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WEEKLY HANSARD

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51ST PARLIAMENT

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TUESDAY, 22 MARCH 2005

Mr SPEAKER (Hon. RK Hollis, Redcliffe) read prayers and took the chair at 9.30 am.

PRIVILEGE

Comments by Member for Burnett

Hon. RE SCHWARTEN (Rockhampton—ALP) (Minister for Public Works, Housing and Racing) (9.31 am): Mr Speaker, I rise on a matter of privilege. On 10 March the member for Burnett tabled a quote from a private contractor and stated that the Moore Park State School P&C was recently informed that Q-Build services must be used to install the school's airconditioning even though local independent contractors were up to $180,000 cheaper. These comments are misleading as they imply to the House that there was a proper comparison of the quote he tabled and the estimated price obtained by Project Services in the Department of Public Works from the private market.

It is important that honourable members in this parliament reflect accurately the facts and not mislead the House. The truth in this case is that Q-Build was never, ever involved in pricing the work at Moore Park State School and never submitted a quote. It is also not true that Q-Build is the mandated supplier of airconditioning services at this or at any other school in Queensland. It is also not true that there was a price difference of $180,000 between the Project Services estimate and the quote tabled. The quote from Coolway Air Solutions included eight 2.5 horsepower domestic units for four classrooms. These units do not have the commercial capacity to cool incoming fresh air and are single-phase airconditioners which are less efficient and have a shorter operational life and therefore cost more to maintain. The quote does not meet fresh air requirements for acceptable indoor air quality set by the Building Code of Australia. So, in other words, to put them in there would risk children's lives. The estimate obtained by Project Services was to aircondition—

Opposition members interjected.

Mr SPEAKER: Order! We will listen to the minister.

Mr SCHWARTEN: They do not want to hear the truth, Mr Speaker. The estimate obtained by Project Services was to aircondition 13 rooms with commercial grade units which have the capacity to cool incoming fresh air. The three-phase airconditioners are also more efficient with lower operating costs and a longer life than single-unit models. In other words, they cost less to run and require less oncost. The estimate meets the Building Code of Australia standards and Cooler Schools specification for fresh air requirements and come with a five-year unconditional total replacement warranty. The units also have external condensers which are secured onto concrete plinths in heavy mesh cages to protect the units from vandalism, drainage points for condensation and so on.

I further note that the *Sunday Mail* story again repeats the inaccurate statements made by the member for Burnett that the school was forced to use Q-Build. This is completely untrue, and again this article repeats the myth about the cost difference. This is despite the evidence provided to the journalist by my office and that of the minister for education—clearly a case of never letting the facts interfere in a good story.

PRIVILEGE

Conduct of Member for Darling Downs

Hon. RE SCHWARTEN (Rockhampton—ALP) (Minister for Public Works, Housing and Racing) (9.34 am): Mr Speaker, I rise on a second matter of privilege. Yesterday the Racing Division of the Department of Public Works received a copy of correspondence sent to the CMC by legal firm Greenhow and Yeates acting on behalf of a Mr Overell regarding the conduct of the member for Darling Downs. In this document that I now table he states—

During this conversation Mr Hopper made it clear to Mr Overell that his intention was to cause trouble for Mr Bentley who is the head of Queensland Racing, Mr Hopper used words to the effect that "we want to get rid of Mr Bentley and Mr Mason and we need your help".

...

My clients concerns are:

(a) That a Member of Parliament would approach him, during the course of the current enquiry, in an attempt to use him to influence the conduct of that enquiry and to effect the dismissal of Mr Bentley and Mr Mason for personal and/or political reasons ...

I am quoting directly from this letter of the solicitor to the CMC—

It would seem to me that Mr Hopper's conduct could well be described as official misconduct in that he is trying to denigrate the head of a statutory body during the course of an investigation involving that body.

Mr Speaker, I have forwarded this correspondence to the Daubney-Rafter inquiry as I believe it is appropriate that it be most seriously considered by this inquiry. Further, I ask that you consider this matter to establish if it constitutes a breach of privilege of this parliament. I am reading a letter that has been sent to the CMC and a copy sent to me, and I am asking you, Mr Speaker, to consider it as a matter of privilege. But I am also asking that the honourable member disclose who he was referring to as 'we' in his discussion with Mr Overell.

Mr SPEAKER: Order! I would ask the minister to write to me on that matter.

ASSENT TO BILLS

21 March 2005

The Honourable R.K. Hollis, MP
Speaker of the Legislative Assembly
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Speaker

I am pleased to inform the Legislative Assembly that the following Bills, having been passed by the Legislative Assembly and having been presented for the Royal Assent, were assented to in the name of Her Majesty The Queen on 18 March 2005:

"A Bill for an Act to amend the Mineral Resources Act 1989, and for other purposes"

"A Bill for an Act relating to the State arms, State badge, State flag and other State emblems, and to prohibit unauthorised assumption, use or publication of the State arms or State badge"

"A Bill for an Act to amend the Major Sports Facilities Act 2001, and for other purposes"

"A Bill for an Act to amend the Racing Act 2002"

"A Bill for an Act to amend the Criminal Code, and for other purposes",

The Bills are hereby transmitted to the Legislative Assembly, to be numbered and forwarded to the proper Officer for enrolment, in the manner required by law.

