to effectively meet community demands for its services. The Office of the State Coroner has an important role in the new child death review functions. These are also part of the government's child protection reforms. The office provides coronial information to the Commission for Children and Young People and Child Guardian to help it to research child deaths. The funding provided in 2005-06 will be used for additional administrative support to ensure that the State Coroner can provide these agencies with the information they need.

As committee members may be aware, the Children's Court makes orders about custody of a child in need of protection. In cases where the parties are not able to reach an agreement, a court ordered conference must be held. These conferences provide an informal setting for parties to discuss their points of view and reach a settlement. The additional funding in the budget will enable two additional conference convenors to be employed. This will support our aim of holding 90 per cent of conferences within three months of the court order. All of these initiatives I have outlined will contribute significantly, I believe, to our government's commitment to the reform of the child protection system.

CHAIR: I refer the Attorney to page 5-4 of the MPS and the work of community legal centres. Could the Attorney explain to the committee how these community legal centres will be supported in 2005-06?

Mr WELFORD: Thank you, Chair, for your question. Legal Aid funding has changed considerably since the Beattie government first came to office in June 1998, and access to justice in Queensland has taken a giant leap forward as a result. In 1997-98 state funding for Legal Aid Queensland was $14.4 million. Today that allocation stands at $22.6 million—an overall increase of 57 per cent since the Beattie government came to office. This increased support has resulted in new or better services for a range of groups in our community including those in rural and regional Queensland.

In addition to this, I am pleased to announce that our government will be providing record financial support for Queensland's community legal centres, or CLCs, including first-time funding for a centre in Mackay. CLCs have been operating in Australia for 29 years. They have a commitment to free and accessible legal advice, and promote legal education and social justice principles.

Working alongside Legal Aid Queensland, these CLCs ensure the socially and financially disadvantaged in our community have access to justice. Almost $2.7 million is being allocated to the CLCs in 2005-06—an increase of $630,000 or nearly 30 per cent on the money provided to the centres

over the previous funding agreement. To enable the CLCs to have confidence about their future funding, we have put a new funding formula in place for the next three years. Centres which previously relied on one-off project grants for their survival have now had this money added to their base allocation. This will give them more certainty about their future and future funding availability, and enable them to plan and improve services over the next three years.

We have also allocated $100,000 to enable the overarching body for the CLCs, the Queensland association of community legal centres, to establish a secretariat which can provide ongoing administrative support to CLCs. A further $100,000 has been set aside from the current funding pool to cover any emergency situations that might arise for any of our centres. Our government is also providing $160,000 in 2005-06 to formally establish the Mackay Regional Community Legal Centre, with a full-time lawyer and support staff. The Mackay region is one of the fastest growing in Queensland, and it is important that there is a CLC with fully funded staff to support local residents. That centre will of course add to the valuable work being done by community legal centres in other regional centres across the state including Cairns, Townsville, Roma, Rockhampton, Toowoomba, Goondiwindi and the Gold and Sunshine coasts.

Mr SHINE: Attorney, you will recall that the member for Southern Downs touched on the Office of the Director of Public Prosecutions, and in one answer you referred to the review and revitalisation that was going on in that office. I was just wondering if you could expand on that revitalisation.

Mr WELFORD: I thank the honourable member for Toowoomba North. Our government remains committed to building the Queensland Office of the DPP into one of the strongest offices of its type in the country. Over the past five years, funding for the Office of the DPP in real terms has increased by 29 per cent and the number of crown prosecutors has risen from around 40 to 55.

The recent Office of the DPP review provided a blueprint for further positive change. It provided 35 recommendations and we made a commitment to implement all of them. This commitment was supported by an injection of additional funding into the Office of the DPP of $5.7 million over four years. A significant change during the last year, as I said before, has been the reorganisation of the Brisbane office.

We have set up six of those new chamber groups, bringing together small teams of crown prosecutors, legal officers and support staff. This new structure, modelled on private sector barristers' chambers, I believe will enable more active case management of prosecution files. It means crown prosecutors who ultimately conduct a trial in the District Court or Supreme Court will be more actively involved in the preparation of the case right from the very start. It also provides a better structure for mentoring and the professional development of more junior legal officers. This has been supported by the establishment of a new management framework to provide the capacity to monitor the performance of the office overall. The administrative section has also been remodelled to provide greater corporate support to the director and to crown prosecutors.

I am also pleased to advise the committee that in the midyear budget review our government committed further additional funding to the Office of the DPP. This additional funding of $2.9 million over four years will assist in implementing the new children's evidence regime. The recent reappointment of the director for a further three years will bring stability to the office and ensure that the implementation of the recommendations of the review continues without interruption. Ms Clare, the director, has indicated to me that she is very pleased with the progress in implementing the recommendations of the review and is excited about the potential for the office to perform more effectively under the new arrangements. We are also in the process of recruiting a permanent executive director for the office to ensure that the director is supported by expert advice in respect of corporate matters such as budgets, human resource management, work performance and practice management.

Mr SHINE: On page 1-3 of the MPS there is reference to a support program for child victims and witnesses by the Office of the DPP. Could the Attorney provide the committee with an understanding of how this program will work and some of its benefits?

Mr WELFORD: I thank the member for the question. As the committee may be aware, our government has some of the toughest penalties in the nation for child sex offences. Recent reform has broadened our laws to provide even stronger protection for children, especially protection from child pornography and exploitation. In addition to providing tough penalties, we are committed to improving the environment for victims in our courts. This commitment is reflected not only in our capital works programs but also through the reforms we introduced as part of the Evidence (Protection of Children) Amendment Act 2003. These reforms reflect the view that children are unlikely to report abuse or take part in the court process if they do not feel safe and supported by our criminal justice system.

There can be few things more stressful for a child than having to appear in court, especially if they have been the victim of abuse or witnessed the abuse of someone close to them. The need for children to be treated with dignity, respect, care and sensitivity by the criminal justice system is, in my view, of paramount importance. That is why the new Evidence (Protection of Children) Amendment Act substantially changes how the courts receive the evidence of affected child witnesses.

To support these changes, our government has committed additional funding of $2.9 million over four years to the DPP to improve services for child victims and witnesses. The funding was announced in the midyear budget review. The ethos behind the changes is to ensure that the involvement of a so-called affected child witness, as defined under the legislation, in the criminal justice system is concluded quickly and that ordinarily a child will not have to give evidence more than once. Under these new arrangements, crown prosecutors meet with the child early in the criminal proceedings and, unless otherwise ordered by the judge, the child's evidence is prerecorded in advance of the trial.

The additional funding for the DPP will also employ four new Crown prosecutors and two new administrative officers. Three of the new prosecutor positions are based in Brisbane, strengthening the capacity of the Brisbane DPP office particularly in relation to those working in the affected child witness section so that evidence can be prerecorded. One of the positions and one of the legal support officer positions will be based in the Townsville office, ensuring that children in far-northern Queensland have access to the same level of prosecution support as other parts of the state.

Mr SHINE: Attorney, I refer you to the Criminal Assets Confiscation Unit. Could you provide some details of this unit and the contribution it is making to offset the social costs of criminal activity?

Mr WELFORD: I would like to take this opportunity to thank the various participants for their work in the criminal confiscation scheme. This scheme was strengthened a couple of years ago with the introduction of civil confiscation laws and the better alignment of functions of the Crime and Misconduct Commission and the Criminal Assets Confiscation Unit, which of course is attached to the Office of the DPP. The DPP specialist Criminal Assets Confiscation Unit was established in January 2003 as part of our commitment to tackle organised crime by seizing the ill-gotten gains of that crime. It coincided with our Criminal Proceeds Confiscation Act 2002, as I have just mentioned. These laws gave law enforcement agencies new tools in the fight against organised crime, allowing the seizure of property and assets of people involved in serious criminal activities. It places a greater onus on suspected criminals to prove that their unexplained wealth has been obtained illegally rather than as the result of criminal activity.

The confiscations unit files applications in the Supreme Court to restrain or forfeit property and the CMC coordinates investigations to gather evidence for that purpose by providing evidence for subsequent applications for forfeiture. The applications are made to prevent suspected criminals from disposing of their assets prior to conviction. As you can imagine, these applications have to be made as a matter of urgency when they arise. $25.8 million in assets has been frozen under the civil scheme since it was introduced in January 2003. In the last financial year—2004-05—$8.1 million of this total was restrained. The types of assets include luxury boats and cars, home theatre equipment, catamarans, jet skis, premium residential properties, significant bank account holdings and large amounts of cash.

In some instances suspected criminals are challenging the applications made for them to forfeit these assets. In other cases they are attempting to settle the claims. Thirteen settlements totalling $1.4 million have been finalised and five others totalling $420,000 are being finalised. The confiscations unit also recovers assets under the conviction based scheme. It collected $1.2 million by way of pecuniary penalty and forfeiture orders in the last financial year.

CHAIR: Thank you, Minister. The time that has been allocated for questions by government members has expired. I call the member for Caloundra.

Mr McARDLE: Madam Chairman, I thank you very kindly. Attorney, just touching upon the reappointment of the DPP, you made the comment that you looked at her term of five years in the position and also you had made contact with the profession about her role and how she had achieved in that role. To appoint someone in that position, there must have been a range of benchmarks that you considered. Outside of those two, can you give us an indication of what those benchmarks were?

Mr WELFORD: Mr McArdle, I am sorry, you misunderstand how the system works. Basically, I have to determine whether to renew the appointment of the person who is the Director of Public Prosecutions. The only thing I need to be satisfied about in determining whether to renew someone's appointment in that role, or indeed in any other tribunal or similar statutory appointment, is to be satisfied that they are doing a satisfactory job. I am satisfied that the Director of Public Prosecutions, as a senior prosecutor with many years experience, is doing an excellent job. On that basis I am entitled to exercise the prerogative of the Attorney-General to recommend to Governor in Council that the appointment be renewed for a further term, and that is exactly what I did.

Mr McARDLE: Attorney, you have just said that you need to be satisfied that the person is doing a satisfactory job. No-one questions that. But what the benchmarks you use to come to that determination outside of her being in the job for five years and you making some telephone calls or having consultations with the profession? Surely, with a position of this nature you would look at more than that to be, as you said, satisfied that she is doing a satisfactory job.

Mr WELFORD: Mr McArdle, this is not a job application. This is simply a question of whether, in a very senior statutory office, the minister responsible for the person's appointment determines whether

they should be appointed. It is not a question of having a series of assessment criteria against which a job applicant's application is considered.

The fact of the matter is that Leanne Clare is one of Australia's most experienced criminal prosecutors. She has helped build the Queensland Office of the DPP into one of the best in the country. I have worked with her to undertake this review of the Office of the DPP that I have spoken of at length. The implementation of the recommendations of that office are continuing. She should be there to see it through and make sure the office implements those recommendations out of that review and ensure that the quality of the service delivered by that office continues to improve into the future. I am satisfied that there is nothing extraordinary about anything in the way she has conducted that office that would justify her being sacked. I know that from time to time the Leader of the Opposition has called for her sacking. In fact, he calls for the sacking of just about everyone any day of the week. That is his solution to any controversy—sack them. That is his attitude.

If you want to jump on that bandwagon, Mr McArdle, you go right ahead. If you want to denigrate, attack and ridicule the independent Director of Public Prosecutions, then you marshall your arguments and you put them in the public forum if you wish, but I simply caution you in embarking upon this petty, political stunt in which the Leader of the Opposition is engaged. The fact of the matter is that Leanne Clare has been an outstanding Director of Public Prosecutions and I reappointed her because I want her to get on the with the job.

Mr McARDLE: But you cannot tell us why.

Mr WELFORD: I have told you why.

Mr McARDLE: All you said to us, Attorney, is that she has been there for five years and that you made some consultation with the legal profession and now you are saying that you want her to complete a task. That is the criteria under which you appointed her and that is what you are telling this committee here today; is that right?

Mr WELFORD: The Director of Public Prosecutions' job is to ensure the Office of the DPP performs effectively. As a result of the review, we have now put in place performance measures to ensure that we can track the performance of the office as a whole. Her responsibility is to be the leader of the Office of the DPP. She has a responsibility in respect of individual prosecutorial decisions she makes—which I do not second guess from a political standpoint—and she has a responsibility to develop the legal capability and skills of people in the office.

From my perspective, I have contributed in terms of assisting, through the department, to conduct the review, identify ways to achieve improvement and work with the director in implementing those recommendations, and then increasing funding since 2000 by nearly 30 per cent. I think I have done my job in terms of ensuring that office is improved. I expect the director, as she has indicated, is very enthusiastic about getting on with implementing the recommendations because she sees that with the funding the government has committed and with the tools that she now has as part of the implementation process—establishing the chamber's regime for the office—that the office has a real opportunity to build morale, build capability and to do its job even better into the future. I am confident she will do that. I appointed her because I want her to get on with the job. She is entitled to get on with the job. She has been there for five years. There is no reason that you have identified, or anyone else has identified, why she should be sacked midstream in the course of implementing a review for the reform of the office and its improvement. If she wants to retire in another three years, that will be a matter for her. But for the moment she is keen to finish the job that we have started, and I am keen that she sees it through.

Mr McARDLE: So we can certainly say the answer is five years, you went to the profession and you want her there to complete a task. That was the basis for the determination.

Mr WELFORD: She has been appointed for another three years.

Mr McARDLE: Who in the profession did you consult?

Mr WELFORD: I consult a number of people across the profession.

Mr McARDLE: Can you elaborate who they were, though?

Mr WELFORD: No. That is a matter for the Attorney.

Mr McARDLE: Is there any reason why you will not inform this committee, the parliament and the people of Queensland who you consulted?

Mr WELFORD: Yes.

Mr McARDLE: Did you consult the Chief Justice?

Mr WELFORD: The reason is those consultations are confidential.

Mr McARDLE: Did you consult the Chief Justice?

Mr WELFORD: I have just told you that those consultations are confidential. Do not ask silly questions.

Mr McARDLE: Why will you not inform this committee who you consulted? It is a legitimate question in a process that you have put in train to reappoint somebody.

Mr WELFORD: Yes. You have asked a legitimate question; I will give you a legitimate answer. They are confidential consultations.

Mr McARDLE: Attorney, you would have read the High Court decision when it considered the special leave question. You will be familiar with the terms of—

Mr WELFORD: Which case are you talking about?

Mr McARDLE: The Fingleton case. You would also have been quite aware when you read the judgment that the court was concerned to stress that this was a significant legal question touching upon Queensland and that there are comments in that determination by various justices, including Justice McHugh, where he indicates that if the case is proven, he could not imagine a stronger case for a miscarriage of justice in the Fingleton matter. Do you recall that?

Mr WELFORD: I do.

Mr McARDLE: The tenor of that full judgment, to the extent of the High Court itself notifying the firm involved and advising them of a ground of appeal, did that come into your consideration when you considered reappointing Ms Clare? Did you think that this is a major legal matter of significance, which had gone to the High Court, touching upon the independence of the judiciary itself? Did you take that into account when looking at the reappointment? This is the special leave to appeal; the application to the High Court.

Mr WELFORD: Let me just check for a minute, Mr McArdle. I have it in the back of my mind—I am just wondering whether, in fact, I reappointed the director before that decision was handed down.

Mr McARDLE: No, sorry, it was after the decision. This is the special leave to appeal question, not the appeal itself.

Mr WELFORD: Sorry. No, I would not have given thought to that at all, because the process of the court is a process entirely independent of any considerations I might have. In any event, you cannot draw any conclusions from what comments might be made at the special leave stage, nor can I identify what relevance that has to estimates.

Mr McARDLE: It does because it attaches to the reappointment of the DPP—one of the most pivotal people in the criminal justice system in the state.

Mr WELFORD: One of the most what?

Mr McARDLE: Pivotal people in the justice system in the state. Did you or did you not take into account the comments in the High Court when considering the reappointment? Did you read the High Court determination on the special leave to appeal?

Mr WELFORD: On the special leave application?

Mr McARDLE: Yes.

Mr WELFORD: You do understand the difference between a special leave application and a final decision, do you not?

Mr McARDLE: Totally. I am asking you whether you read it. Did you take it into account in the reappointment?

Mr WELFORD: If you understood the difference you would understand that there would be no basis for me to take into account what was determined on a special leave application.

Mr McARDLE: No, I asked you this question.

CHAIR: Member for Caloundra, can I just reiterate that the question should be relevant to the examination of the appropriation being considered.

Mr McARDLE: I understand that, Madam Chair. It certainly is because it goes to the heart of the appointment of a person who is pivotal to the criminal justice system in this state.

Mr SPRINGBORG: Page 1-15 relates to prosecution services.

Mr McARDLE: It relates to page 1-15, prosecution services. Let us get back to the question.

Mr WELFORD: I see what the Leader of the Opposition does. He says, 'If I can find the word "prosecution" somewhere'—is the word 'prosecution' there; there it is—'we can ask a question about anything we like.'

Mr McARDLE: Attorney, did you consider the judgment in making the determination to reappoint?

Mr WELFORD: Which judgment?

Mr McARDLE: Again, we will go back over the words. I suppose it is difficult. I understand that. Did you consider special leave to appeal in your process of considering the reappointment?

Mr WELFORD: Of course I did not. Speculation by the High Court on a special leave application is not a criteria for deciding whether to reappoint someone.

Mr McARDLE: I understand your point of view. You have answered the question. After the High Court determination of the questions before it in the final appeal procedure, did you discuss with the DPP whether she had taken into account the Magistrates Act and the Criminal Code as discussed in that High Court determination?

Mr WELFORD: Again, I do not see how this relates to estimates. But, in any event, it would be totally inappropriate for me to interfere in the independence of the role of the Director of Public Prosecutions and in terms of how that office conducts prosecutions. I would not, in the course of the Fingleton matter or any other prosecution, seek to discuss with the director anything about how that case is being conducted. That would be totally inappropriate.

Mr McARDLE: After the final appeal had been ordered by court was the question—

CHAIR: The minister is answering the question.

Mr McARDLE: The Attorney got the wrong question. I am just clarifying the question. I am talking about the final appeal that had been determined by the High Court.

CHAIR: At this point in time I do understand the question. I remind the honourable member that we are the estimates committee considering the portfolio of Justice and Attorney-General. You need to relate your questions to the expenditure. Please ask your question again.

Mr McARDLE: In relation to the final High Court appeal determination—

Mr WELFORD: Appeal decision.

Mr McARDLE: Correct. Did the DPP indicate to you or discuss with you whether she had taken into account section 21A of the Magistrates Act or section 30 of the Criminal Code in relation to the prosecution of Di Fingleton some months before that?

Mr WELFORD: To my knowledge I have not discussed that decision with her at all. In any event she was appointed before the final decision came down.

Mr McARDLE: I did not raise the issue of reappointment. I just asked you whether you discussed it. Do you intend to discuss it or are you aware whether the DPP took those matters into account before the prosecution of Di Fingleton commenced?

Mr WELFORD: I have not asked her that question. Frankly, as I said before, it would be inappropriate for me to ask those questions certainly while either the prosecution or the appeals were in train. I would have thought it would have been obvious to you that, given that it was not raised by anyone until it got to the High Court, it is very likely that it was not considered by the prosecutor in that case. But I have not asked whether they considered it and then discounted it, if that is what you are asking.

Mr McARDLE: That is exactly what I am asking. Are you able to indicate what the prosecution of Di Fingleton cost the people of Queensland?

Mr WELFORD: I do not think a separate costing of individual cases is ever assessed. The Fingleton case is not unique in the sense that there are, from time to time, prosecutions which either do not succeed at trial or are overturned on appeal. Those are part of the normal process of the prosecution of cases by the DPP in our superior court. The office is given a global budget to do its job. Obviously, we all expect them to do their job competently and professionally, but we do not separately try to calculate the costs in terms of the component of time that individual prosecutors might have allocated to this particular case.

Mr McARDLE: You would agree that it would be several hundreds of thousands of dollars.

Mr WELFORD: I have no idea what it might be. The conduct of prosecutions in our courts is an expensive business. That is why we have a significant budget for the Office of the DPP, including a budget that recognises that from time to time there are major prosecutions that are conducted. It is not very common that appeals are pursued all the way to the High Court, that is true. When appeals are conducted in the Court of Appeal in Queensland or in the High Court they will undoubtedly cost a lot more money. That is a proper process. It is a process that is an acceptable and normal part of the expenses of the state's prosecution process.

Mr McARDLE: Would you disagree that it would be several hundreds of thousands of dollars? Can your departmental officers advise us what it would be?

Mr WELFORD: Mr McArdle, I will try to be patient but I have just explained to you that separate costs are not assessed. They have not been assessed. Frankly, it would not matter what the cost was as prosecutions are neither launched nor pursued according to the cost. Prosecutions are launched or pursued according to what the prosecutors consider the evidence to be. If the evidence is sufficient and it is in the public interest to prosecute then a prosecution proceeds. They do not, in any circumstances, have regard to the cost of a prosecution in determining whether a prosecution should proceed.