Yours sincerely

(sgd)

Governor

PETITIONS

The following honourable members have lodged paper petitions for presentation—

Pedestrian Crossing, Ernest Street, Innisfail

Hon Pitt from 998 petitioners requesting the House to take the necessary action to have a suitable pedestrian crossing installed so as to ensure that pedestrians crossing Ernest Street, Innisfail, are able to cross in a safe manner

Crow Population, South Palm Beach Area

Mrs Stuckey from 40 petitioners requesting the House to commit the Department of Natural Resources to introduce a program to control the crow population in the south Palm Beach area.

PAPERS

PAPERS TABLED DURING THE RECESS

The Clerk informed the House that the following papers, received during the recess, were tabled on the dates indicated—

14 March 2005—

- Director of Mental Health—Annual Report 2003-04
- Review of the Aboriginal Land Act 1991 (Qld)—Discussion paper, March 2005

16 March 2005—

- Response from the Deputy Premier, Treasurer and Minister for Sport (Mr Mackenroth) to a paper petition presented by Mr Wellington from 2698 petitioners regarding a request to prevent the proposed residential and golf course development behind Montville and its surrounds from being approved and to also be protected from further urbanization and development

17 March 2005—

- Response from the Minister from Energy and Aboriginal and Torres Strait Island Policy (Mr Mickel) to an e-petition sponsored by Ms Barry from 101 petitioners regarding a request to reconsider the settlement of wages to the indigenous community
- Response from the Deputy Premier, Treasurer and Minister for Sport (Mr Mackenroth) to a paper petition presented by Mr Wellington from 149 petitioners regarding the application for very high density industrial development of Lot 3, RP57951, Parish Mooloolah

18 March 2005—

- Report by the Minister for Police and Corrective Services (Ms Spence) on an overseas visit to correctional facilities in California—12-15 February 2005
- Response from the Minister for Education and the Arts (Ms Bligh) to a paper petition presented by Dr Flegg from 198 petitioners regarding a request to immediately remove all asbestos material from Moggill State School and provide sufficient insulation

21 March 2005—

- Electricity Industry Code First Edition made under the Electricity Act 1994

STATUTORY INSTRUMENTS

The following statutory instruments were tabled by the Clerk—

Electrical Safety Act 2002, State Penalties Enforcement Act 1999—

- Electrical Safety Amendment Regulation (No. 1) 2005, No. 28

Supreme Court of Queensland Act 1991—

- Supreme Court (Legal Practitioner Admission) Amendment Rule (No. 1) 2005, No. 29

Integrated Planning Act 1997—

- Integrated Planning Amendment Regulation (No. 1) 2005, No. 30

Nature Conservation Act 1992—

- Nature Conservation (Protected Plants Harvest Period) Notice 2005, No. 31

Civil Liability Act 2003—

- Proclamation commencing remaining provisions, No. 32

Government Owned Corporations Act 1993—

- Government Owned Corporations Amendment Regulation (No. 1) 2005, No. 33

Summary Offences Act 2005—

- Proclamation commencing remaining provisions, No. 34

Travel Agents Act 1988—

- Travel Agents Amendment Regulation (No. 1) 2005, No. 35

Workplace Health and Safety Act 1995—

- Workplace Health and Safety (Code of Practice) Notice 2005, No. 36

REPORT TABLED BY THE CLERK

The following report was tabled by the Clerk—

- Report pursuant to Standing Order 158 (Clerical errors or formal changes to any bill) detailing amendments to certain Bills, made by the Clerk, prior to assent by Her Excellency the Governor, viz—

Emblems of Queensland Bill 2004

Amendment made to Bill

Short title, amended—

omit—

'Emblems of Queensland Bill 2004'

insert—

'Emblems of Queensland Bill 2005'.

Major Sports Facilities Amendment Bill 2004

Amendment made to Bill

Short title and consequential references to short title, amended—

omit—

'Major Sports Facilities Amendment Bill 2004'

insert—

'Major Sports Facilities Amendment Bill 2005'.

Racing Amendment Bill 2004

Amendment made to Bill

Short title and consequential references to short title, amended—

omit—

'Racing Amendment Bill 2004'

insert—

'Racing Amendment Bill 2005'.

Clause 14, amended—

At page 9, line 23, **'ss 67A and 67B'**—

omit, insert—

'**s 67A**'.

At page 10, line 18, 'period.'-

omit, insert—

'period.'.'.