When they make that determination they do that with fierce independence from the political process—from me, from you and from anyone else. Whether it costs $10 or several hundreds of thousands of dollars as you speculate is beside the point, frankly, because the prosecution process is

an independent process undertaken without fear or favour by the independent Office of the DPP and the independent court system of this state.

Mr McARDLE: Are you saying that there is no procedure within the Office of the DPP to track legal costs incurred?

Mr WELFORD: Certainly the DPP tracks its cost of running the office against its budget from month to month but not in respect of individual cases. I would not expect it to. There is no reason it should.

Mr McARDLE: Is there within the DPP a mechanism whereby individual cases are costed against a benchmark?

Mr WELFORD: Not to my knowledge.

CHAIR: The time allocated for questions by non-government members has expired. I call the member Toowoomba North.

Mr SHINE: Minister, I refer you to page 1-3 of the MPS dealing with smart technology for our courts and the ODPP. Can you explain the new sentencing database and the case management system for the ODPP?

Mr WELFORD: I thank the honourable member for the question. A much smarter investment of public funds than wasting it on an accounting system that determines whether you conduct prosecutions according to their costs, as suggested by the hapless opposition, is to invest in information and data systems that can actually assist in the prosecution process and the determination of penalties by the courts.

Two new information resources are going to be invested in by the government to increase the capability of our system. I mentioned in passing earlier the sentencing database and decision support system which will be a web based online resource of statistical reference material. It will provide decision makers, whether they be prosecutors, legal aid officers or indeed the courts, involved in the criminal justice system with information on a range of sentencing options. It will not only identify which options are applied by the courts in respect of which offences but also identify the relevant range of penalties for various categories of seriousness of offences.

The system will obviously benefit judges in the courts. It will benefit the Office of the Director of Public Prosecutions and Legal Aid in making submissions to the courts and it will benefit me in terms of policy development, in identifying possible reforms to penalties and sentencing legislation to better target appropriate penalties for particular offences so as to achieve our ultimate goal of reducing the overall level of crime.

Users of the system will be able to access statistical data relating to various offences as well as information about penalties imposed previously on people convicted of the same crime or crimes. Information about the offender such as age, gender and previous offences will also be accessible. A range of other information will also be available, including data on previous judgments, facts on related Court of Appeal cases, sentencing principles and directions and relevant legislation. So the database will provide a single, coordinated and portable resource that will eliminate the need for laborious manual searches, thereby saving considerable time and money.

As well as this database the government is also introducing a case management system for the Office of the DPP. This will boost the DPP's ability to manage information and support the organisational changes implemented through the revitalisation project arising out of the recommendations of the review I have mentioned previously. The implementation of this case management system is beginning this month in the Office of the DPP. It will be progressively implemented so that the ultimate system will be fully operational by May 2007.

Ms JARRATT: Attorney, I also refer you to page 1-3 of the MPS and the government's reforms to Queensland's legal profession. In particular I refer to the establishment of the Legal Services Commission. Could you please provide the committee with an update of the work of the commission and the difference it is making in protecting legal consumers?

Mr WELFORD: I thank the honourable member for the question. I am pleased to advise the committee of the work of the Legal Services Commission. I take this opportunity to congratulate the commissioner, who is here today, on his first 12 months in the role as Legal Services Commissioner. It was established on 1 July last year as part of our comprehensive reforms to the regulatory system for the legal profession. They have brought a sea change in the way Queenslanders gain access and hold accountable lawyers for their conduct in the provision of legal services.

Legal consumers now have better access to information about the profession and a complaint system which is seen to be independent and trustworthy. Since its establishment the commission has responded to more than 2,200 informal complaints and received and assessed over 1,500 formal written complaints. This shows that Queenslanders have responded to our call that anyone with a concern about the actions or behaviour of a lawyer can now take their complaint to an independent umpire.

The Legal Services Commissioner is receiving and managing all complaints as a one-stop shop and deciding whether or not disciplinary action is necessary in respect of any particular lawyer complained of. The Legal Practice Tribunal chaired by the Chief Justice has been set up to hear serious matters which could involve a lawyer being struck off or suspended. A Legal Practice Committee separately hears minor charges of unsatisfactory professional conduct. Of the formal complaints, over 600 were in relation to unsatisfactory professional conduct, professional misconduct or misconduct. During the year the commission launched its web site providing legal consumers with easy access to extensive information about the operation of the commission and about the complaints and disciplinary process. The web site, for example, includes every published disciplinary decision of the courts and previous disciplinary body, the Solicitors Complaints Tribunal, since its inception in 1997.

In the next financial year or this coming financial year additional funding of $600,000 will enable the commission to continue protecting the rights of legal consumers. The funding will be used to resolve the remaining complaints inherited by the commission from the Legal Ombudsman. The commission has finalised 100 of the 107 outstanding complaints. Our government's reforms to the legal profession have ensured a system of regulation which provides Queenslanders with confidence about the actions and standards of lawyers.

Ms JARRATT: Thank you, Attorney. That is great news. I refer you now to page 1-11 of the MPS and the continued successful operation of the drug court in south-east Queensland and indeed in north Queensland. Could you please provide the committee with an update of the program and the number of graduates from the program?

Mr WELFORD: Thank you, Ms Jarratt. The drug court program has now entered its sixth year of operation and is a proven success in making Queensland a safer place to live. It recognises the link between substance abuse and crime and provides eligible offenders with a chance to undergo an intensive drug rehabilitation regime as an alternative to prison. The program has demonstrated that the cycle of drug addiction and crime can be broken. Last year I was pleased to report to the committee that the drug court had achieved its 100th graduate. This was achieved over the first four years of the program. Today I am delighted to report that the drug court has achieved its 150th graduate. This means that since this time last year a further 50 graduates have come through the court, a graduate increase of 50 per cent in 12 months. I am advised that this rate of graduation can be expected to continue in coming years.

The 150th graduate was a 48-year-old woman who committed crimes to pay for her heroin addiction. At the end of the rehabilitation program, taking 18 months, she has been given a clean bill of health. Obviously for reasons of confidentiality I will protect her anonymity, but she graduated from the Southport sitting of the drug court only recently. Some 150 graduates is I believe a very positive outcome, not only for the families of these people but also for the entire community. Research tells us that about three in every four property crimes are drug related, so every successful rehabilitation means that there are fewer crimes being committed.

Of the 150 graduates, 116 have been part of the south-east Queensland program and an additional 34 have been from the north Queensland program. The south-east Queensland drug court sits in three locations: Ipswich, where there have been 24 graduates; Southport, where there have been 43 graduates; and Beenleigh, where there have been 49 graduates. The drug court program is not, I emphasise, an easy option. An individual rehabilitation program can take between 12 and 18 months depending on the extent of the addiction and there are many people involved in the process. The great value of the drug court is not just the benefit it brings to the individual and their families but also the social benefit to the community as a whole. There are now 150 graduates whom we can point to in concrete terms who have reclaimed their lives, many families who have recovered their sons or daughters and a lot of crime that has been prevented as a result.

Ms JARRATT: Thank you, Attorney, for that very good news on the operation of the drug courts in Queensland. I understand there has also been a drug diversion trial under way in Brisbane for people charged with possession. Could you please advise us of the progress of this program?

Mr WELFORD: The drug diversion program has a simple goal: getting young people off drugs at the earliest possible opportunity. It is aimed at stopping a new generation of young people from becoming addicted to drugs. We began the trial program in March 2003 operating out of the Brisbane Magistrates and Children's courts, targeting offenders charged with possessing small amounts of illicit drugs for personal use. The government's aim was to help people get their lives back on track before they got so hooked on drugs that they turned to serious crime, or indeed more serious drugs.

The trial in Brisbane, I am pleased to announce, has been a great success. Nearly 2,000 offenders were diverted to counselling and, of them, 94 per cent of all participants successfully completed the program—that is, there was a default rate of less than 10 per cent. This compliance rate stacks up extremely well against similar programs in other parts of Australia. As a result, I am pleased to say today that our government is now making this diversion program available in all of our magistrates courts across the state. This will provide a significant sentencing option for magistrates in regional areas of Queensland which was not previously available. To be eligible, though, a person must admit guilt to

possession of an illegal drug in a small quantity—in effect, an amount for personal use—and must not have been convicted of or have a charge pending for any serious offences of violence, a sex offence or a serious drug offence such as trafficking. The magistrate will then have the discretion to refer the person to the drug diversion program.

What they get referred to is an assessment and drug education session developed by Queensland Health in accordance with the national illicit drug diversion framework. Again, this diversion program is not a soft option, either. If a person fails to complete the program then they are returned to court, where they will be sentenced for the original offence. Last year the program was evaluated independently by private consultants Health Outcomes International. That evaluation found that the program had significant support from all of those involved, including the pilot magistrates, prosecutors, defence counsel, service providers and offenders participating in the program. It also found that all of those consulted during the evaluation considered the program to be valuable and supported its expansion statewide. It also found that the procedures and processes established during the pilot were efficient and effective, with the compliance rate achieved as exceptionally high for this type of program. So it is fair to say that it has been very successful and we are pleased to be able to expand it across the state now.

Mrs SMITH: Attorney, I refer to the commitment of the government to provide modern, accessible courthouses. Could you update the committee on the commitment to build a new courthouse at Sandgate and in the Pine Rivers shire?

Mr WELFORD: I thank the honourable member for her question. Over the next 12 months we will be continuing our commitment to ensure Queenslanders have access to modern and accessible courthouses. One of the most satisfying parts of my job, I must say, has been to be able to travel to regional centres and declare open those new facilities and upgraded facilities in our courthouses that will serve those communities. It is very important I think that when people come to courts we have well-designed courthouses. Something that is often not considered in the context of capital works is that even courthouses can be different by design and make a difference by good design in how they function, how people have access to them and the facilities that are there, particularly for vulnerable witnesses.

In relation to the Sandgate project, we have provided $4.7 million for a new state-of-the-art complex. The new courthouse will be built on the existing site at Keogh Street adjacent to the police station. The initial design work will start this year and construction is scheduled to commence in February 2006. The aim is to have the courthouse operating by December 2006. The new Sandgate Courthouse will also improve security for police and for prisoners and include better facilities for users of the court such as special witness rooms, closed-circuit TV and a secure link between the courthouse and the adjacent police station to enable the transfer of prisoners between those facilities. It will also obviously provide a magistrates courtroom, chambers for the magistrate, mediation rooms, holding facilities, public waiting areas and interview rooms for private practitioners to consult with their clients prior to appearing in court.

The Pine Rivers Courthouse will be built at Strathpine and replace the existing Petrie Courthouse. Although the Petrie Courthouse has served the area well, there is really not enough space for the public or for court support staff and insufficient room for the creation of child witness or vulnerable witness rooms. So the new facility will be a new, modern courthouse—the most modern in Queensland obviously—and it will be adjacent to the local Strathpine CBD, close to trains and buses, the local council chambers and the main shopping centre. Again, within that complex there will be two magistrates courtrooms and chambers, a registry, interview rooms, videoconferencing and victim support facilities. We hope to have it operational by around the middle of 2007.

Ms JARRATT: Attorney, as a member representing a regional electorate I am aware that not all good things happen in south-east Queensland. There are lots of good things happening out in the regions and in north Queensland. In reference to the modernisation of our courthouses across the state, could you please inform us about any projects occurring in regional Queensland and particularly the plan to upgrade the Bowen Courthouse?

Mr WELFORD: I would certainly be happy to inform the member of progress because of her obvious interest and special interest in the historic Bowen Courthouse. Of course the current courthouse is not only historic but also in a sense a heritage building. Our government is committed to ensuring that we provide justice facilities for all Queenslanders wherever they live, and we want these facilities to be as modern and as accessible as possible. So in March this year, along with the member for Whitsunday, I was delighted to announce plans for a $3 million upgrade to the Bowen Courthouse. As I say, this heritage listed courthouse was originally built in 1880, so it does have special historical significance. It was the site of the first Supreme Court sittings held outside of Brisbane. Over the years various modifications and renovations have been made of course, but a complete make-over is needed to bring it properly up to date.

The proposed refurbishment has received Heritage Council approval and is designed to complement the character of the colonial architecture. Once it is completed, there will be a larger courtroom suitable for trials of the District or Supreme courts, there will be improved jury facilities and

security, there will be larger and more comfortable interview rooms, better access for the disabled and improved amenities for the public. It will of course, like all of our new courthouses, incorporate the latest technology such as closed-circuit TV for child witnesses and sexual assault victims to give evidence from a separate room and it will cater for the needs of the local community in a way that properly reflects the needs of a modern justice system for many years to come.

Work on the Bowen Courthouse was scheduled to begin in late 2005 and the upgrade has started, with a view to completing it by later this year. So I look forward to travelling with the member for Whitsunday to Bowen for that significant event. Of course in the last 12 months we have also completed other upgrades across the regions as you mentioned—in Mackay and Hervey Bay and of course the new courthouse on Thursday Island.

CHAIR: Thank you, Attorney. The committee will adjourn for 20 minutes. The hearing will resume at 3.50 to continue the examination of the proposed expenditure of the portfolio of the Attorney-General and the Minister for Justice.

Proceedings suspended from 3.29 pm to 3.50 pm

CHAIR: Estimates Committee D is now resumed. The question before the committee is—

That the proposed expenditure for the portfolio of the Attorney-General and the Minister for Justice be agreed to.

I call the member for Southern Downs.

Mr SPRINGBORG: I return to the issue I was discussing with the Attorney about 50-odd minutes ago or thereabouts, particularly in relation to the Premier's extraordinary comment about the situation of the Speaker being a motivation for the reappointment of the DPP. Can you confirm yes or no: was the fact that the matter involving Speaker Hollis was before the DPP in any way influential in deciding to reappoint the DPP?

Mr WELFORD: As I said before, my decision to renew the appointment of the DPP was made and would have been made regardless of whether the Hollis matter was on foot.

Mr SPRINGBORG: So it was not influential?

Mr WELFORD: Sorry?

Mr SPRINGBORG: It was not influential, it was not a consideration?

Mr WELFORD: No.

Mr SPRINGBORG: Did the Premier make you aware of his view that the DPP should be reappointed in order to finalise the Hollis matter and have continuity?

Mr WELFORD: No, the Premier did not seek to interfere in my decision making in that regard at all. Obviously, I consult the Premier about appointments to senior positions to let him know what I propose to do. I think really you are misinterpreting what the Premier said, because really all the Premier was saying was that the issues in relation to the Hollis matter, which are independently for the DPP to make, have to be kept separate from the decisions that I have to make about her reappointment. As I say, whether or not the Hollis matter was in existence at the time, my decision was that I was going to reappointment Leanne Clare because, as I have indicated previously, not only do I regard her as having done a competent job but also we are in the middle of a major reform process with the DPP at the moment. She was part of the team that devised the reforms that were formulated arising out of the review of the Office of the DPP. She is part of the leadership team that is responsible for implementing the recommendations and for the restructuring of the office and for the investment of the additional budget funds that the government has allocated for that purpose. I think it is good that she is willing to continue in the role so that I can ensure that those reforms continue to be implemented.

You need to remember that, in any event, so as to avoid any potential for contamination—to use that word—arising from the Hollis matter in relation to the director's position, the director chose to brief out that matter to retired Court of Appeal judge Jim Thomas. It was Jim Thomas's external advice that came back and was acted upon by the DPP in advising the CMC in the way that they have.

All these things were obviously carefully considered by the director and carefully considered by me to ensure that there was no connection—no interference either—in my decision to reappointment arising out of any roles that she had to perform and no interference in her roles by any decisions I had to make,

Mr SPRINGBORG: The Premier's comment was very, very specific he said—

It would have been an untenable position for us to have replaced the DPP in the middle of that.

That is the Hollis matter. What possible motivation could there have been for the Premier making such comment, given that you have said that the decision was made on merit? Why could he and why would he make such a comment? Was it a case of being caught on the hop? How can I possibly misinterpret something like that? This is not the only report. This is the actual direct transcript of his own words from a tape from the television which I heard that night. What is the motivation? Why would he say that?

Mr WELFORD: You have asked me this question a number of times. You have asked, 'Why would he say that? Why would he say that? What is his motivation for saying that? Why do you think he said it?' You have asked the same question.

Mr SPRINGBORG: You are a lawyer. You used to get paid about—I don't know—$100 an hour for asking the same question over and over again. I think you were a prosecutor.

Mr WELFORD: You are as persistent but not as forensic as your good learned colleague sitting beside you, Mr McArdle.

Mr SPRINGBORG: It is yet to be seen whether we are more or less successful than what you may have been, but anyway.

Mr WELFORD: You just keep belting your head against a brick wall and going nowhere. I feel sorry for you really. As I say, you have asked that question a number of times.

Mr SPRINGBORG: If you fess up rather than be evasive we will be right. There is a conflict really, is there not, between what you are saying and what the Premier is saying?

Mr WELFORD: If you want to point to something that the Premier said—

Mr SPRINGBORG: I did.

Mr WELFORD: I have given you an explanation.

Mr SPRINGBORG: You are right, he is wrong.

Mr WELFORD: You might want to read what you like into what he says. If you think there is something suspicious in what he says you had better go and ask him, because I was not there, I did not hear him say it. I hear what you say he said and I have given you an explanation that my impression was that really all he was trying to say was that they are separate issues and that is it.

Mr SPRINGBORG: Separate issues?

Mr WELFORD: Of course.

Mr SPRINGBORG: He stated—

Leanne Clare is currently considering whether to take action or not against the Speaker of the House. It would have been an untenable position for us to have replaced the DPP in the middle of that.

How is the separation there? He is alluding there that it was a major consideration.

Mr WELFORD: It was not.

Mr SPRINGBORG: It was not?

Mr WELFORD: No.

Mr SPRINGBORG: So you are right, he is wrong. I accept that. You also mentioned a moment ago with regard to the reappointment of Leanne Clare that one of the major considerations that you had was the continuity of the reform within the Office of the DPP?

Mr WELFORD: Yes.

Mr SPRINGBORG: Was there a consideration given to the competence of one's legal action in reviewing briefs and in reviewing prosecution files before deciding to continue or discontinue a prosecution, because that is also a very, very important factor? Being somebody who can administer an office—you are saying she is okay; a lot of people may be okay—were those issues of competence with regard to prosecutions a consideration? Let us get it straight: the DPP is the person who actually reviews it, and should review the high profile ones at least, before they go on to the final stage of committal—because information comes in, or certainly to trial?

Mr WELFORD: Issues of general competence were obviously relevant to any decision to reappointment a person to that position. But if what you are driving at goes back to your obsession with attacking the credibility of the incumbent Director of Public Prosecutions, I can only say to you that the office of the DPP conducts some 12,000 prosecutions every year—12,000—and you have been of late raising a complaint about one or two. As I said earlier in today's proceedings, on complex matters of law it is not at all exceptional that reasonable legal minds might come to different views on particular legal issues. Mr McArdle would appreciate that. So pointing to one or two cases and then trying to mount an argument as to the competence of Ms Clare as the Director of Public Prosecutions, I think, is utterly misconceived—utterly misconceived—and really you ought to move on.

Mr SPRINGBORG: Madam chair—

Mr WELFORD: In your own interest.

Mr SPRINGBORG: I ask the question; you answer them or otherwise. You may or may not like the questions.

Mr WELFORD: I love your questions, Lawrence.

Mr SPRINGBORG: I am sure you do. Sometimes you have not loved them.

Mr WELFORD: They are easier than the government members' to answer.

Mr SPRINGBORG: I can even answer them.

Mr WELFORD: I doubt it. You have not read the MPS.

Mr SPRINGBORG: I have actually. You are asking where you find reference to prosecution. I found a number of them, and there are a number of references and it is totally relevant because we are paying a person a couple of hundred thousand a year plus the cost of running a particular office. I just say that in relation to those high profile cases, with regards to Fingleton it was quite clear to most people, apparently, that there was a general immunity from prosecution.

Mr WELFORD: So we have got 'Justice' Springborg on the job now.

Mr SPRINGBORG: I am just saying, you know. A number of people have come out and said they are aware of the general immunity from prosecution. Even you could have probably picked up the act and realised the general immunity, because you probably even wrote it. Anyway, you are happy to preside over that.

Mr WELFORD: No, it was prior to my time.

Mr SPRINGBORG: Okay. You did not write it, but maybe you did not read it. In the case of Hanson, the Court of Appeal said that she was not guilty of what she was actually charged with. The DPP—and other information will come to light in the not-too-distant future and already was made available to the DPP—had been made aware of the deficiencies in the prosecution's argument at the time of committal. That actually formed the basis for the successful appeal. So surely it must be of concern to you that the DPP is made aware of that in the case of Hanson, should be aware the general immunity in the case of Fingleton, and still pursued it. That is an issue of general competence, particularly in those high profile cases. You must be concerned about that.

Mr WELFORD: Obviously, any of us might be concerned in relation to any case that is successfully appealed. But that is the nature of these appeals, you see. When you take a matter to trial and a jury forms the view that the person is guilty, that gives you, I would have thought, some comfort that your judgment that they should be prosecuted was substantially well founded. It is the case that on occasions on appeal the higher courts find irregularities either in the process or in the legal basis for maintaining the jury verdict. That is a normal part of the legitimate appeal process. It is a normal part of the due process of justice in our legal system in this country. But the mere fact that on appeal an initial decision of a trial and a jury is overturned is not something that, of itself, points to any lack of proficiency or competence in how the original trial was conducted. I might add, in relation to the cases that you are talking about, the director did not herself conduct those prosecutions; they were briefed out.

Mr SPRINGBORG: So she would not have seen them?

Mr WELFORD: Two very senior—

Mr SPRINGBORG: Would not have seen the file?

CHAIR: Minister, have you finished?

Mr WELFORD: Whether or not the director saw the file herself, the conduct of those prosecutions was briefed to very senior prosecutors. It is part of the process that the director, like me, does not on a day-to-day basis interfere in those prosecutions. Certainly, I suppose if she were to identify any dramatic issue with those prosecutions she is in a position to draw it to the attention of the relevant prosecutor conducting the case—more so than I am obviously.

Mr SPRINGBORG: I would accept that.

Mr WELFORD: That is a matter largely for the prosecutor handling the case once they are appointed.

Mr SPRINGBORG: Moving on to fixing up the consequences of these miscarriages, I note the rather public machinations of the government as it is seeking to grapple with the concept of compensation. Given that you are largely responsible for the issue of ex-gratia payments in so many areas and have met with Ms Fingleton regarding this matter, will you confirm that the government is still considering compensation and the quantum of that compensation—what it may be?

Mr WELFORD: Let me give some background first and then come to the specific point that you raise. Obviously, the decision of the High Court did demonstrate the importance of an independent justice system that allows appeals to be determined according to law. The decision of the judges of the High Court, upon reading the judgment, reinforced my confidence, I must say—and I said this in the press conference on the day that the decision was handed down—in the immense capacity of those judicial officers of the highest court of our nation.

I think anyone reading those judgements would see that they are exceedingly well argued and analysed. Of course, the outcome of that was a terrible ordeal for the former Chief Magistrate. I do not think in her case, or in any other case where appeals ultimately unfold in that way, that one does not feel for the person who was prosecuted. But, that said, it was still appropriate that the decision to prosecute and that prosecution process was conducted without any political interference and, certainly, without any interference from any public officer in the government.

At the time of the High Court decision, I said that our government was prepared to consider an approach from Ms Fingleton, as, indeed, we are prepared to consider an approach from anyone in similar circumstances. I have met with Ms Fingleton since and, as the Premier has indicated, we are prepared to consider an approach from her in relation to ways in which she considers that her position might be in some way remedied as a result of the outcome. The Premier has also made two comments in relation to what options are not open to us, as have I. The first is that is it is not open to us to reappoint her as Chief Magistrate.

Mr SPRINGBORG: I accept that.

Mr WELFORD: And that has been the case. The second is that it is not open to us to give her compensation in the sense in which compensation might normally be applied for or called for. You would have heard calls for compensation for legal expenses or for time spent in prison. Compensation is not payable for those matters.

Mr SPRINGBORG: Even as an ex gratia payment?

Mr WELFORD: Even as an ex gratia. That is right.

Mr SPRINGBORG: Why not?

Mr WELFORD: There is wide discretion about ex gratia payments, but the convention is that compensation is not paid for legal expenses incurred in defending a criminal prosecution or for the time spent in prison.

Mr SPRINGBORG: Is this the back pay argument now—we are talking about back pay versus compensation?

Mr WELFORD: As I clarified today, one of the things that Ms Fingleton may want to approach us about is an ex gratia special payment—that is what I call it, because it is not compensation of the conventional kind. It is not compensation for damages, or for—

Mr SPRINGBORG: Well, is ex gratia not a special payment anyway?

Mr WELFORD: Well, all payments under these circumstances are ex gratia.

Mr SPRINGBORG: That is right.

Mr WELFORD: That is because there is no legal entitlement—no automatic entitlement.

Mr SPRINGBORG: So you have a got a new category—'ex gratia special', or 'special ex gratia' payment.

Mr WELFORD: Well, it is special only if there can be justified unique circumstances in this case. As I say, there is no ex gratia payment justified in this case solely by reason of legal expenses incurred, or by virtue of the fact that jail time was served.

Mr SPRINGBORG: But you can set that precedent, though. You have broad—government is able to do that, are they not? Cabinet is able to do that?

Mr WELFORD: Well, in terms of ex gratia payments, the government is able to do whatever it likes, that is true.

Mr SPRINGBORG: That is right.

Mr WELFORD: But the only way this can responsibly be dealt with, which is why the discussions with Ms Fingleton and her advisors are ongoing, is that government cannot make, and should not make, ad hoc or arbitrary decisions on these matters. There has to be established either a principle based decision, a decision based on convention or a decision based on appropriate precedent.

Mr SPRINGBORG: What about basic justice?

Mr WELFORD: People are often making applications for payments arising in these circumstances. There is no statutory scheme which gives them a legal entitlement to payment—that is the point about compensation that the Premier has made.

CHAIR: Order! The time allocated for questions by non-government members has expired.

Mrs SMITH: Attorney, the new Brisbane Magistrates Court complex was officially opened in November last year. Can you provide the committee with an idea of how the facility has been operating since it opened?

Mr WELFORD: Thank you, member for Burleigh. The new Brisbane Magistrates Court complex represents a significant investment, not only in our justice system but in the city's central business district—a $130 million-odd investment, indeed. It is an important link between George Street, Roma Street station, the Transit Centre and, of course, the Roma Street Parkland. The complex is setting the standard for justice facilities around Australia with its modern courtrooms, state-of-the-art technology and security systems. Since its official opening in November last year, the operation of the complex has been a great success. There is no question that Queensland has now one of the most modern judicial centres in Australia.

The complex provides 19 courtrooms for hearing criminal and civil matters, seven with videoconferencing and twelve with holding cells. There are also four hearing rooms for the Small Claims Tribunal and two rooms for the Office of the State Coroner. The complex has been widely acclaimed in architectural circles and is well liked by magistrates and staff who work in the building. Importantly, feedback from external users of the complex has been extremely positive, especially in relation to the features and facilities it provides. A key feature in this regard is the high level of electronic and physical security that has been afforded to a wide range of users of the courts. An Australian witness in a British criminal matter recently used the videoconferencing facilities in one of the vulnerable witness rooms to give evidence. The complex also features the latest in environmental technology, such as rainwater tanks that collect 46,000 litres of water for use on external landscaping, motion sensors to lower lighting and air conditioning levels when rooms are not occupied and solar collectors that preheat the building's hot water. Public spaces have also been provided where people can view artworks created by leading Queensland artists.

This purpose-built facility will accommodate Queensland's current and future needs for some decades to come. It is already being used, of course, to host tribunal hearings, including, incidentally, the commission of inquiry into the Bundaberg Base Hospital. It also contains, as you would appreciate, all the usual state-of-the-art facilities including closed circuit TV, videoconferencing technology and separate facilities for respondents in domestic violence matters and other vulnerable witnesses, as well as some very attractive public areas in the building.

Mrs SMITH: Thank you, attorney. I refer to page 1-4 of the MPS and the reference to a new program to upgrade security in key courthouses throughout Queensland. Can you give the committee an understanding of this project?

Mr WELFORD: Let me first say that Queensland courthouses are already among the safest in the world. We have had very little problem with security generally. However, in this day and age, it is appropriate, I think, that we remain vigilant to the potential for security risks in and around courthouses. Courts often hear cases that involve tense relationships, and the importance of security is not being overlooked by the government. We are investing a further $2 million over the next two years to upgrade security in 10 of our busiest courthouses around the state. We are starting with the busiest ones by providing additional security guards and new metal detectors. During 2005-06—this financial year—these additional resources will be allocated to courthouses in Beenleigh, Cairns, Townsville, Ipswich, Maroochydore, Rockhampton, Mackay, and Southport and the western districts courthouse at Richlands, southwest of Brisbane. The program, of course, not only responds to the growing volume of court matters involving, for example, domestic violence, but also addresses community concerns generally that personal safety in our courthouses ought to be a priority.

Needless to say, the protection of all users of the courts, not just the public coming to them but, indeed, our judicial officers, legal counsel and legal representatives using the courts is important to ensure that people can safely attend and discharge their responsibilities. We will be employing additional part-time officers to monitor security. The presence of uniformed security guards in court buildings does act as a deterrent, particularly on days reserved for special courts such as those for children and domestic violence. The presence of security guards is but one element of an overall security framework that is being applied in our courts. Other measures include the physical protection of buildings through perimeter alarms, surveillance cameras and the personal protection of court users through facilities such as vulnerable witness protection rooms and the use of closed circuit TV technology. All our courts are designed now with greater security features, including secure cells to ensure defendants are kept well away from victims, witnesses and the public and the new Brisbane Magistrates Courthouse has separate circulation areas for the judiciary, the public and prisoners.

CHAIR: I refer to page 1-10 of the MPS—with reference to the expansion of facilities in courthouses for vulnerable witnesses such as victims of sexual assault and children. Could the attorney advise this committee on the work that has been undertaken over the last 12 months and what are the plans for 2005-06?

Mr WELFORD: I thank the honourable the chair for the question. This, of course, is an issue to which we are strongly committed. I have spoken already today about the emphasis we have been giving to minimising the stress and trauma experienced by vulnerable witnesses, particularly children and victims of sexual assault, who are required to give evidence in court proceedings. The use of separate vulnerable witness rooms, closed circuit TV facilities and videoconferencing technology in our courts addresses the needs and sensitivities of vulnerable and disadvantaged witnesses. Closed circuit TV facilities enable children and sexual assault victims to give evidence from a separate witness room within the court precinct. That, of course, spares them the ordeal of being confronted with the accused in the courtroom. The videoconferencing technology further improves the closed circuit TV facilities by enabling the victims or other witnesses to give evidence from a remote location, whether it be in the court building itself or, indeed, an off-site location in another part of the state or in another country.

Separate vulnerable witness rooms are now installed at 33 individual courts from Cooktown to Southport and as far west as Mount Isa. Closed-circuit TV or videoconferencing has now been installed in another 16 Magistrates Court sites, including the Brisbane Children's Court, in the last financial year

alone. In this coming year, existing technology in a number of both higher and Magistrates Courts will be upgraded from closed-circuit TV to full video courts, and that should significantly boost the use of those facilities. So our state has now a total of 50 courts that have the facilities to allow vulnerable witnesses to give evidence without having to confront the accused face to face in the courtroom.

Current capital works programs are ensuring that any new or renovated court buildings such as the recently opened complexes at Thursday Island and the extension to the courthouse at Hervey Bay will also include full video court facilities. These also allow for electronic courts to be run so that documents can be scanned into a digital form and then brought up on screens in the courtroom, rather than handling large quantities of paper documents in court cases.

The new courthouse proposed for Caloundra will also include closed-circuit TV technology. I am sure the member for Caloundra would approve. So that will also be a state-of-the-art courthouse facility for our state. We are also introducing videoconferencing technology in Roma and Emerald courthouses and in the upgraded Bowen Court House.

CHAIR: I refer to page 1-4 of the MPS and the court support program as part of the government's initiative to address homelessness. This is a great initiative. Attorney, could you please explain to the committee how that court pilot will work?

Mr WELFORD: Homelessness, of course, is a serious problem in our urban areas especially. It can affect people right across age, social and economic groups in our community. These people live a large part of their lives in public spaces and so are more likely in some respects to come into contact with the criminal justice system such as for being a public nuisance or sometimes for public drunkenness. They are often charged with offences that in many respects are a direct consequence of their extreme poverty. They can be charged with begging, for example, or for travelling on public transport without a valid ticket. Ninety per cent of offences relating to public nuisance are fines. If these fines are not paid then homeless people find themselves before the courts again with the cause of their offending behaviour not really being addressed. So, as our government has previously said, we not only want to tackle crime itself but also want to address in a rational and responsible way the causes of crime.

So we have committed to fund a two-year pilot program at the Magistrates Court to evaluate the viability of diverting homeless people from the court process into support services that will assist them in lifting themselves out of situations that might lead to them reoffending. We will refer them, for example, to accommodation and other services so that the underlying causes of their homelessness and poverty, which in turn leads to minor criminal offending, can also be addressed.

Over the next four years our government as a whole is committing some $235 million to develop an integrated response to homelessness. Of that, $560,000 has been provided for the court pilot over the next two years. It will provide the magistrate with options other than fines or imprisonment for people with little capacity to pay fines and who are not really suitable for community service orders because of their circumstances. It will allow information about the person's homeless status and other matters to be drawn to the attention of the court, particularly when the charges are minor, and enable magistrates to effectively address the special circumstances of homeless people by directing them to pathways out of the cycle of offending and punishment into which they often descend.

The court liaison officer will ensure that magistrates are aware of the circumstances of the defendant and their willingness to attend such services and then they will be directed to those services whether they be accommodation, alcohol rehabilitation, mental health or, indeed, other relevant programs that may be available.

CHAIR: I refer the Attorney to page 1-11 of the MPS and the references to our jury system. Can the Attorney provide the committee with an understanding of the changes to fees, the new jury counselling service and the computerised jury system?

Mr WELFORD: I have been very pleased in the last couple of years to give some thought to and to ultimately reform the position of juries in Queensland not only providing them with better facilities but also providing them with better support generally, financially and with counselling. As you know, we introduced a new counselling service on 1 January this year. It is now accessible right throughout the state. It recognises that some people serving on a jury can find that experience very unsettling, particularly if it is a case involving allegations of extreme violence.

Our program is designed to help jurors who feel anxious or upset about their experience in the courtroom after their service is over. The program offers up to three counselling sessions for jurors who have completed their jury service. Jurors can either obtain telephone counselling or obtain direct face-to-face counselling with a counsellor if they choose. Twenty-six locations around Queensland now provide access to personal counselling, including all of the major centres where the District or Supreme Court sits for trials. As well as face-to-face sessions, jurors can now access a telephone counselling service 24 hours a day, seven days a week.

The program was introduced after I made amendments to the Queensland Jury Act last year, which also cleared the way for jurors to speak with a registered health professional about their experience as a jury member. That is the one exception to the rule that jurors are not allowed to disclose their experience or discussions within the jury room. I think this has been a positive step, strongly endorsed by all those involved in the court process.

I have simultaneously introduced a new regime of jury fees so that jurors in Queensland are now paid for their service at a rate which is about the highest in Australia. The daily rate for serving on a jury is now $90, which is in line with the minimum wage, and if a trial goes beyond 20 days this increases to $120 a day. For a three-day trial, which is the average trial length in Queensland, jurors would therefore receive $270 compared to only $153 under the old system. That is an increase of 76 per cent. The attendance allowance for people summoned for jury service but not empanelled has increased to $30 a day from what was previously, we must accept, a miserable $8 a day.

Mr SHINE: I refer to page 5-4 of the MPS with respect to the Regional Solicitor Program. Could you explain this program to the committee?

Mr WELFORD: Legal Aid is doing good work in Queensland. In the last couple of years with an increase in funding that I have been able to allocate to Legal Aid, it has expanded its services to a number of new programs. Obviously, in rural and regional areas of the state, the number of lawyers available to do legal aid work is unfortunately in decline. So Legal Aid has done something positive to address this problem by introducing what it calls the Regional Solicitor Program. The program has been operating successfully now for nearly 12 months. I am pleased to advise the committee that nine new lawyers have now launched their legal careers through regional law firms in Innisfail, Mount Isa, Charleville, Dalby, Gympie, Bundaberg, Rockhampton and Mackay, and another three lawyers will be placed later this year in Proserpine, Charters Towers and Mackay.

The program works by helping to place a newly admitted solicitor with a regional private law firm. Rather than opening a separate Legal Aid Office or doing nothing about the fact that private practitioners, many of them sole practitioners in regional areas, are not able to do legal aid work, we subsidise through the Regional Solicitor Program the employment in private firms of a newly admitted solicitor. Obviously applicants for the program have to be prepared to work in any location throughout Queensland identified by Legal Aid as needing additional practitioners to undertake legal aid work. It is open to law graduates who have completed or who are about to start a professional legal education and training course that satisfies the training requirements for admission as a solicitor in Queensland.

Once a solicitor is accepted into the program, Legal Aid funds the practical legal training course as well as providing 75 per cent of the graduate's wage. The balance of the graduate's wage is met by the firm with which the graduate is placed. The newly employed solicitor's primary focus, of course, is to handle the firm's legal aid cases under the supervision and guidance of the legal practitioners who are the principals of their placement firm. Seventy-five per cent of the graduate's work, as I said, will consist of legal aid work. The Regional Solicitor Program will obviously make working in some of our regional areas more attractive to newly admitted solicitors. It also offers graduates a competitive salary and a challenging work environment equal to any that might be offered by the majority of the Brisbane based law firms doing similar work.

CHAIR: Order! The time allocated for questions by government members has expired.

Mr SPRINGBORG: Attorney, do you agree with the principle that people should not be left financially destitute or virtually financially destroyed when they have proven their innocence on appeal or at trial?

Mr WELFORD: I think all of us would share the view that if it were possible to compensate every person who is acquitted of criminal charges for the legal costs or other expense that they incur in defending themselves it would be nice if we could. But, as the Premier has said in the context of recent matters, it is not feasible in a practical sense to open the floodgates on those sorts of issues to make payments of that kind. The position that we operate under here in Queensland under successive governments of all political colours is consistent with what applies in every jurisdiction around Australia; namely, that being successful in an appeal or acquitted at trial of a crime for which you are prosecuted does not entitle you or by convention have you accorded any special payments or compensation.

Mr SPRINGBORG: Some states like Tasmania and Victoria have a mechanism though, do they not?

Mr WELFORD: The mechanism they have is, as I understand it, not substantially different from ours. Let me give you an example. A number of years ago there was the case of Condren, a defendant who had spent several years in prison and who was ultimately given an ex gratia payment. What happened in that case where Condren was convicted of murder by a jury was that fresh evidence came to light after the trial and that fresh evidence was put before Queensland's Court of Criminal Appeal. The Court of Criminal Appeal in that case, because of that new evidence, set aside the conviction because obviously the conviction was wrongfully founded and a miscarriage of justice occurred by virtue of evidence that was not available or at least was not presented at the time the jury made its decision. So, unless there is a truly exceptional circumstance like that where there is new evidence or some form of

misfeasance on the part of investigation agencies—for example, if it became evident that a person had been verballed or there was some other inappropriate behaviour by investigating or prosecuting authorities—then it is in those circumstances only where our convention is to acknowledge that any compensation is payable.

Mr SPRINGBORG: Given that you are now considering the issue of compensation or ex gratia payment or a special ex gratia payment—

Mr WELFORD: Ex gratia special payment.

Mr SPRINGBORG: I would have thought that they were basically one and the same but you are contriving an interesting—

Mr WELFORD: I have explained the distinction between when compensation is and is not available. As I say, we have yet to make a decision about this, remember. In the current context what has to be established is, firstly, that there is some unique basis in the case that might justify some form of payment, and then consideration would need to be given as to how that payment might be assessed.

Mr SPRINGBORG: Given that you are considering such a payment in the case of Fingleton—which I understand the Premier has now called back pay, and it may have an income tax component or problem as well—would you consider meeting with Pauline Hanson to discuss a similar claim for ex gratia payment if she contacted you?

Mr WELFORD: I think, as has been reported, Ms Hanson has never made application for any consideration of an ex gratia payment. But, like any applicant, if an application is received then obviously it would be incumbent upon me to consult with the Crown Solicitor and obtain advice on the circumstances of that particular case. Certainly Ms Hanson would be treated as fairly and as equally as any other person who makes applications in those circumstances.

Mr SPRINGBORG: So you would be happy to meet with Ms Hanson if she put a case to you, as you have done with Ms Fingleton?

Mr WELFORD: Well, the first step is to put in an application setting out the grounds upon which some form of ex gratia payment might be considered. Then, if it is necessary to further flesh out those issues obviously I would be prepared to meet with Ms Hanson, too, yes.

Mr SPRINGBORG: Can I take you to the issue of the potential reappointment of Di Fingleton as a magistrate in Queensland. I agree with you that she cannot come back as Chief Magistrate for the reasons that you have put forward. Would that also be an exceptional reappointment?

Mr WELFORD: Well, not necessarily. Ms Fingleton is not a magistrate now. Like anyone else, she is entitled to apply to be a magistrate. If, following the decision of the High Court, she were to express an interest in being a magistrate then I would obviously consider that. She clearly has experience as a magistrate and while she was a magistrate did an excellent job really as a magistrate conducting court. She was the driving force behind the creation of the Murri Court. She introduced significant reforms to make courts dealing with domestic violence matters more amenable and less traumatic for participants. So she certainly has the skills to be a magistrate if she had an interest in that following the High Court's decision.

As you know, her initial reaction to the High Court decision was to say that she wanted her original job back, and for obvious practical reasons the Premier and I have explained to her that that is not feasible. But we are open to considering other options for her once she gives some thought to her future generally, frankly, after going through what she has been through.

Mr SPRINGBORG: The Premier was not quite as glowing as you the other day when he was talking about some of the issues surrounding the conflict in the magistracy during her tenure as Chief Magistrate. If she were to return to the magistracy in Queensland, would you envisage any particular workplace training in the area of antibullying or anything like that before she were to return?

Mr WELFORD: I think that is prejudging things a little bit. You are casting aspersions upon Ms Fingleton even before she has considered whether she wants to be a magistrate. I think that is pretty unfair, frankly. You have been all over the shop on this. Even before she was charged you were calling for her to be sacked. The moment she was acquitted by the High Court you called for her to be reinstated.

Mr SPRINGBORG: As a magistrate, not Chief Magistrate.

Mr WELFORD: Your approach to this has been very political and very opportunistic. You really ought to make up your mind. Either you are going to respect the role that Fingleton played as a magistrate and accept the decision of the High Court or you are going to continue your habit of denigrating public officials from your public podium. You denigrated her before she was charged and now you are implying that she is guilty of some misconduct. You are really stepping over the mark in terms of reasonableness.

Mr SPRINGBORG: Madam Chair, I think everything that I have said is a matter of public record. Certainly with regard to the conviction everyone agrees that there was a general immunity for what she

did. They did not agree that what she did was right, but there was a general immunity. I now take the Attorney to 1-21 of the MPS, where it is envisaged, I think, that you are going to rocket along and introduce another nine pieces of legislation this year. Will one of those pieces of legislation be about removing that general immunity which existed for the Chief Magistrate with regard to the conduct of this Chief Magistrate? I think it has been indicated in recent times that that immunity was not necessarily envisaged to protect the sorts of things that it did.

Mr WELFORD: Well, there are differing views about that obviously, and I have not sought to resolve those conflicting views in my own mind. Certainly the general provision relating to the immunity was not foreseen by anyone to relate specifically to the criminal offence that was involved in the Fingleton case. That is because that general immunity provision was drawn from the District Court's and Supreme Court's legislation, which of course is a totally different set of circumstances. It is different in this sense: the heads of those courts—the District Court and the Supreme Court—do not have a set of statutorily expressed administrative responsibilities as are set out for the Chief Magistrate in section 10 of the Magistrates Act.

It is that difference that probably caught everyone on the hop in terms of the interpretation of that generic provision that is in the District Court and the Supreme Court acts. What was not considered, I suppose, was that the generic provision relating to an immunity did not just operate in its own right but operated in conjunction with the express statutory administrative functions accorded to the position of Chief Magistrate under the Magistrates Act, and that is really what gave the High Court such power in its decision.

Whether any amendment to the general immunity provision is required, I must say at this stage that it is too early for me to advise the committee on whether I would contemplate any change in that regard. The circumstances of this case and the law that has been applied will take some time to be considered and absorbed. I will be giving consideration to the operation of all those provisions—the operation of the criminal offence under section 119B of the Criminal Code as well as the immunities. When it comes to not anticipating how sections of legislation might apply, I must say that when section 119B was amended by me only a couple of years ago I did not contemplate it would apply in these circumstances, either.

Mr SPRINGBORG: Further to that, given that there are those nine potential pieces of legislation being introduced this year and it may or may not be one, and the Attorney has indicated such, and given that it was modelled on immunities of the higher courts, are you comfortable that that immunity should continue to exist for the higher courts as well?

Mr WELFORD: Well, there is a question of public policy obviously that can be legitimately debated here. What the High Court effectively said was that inherent in the functions of a judicial officer, and tied up with this concept of judicial independence, is not only independence in relation to their in-court judicial decision making; also that independence from being sued or prosecuted extends to administrative functions which are inherent to their judicial post. Now, it does not extend to all administrivia of the courthouse. It does not extend to what day you put the rubbish bins out and that sort of thing, I would imagine. It does not extend to determining the budget of the court, because that is the prerogative of the government.

What the High Court was hypothesising, I suppose, is that inherent in the concept of the independence of a judicial officer is that, in addition to their decision making in court—which is truly judicial—there are associated administrative functions that cannot really be separated from their role as a judicial officer and that for those administrative functions they also should have their independence respected. Part of that independence, of course, is that in exercising their responsibilities as judicial officers they cannot be sued for doing so.

How wide that concept of independence of the judicial officer should extend is the public policy issue, and I guess as legislators one of the things that arises out of the High Court decision is how much latitude we might want the courts to have in interpreting for themselves the width of that administrative discretion.

Mr SPRINGBORG: I can see that you are probably troubled by this, as I and many other people are. There is a general belief amongst people that there should be an immunity from defamation and there should be legal and professional privilege which applies, but what people are struggling with at the moment is the concept, as I understand it, that that should extend to an immunity to anyone to be able to intimidate or in some way persecute a witness or someone that is seeking to raise a particular reasonable grievance in some cases. So that is the sort of thing that I would understand that you are trying to look at—to separate what would be the protection necessary for those judicial officers against defamation and what is reasonable personal conduct in the way that they may accord harm to somebody in some way and cause them stress or intimidation.

Mr WELFORD: The immunity is not absolute in the sense that even in the—

Mr SPRINGBORG: I should say applying that to subordinates, not just the general community.

Mr WELFORD: The immunity is not absolute. For example, the code in the immunity that accords to judges specifically excludes corruption.

Mr SPRINGBORG: I accept that.

Mr WELFORD: So criminal charges of corruption can be laid outside the immunity, and obviously there are criminal offences that a person in the position of a judicial officer may commit which should not be protected simply because they commit those offences while working as a judicial officer. The question is, ultimately, which criminal offences should be outside the immunity and what functions should be protected within the immunity.

You really have to read the High Court decision to get a sense of what the court was saying about what matters fall within the appropriate judicial functions of the position of Chief Magistrate. But McHugh's judgment in particular talks of the function of appointing or removing coordinating magistrates, for example, as one of the inherent functions of the Chief Magistrate's role.

Mr SPRINGBORG: But you are actively deliberating all these issues, as I understand it.

Mr WELFORD: I am simply explaining to you at the moment what the High Court's decision was. I have not actually actively given thought to any policy changes at all. Over the next new months I may give some consideration to that, but I think step 1 is to absorb what the High Court said and deal with the immediate issues.

CHAIR: Thank you. The time allocated for questions by non-government members has expired. I call the member for Toowoomba North.

Mr SHINE: Thank you, Chair. Attorney, I refer you to the section under 'Legal Aid' and 'Future Developments' at the top of page 5-6 where it says—

Continue to monitor service provision to disadvantaged groups and continue to commission research to identify gaps in legal services provided to disadvantaged Queenslanders.

I ask if you could advise the committee whether Legal Aid Queensland is funding any programs for people with physical or intellectual disabilities to improve their access to the justice system?

Mr WELFORD: I thank the honourable member for the question. As the MPS says, we will continue to monitor the legal aid needs of people with particular disadvantage, particularly people who are disabled or physically or intellectually impaired.

In March this year Legal Aid Queensland provided funding for a six-month disability law pilot project. The purpose of that pilot project was to provide legal help for mentally disabled people. It was a project that was initiated, I am pleased to say, and conducted and coordinated out of the Toowoomba Community Legal Centre. The project offers a range of services to adults and children with a mental disability. These include duty lawyer representation for people suffering from mental illness or intellectual disability in all pleas of guilty and some summary trials in the Toowoomba Magistrates Court, representation for children with mental disabilities who appear before the Toowoomba Children's Court, representation of patients currently on a forensic order before the Mental Health Review Tribunal or the Mental Health Court, and advice and support to people with a mental or intellectual disability who are victims of crime. It also provides representation and advice to patients at the Toowoomba acute mental health unit and the Baillie Henderson Hospital.

The pilot project has already provided representation for many people and diverted a significant number of matters to the Mental Health Court for assessment. The project coordinates a range of stakeholders such as the Police Service, Health, Disability Services and other disability support services in and around Toowoomba.

Legal Aid will shortly commence another six-month project looking at the needs of adults with an intellectual disability or cognitive impairment. It aims to help organisations develop resources that can be used to identify individuals who need this kind of specialist help. Developing this screening tool will enable organisations to identify who needs special support by reason of their intellectual impairment or cognitive impairment. The project team will also track the pathways between departments involved in the justice system and those agencies who respond to people with intellectual disabilities or other cognitive impairments so as to streamline those referral processes.

Associate Professor Susan Hayes, a clinical and forensic psychologist and head of the Centre for Behavioural Sciences at Sydney University, is the primary consultant to the project. The project will be led by Legal Aid Queensland in collaboration with my department, Disability Services, the Department of Corrective Services and the Office for Women.

CHAIR: That concludes the questions from government members. I call the member for Southern Downs.

Mr SPRINGBORG: I refer to the indemnities for legal costs afforded to Dr Keating and Mr Leck, amongst others, at the Morris commission of inquiry. Can you advise this committee who approved these indemnities for legal costs? What conditions are imposed on these indemnities? What financial limits are imposed on the engagement of legal representatives as part of these indemnities? Do the indemnities permit the engagement of senior counsel? If so, what conditions, if any, are imposed

on such engagements? There are some more legs to that. You might even give them your answer maybe.

Mr WELFORD: There are certainly a lot of parts to the question.

Mr SPRINGBORG: Well, I have a few more here. I can read them out now if you want.

Mr WELFORD: You have a bit of time so we will go through them.

Mr SPRINGBORG: Who selects the legal advisers who have been retained? Will the victims of Dr Patel be offered similar indemnities to engage legal representation?

Mr WELFORD: I am not familiar with every aspect of how indemnities are granted, but I can give you a general outline. Indemnities are applied for by all departments according to a government-wide indemnity policy. There is a special indemnity policy in respect of the health department because, arising out of the insurance crisis a couple of years ago, special provision was made to provide indemnities for doctors working in the public hospital system. So the health department has indemnity policies for doctors and an indemnity policy for its other staff.

Application is made under that indemnity policy to the relevant senior officer in the health department. That is then referred to Crown Law for advice on whether the circumstances of that employee are such as to justify the grant of an indemnity covering legal expenses in certain circumstances, whether it be a claim against the person or whether it be—as in the current case—their appearance to provide information to a commission of inquiry.

Subject to the advice of the Crown Solicitor, that indemnity is then granted by the relevant department from which the employee comes, and that department covers the costs. In normal circumstances the selection of lawyers is left to the employees concerned. The employees then have to submit back to the department, in accordance with the conditions set out by Crown Law, whether they think they need senior counsel or not and what costs might reasonably be incurred in those circumstances. I think that gives you an outline—

Mr SPRINGBORG: That gives an overview of a fair bit of it, Attorney. With regard to the financial limits, is there general guide for the financial limits that are placed on the extent of those indemnities? Can they basically keep racking up bills? Is it $20,000? Is it $50,000? What are the limits?

Mr WELFORD: Generally speaking, a fixed limit amount is not put on indemnities. The way it is normally done is to say that you are authorised under this indemnity to engage legal representation—including counsel where that is appropriate—and incur reasonable legal expenses. Often that is the subject of some negotiation between the relevant department and the parties concerned. There are some broad rules of thumb across government: for example, what hourly rates might be paid to solicitors and what daily rates would be paid to counsel.

Mr SPRINGBORG: Do you have them, Attorney? Would you be able to supply them? Would you be able to supply the general detail that we are seeking or the specific detail?

Mr WELFORD: I do not know the specific detail, and I would not have that information, I do not think, in relation to the particular indemnities that you are talking about for Dr Keating and Mr Leck, but I can give you the general information about the general rates that apply. Depending on the seniority of counsel, it would be anything between $1,500 and $3,000 a day generally. For solicitors it is anywhere between $150 an hour, roughly, and $250 or $300 an hour. Sometimes that is aggregated as a daily rate for the solicitors as well. Sometimes what the employer will come back to and seek approval on is a lump sum daily rate for all representation; that is, for solicitor and barrister.

Mr SPRINGBORG: Attorney, given that you are responsible for Crown Law—and you have basically indicated that these operate within the general guidance of Crown Law and that there would have been some consultation—would you be able to undertake to provide to this committee a breakdown of what may have been paid to date or the nature of those particular agreements in the case of Bundaberg?

Mr WELFORD: I do not have that information, Mr Springborg.

Mr SPRINGBORG: You do not?

Mr WELFORD: No. The reason I do not have that information is this. If you want to confine it to Mr Leck and Dr Keating I can give you this information. The application for indemnity for Mr Leck was referred to Crown Law under the relevant indemnity policy for non-medical employees of the health department. Crown Law gave advice as to eligibility, and it obviously gave advice that Mr Leck was eligible for an indemnity to be granted. That indemnity is then granted by the department in accordance with its usual procedures.

In relation to Dr Keating, that was not referred to Crown Law because a separate indemnity policy applies to medical practitioners in the department of health, as I said before, because of the changed circumstances that came about with the protection for medical clinicians following the insurance crisis. The health department determined for itself the terms of the indemnity granted to Dr Keating. Having said that, I have no reason to believe that had Dr Keating's indemnity application been referred to Crown Law he would equally, under the indemnity policy that existed, have been entitled to an indemnity.

Mr SPRINGBORG: With regard to the challenge by Dr Keating to the validity of the Morris inquiry and particularly the commissioners, is that actually being supported by the health department? Will it be supported by public funds or is he on his own?

Mr WELFORD: For Dr Keating?

Mr SPRINGBORG: Yes, for Dr Keating.

Mr WELFORD: Again this is a decision that must be directly made by the health department, but my understanding is that the health department and the taxpayer are not funding Dr Keating's Supreme Court action.

Mr SPRINGBORG: So he is basically on his own. Can I go back to the final tenet of the question I asked. How are the victims of, say, Dr Patel considered with regard to legal assistance to appear or to be represented at the likes of the Morris inquiry? Does anything exist for them?

Mr WELFORD: Indeed. Yes, there does. I was approached by lawyers Carter Capner, which has been commissioned by the Bundaberg Hospital patient support group. Carter Capner approached me, on behalf of the government, inquiring as to whether we would provide assistance for Carter Capner to represent the patient support group in the commission of inquiry. I consulted the Premier about it. It was my view that it was appropriate that we should support them in that way and that it was a cost-effective way of doing it because one firm can then represent all the patients as part of the support group.

There are one or two patients who, for their own reasons, are not—and choose not to be—part of the support group. What I have done in that regard is to direct—cabinet, in fact, approved the decision so I got cabinet approval for this—that the funding be allocated to Carter Capner to appear in the commission for Bundaberg Hospital patients and that Carter Capner, as part of the agreement to provide funding, is bound to make available any information it gathers in the course of the commission of inquiry to all patients from Bundaberg who may want to use that information for any future claim, whether they are part of the support group or not.

We have agreed to grant ex gratia, in a sense, financial support to Carter Capner on behalf of the Bundaberg patient support group. The projected costs submitted to us by their legal representatives were up to $230,000. If there is any prospect of it going significantly beyond that then I would expect Carter Capner to come back to me and justify further expenditure. At this stage, so long as the amounts they expend are reasonable for the purpose of appearing in the commission we are prepared to support them, subject to them making their information available to other parties. Crown law will vet the bills that they send in to ensure that they are reasonable on a time costed basis.

Mr McARDLE: My friend asked you some questions a little while ago about compensation in the issue of the Fingleton matter. The High Court in its determination was considering the question of whether she could be charged, not whether she was guilty of an offence. There is a big distinction between the two.

Mr WELFORD: Indeed there is, Mr McArdle.

Mr McARDLE: You made the point that compensation—I use that word loosely for the time being—would need to be made on a unique basis. There needs to be a unique basis for payment. You would agree that this situation where the High Court was questioning whether she would in fact be charged with an offence is a unique basis for compensation, using that word loosely.

Mr WELFORD: I think you have hit on a very important point. These are extraordinary circumstances. She was not acquitted of a charge appropriately laid. They determined that she could never have been charged. As you say, I do believe that gives rise to unique circumstances. That is why my advice to the Premier is that while we are not acknowledging any liability, we are not admitting any entitlement by Fingleton to damages and we are not breaching the convention that no compensation is paid for legal expenses or for time in prison, there may be unique circumstances in this matter which give rise to appropriate consideration of some sort of ex gratia special payment. For the reason that you have exquisitely identified, that is why the Premier has publicly made reference to some possible payment.

But all this is still subject to further consideration. It is still subject to a final approach from Ms Fingleton herself. We have had discussions but beyond her initial comments about preferring to be Chief Magistrate, we actually do not have any concrete submission from her or her advisers.

Mr McARDLE: Would that consideration by you of a payment incorporate lost wages and the loss of futures wages as well?

Mr WELFORD: As the Premier indicated, one of things that might be taken into account in trying to assess what sort of special payment might be appropriate is the income that she would have received but for the fact that she was charged and prosecuted. As you say, but for those charges mistakenly brought she would still be in the position.

This is why I wanted to assist Mr Springborg with this whole question of back pay. The Premier used the reference to back pay as an abbreviation for what really is just a consideration of the fact that

she has been without that income as one factor that might be taken into account in any assessment that might be made. We have not determined whether any ex gratia special payment should be made. If we were to consider that after any approach she might make then one of the factors that obviously would need to be considered is the fact that she would still be in the job but for having been charged.

Mr McARDLE: And her circumstances would be a unique basis for payment?

Mr WELFORD: I certainly believe that, for the reasons you have identified, there is a strong element of uniqueness about Fingleton's position.

Mr McARDLE: Can I turn to the question of client surveys for a moment. You made comment in answer to a question on notice that the Magistrates Court is one of the courts in Queensland with the heavies. They deal with hundreds of thousands of cases on a yearly basis. One of the tenets of getting a system of courts working effectively is to survey the people who use it. I note that the Magistrates Court has not had a client survey in the past four financial years, according to the MPS documentation.

Mr WELFORD: Have or have not?

Mr McARDLE: Have not, which is of concern. How do you then gauge the client satisfaction with the service at that level to make an informed judgment as to the future?

Mr WELFORD: In relation to the Magistrates Court?

Mr McARDLE: Correct.

Mr WELFORD: The view I would take about that is that it is not necessarily something you do every year. I do recall when a client survey was done. There was one done a number of years ago. Those surveys are done periodically—every few years. Now that we have the new Magistrates Court complex in Brisbane it made sense for us to get that in place because that will make a material difference, I would imagine, to the accessibility and convenience of the Magistrates Court, at least in Brisbane.

My understanding is that it is proposed that there will be another survey of users of the Magistrates Court next year, probably in February or March. As I say, they are not done every year but every five or six years as part of the assessment process.

I refer you to the MPS at page 1-16. You asked about performance measures or performance targets. About half way down that page you will see a bold heading 'All justice services areas'. If you go down nearly to the bottom of that section you will see 'feedback/consultation on services provided'. That is flagging—

Mr McARDLE: That this is a new procedure.

Mr WELFORD: One of the things we look at is a survey of the kind you suggest.

Mr McARDLE: Is there any reason they were not done for the last four financial years?

Mr WELFORD: I am not aware of any particular reason except that I do not think it makes a lot of sense in terms of value for dollars invested to do it every year. The best way to notice any material or substantive shift in performance so far as client surveys are concerned, which are qualitative rather than quantitative, is to do them every three or five years. Then you actually get some value out of them.

For example, we may in one year do a survey of the court service in Townsville. That is outside a more general survey of the kind contemplated next February or March. If a specific regional court gives rise to complaints to me then I will draw that to the director-general's attention and I would anticipate that the director-general would go out and put in place some assessment process of what is happening in that court. If I am getting complaints from legal consumers about how they are being treated or how they are being served by that court then a survey might be appropriate there as well. It is not a hard and fast rule that we do it every year.

CHAIR: The time allocated for questions by non-government members has expired. There being no further questions that concludes the examination of proposed expenditure for the portfolio of Attorney-General and Minister for Justice. On behalf of the committee I would like to thank the minister and his advisers for their attendance here today and also thank the parliamentary staff.

Mr WELFORD: Thank you, too, Madam Chair, and all the members of the committee for your diligence.

CHAIR: The transcript of this hearing will be available on the Hansard internet quick access web site within two hours from now. That concludes the committee's consideration of the matters referred to it by the parliament on 10 June 2005.

Committee adjourned at 5.15 pm