Mineral Resources and Other Legislation Amendment Bill 2004

Amendment made to Bill

Short title and consequential references to short title, amended—

omit—

'Mineral Resources and Other Legislation Amendment Bill 2004'

insert—

'Mineral Resources and Other Legislation Amendment Bill 2005'.

Criminal Code (Child Pornography and Abuse) Amendment Bill 2004

Amendment made to Bill

Short title, amended—

omit—

'Criminal Code (Child Pornography and Abuse) Amendment Bill 2004'

insert—

'Criminal Code (Child Pornography and Abuse) Amendment Bill 2005'.

MINISTERIAL STATEMENT

Coal Export Industry

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.38 am): Today the government is announcing another boost to Queensland's $8 billion coal export industry. The government is fast-tracking planning for over $1 billion worth of infrastructure projects to ensure the coal industry can meet future export demand. We are seeking to expedite two major projects, expanding the Abbot Point coal terminal and the construction of the railway, the northern missing link between the Goonyella and Newlands coal systems.

The state government through the shareholding ministers—Treasurer Terry Mackenroth and Transport Minister Paul Lucas—have written to the Ports Corporation of Queensland and to Queensland Rail endorsing $25 million worth of feasibility, design and approval works on these projects. This decision and decisive action gives the green light to detailed planning and engineering to finalise the route and acquire land, if necessary, for a rail corridor of approximately 78 kilometres. It also clears the way for planning for a major expansion of Abbot Point coal terminal. These initiatives will give us the ability to fast-track construction if future coal demand requires it and the miners commit to use it.

We are acting now to ensure that the coal-rich northern Bowen Basin has all the transport infrastructure needed to efficiently export its products in coming years.

The usual time frame for detailed feasibility studies would be 12 to 18 months and construction would take a further 24 to 30 months. Clearly the lead times involved in developing this sort of infrastructure—about four years—are beyond the horizon of the federal Treasurer, who seems to think we can assess, plan and build ports and railways in the space of a sound bite. We would like the work to be done more quickly than would normally be the case but only if the fast track is feasible. Both the government owned corporations of Ports Corporation of Queensland and Queensland Rail will continue to negotiate with their customers, which include some of Australia's biggest mining corporations, about recovering the costs of these processes. These are commercial assets and are expected to provide a return to the people of Queensland, and that is fair enough. The government is fast-tracking these feasibility studies to move the construction process down the critical path so as to collapse time frames as much as possible. But, ultimately, the actual go ahead for these projects to be physically constructed is dependent on coal companies contracting with Queensland Rail and the Ports Corporation of Queensland.

Growth of coal transport via our rail and port systems has increased from 78.8 million tonnes per annum in 1993-94 to 143.5 million tonnes per annum in 2003-04—a total increase over the 10-year period of 82 per cent. Current year forecasts are 148 million tonnes. There are strong indications that the world is working up an even more gigantic appetite for Queensland coal. We need action, not a task force, and that is what is happening now.

Productions for growth in demand for Queensland coal range between five per cent and 13 per cent per annum through to 2009-10, fed by astounding industrial growth in China and India. Requests from Abbott Point users point to demand of 21 million tonnes by the second half of 2007. The Abbott Point expansion would meet future demand by boosting export capacity from the current 15 million tonnes per annum to 25 million tonnes per annum—an increase of 70 per cent. This would be stage 2 of a proposed three-stage expansion. The third stage expansion is looking at about 50 megaton per annum capacity. The Ports Corporation will seek planning and environmental approvals and will discuss expansion options with key stakeholders, including local governments.

This announcement comes on top of current coal transport infrastructure projects in central Queensland that will see capacity increased by 27 million tonnes per annum over the next two years to 175 million tonnes per annum in early 2007. This is underwritten by an investment of $573.5 million of which $543.5 million is from the government through our port authorities and Queensland Rail. This does not include the investment by Queensland Rail in buying more coal trains and in upgrading its existing electric motors to handle bigger trains.

Action speaks louder than a task force review. I am giving Mr Howard the benefit of the doubt as a result of his announcement. I hope he is genuine and that he wants productive planning, not cheap politicking. However, in the Smart State we have kept our eye on the ball. We are taking the best available advice on what is needed for north Queensland coal. We are acting as a catalyst so that the transport infrastructure meets demand. We have put this infrastructure on the fast track because future coal exports will support thousands of Queensland jobs and fuel our skyrocketing economy.

MINISTERIAL STATEMENT

Food and Agriculture Sector

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.43 am): The food and agricultural sector is one of the engine rooms of the Queensland economy. It generates $10 billion a year for the state and has enormous potential for further growth. Boosting the value of primary production in Queensland is an integral part of the Queensland government's Smart State vision. Today I table three important documents—a discussion paper, a research and development strategy, and a food and agribusiness export strategy—which set a clear direction for primary industries in Queensland. This afternoon the minister for primary industry, Henry Palaszczuk, my cabinet colleagues and I will host a reception for primary industry representatives to explain these three strategies. Copies will be distributed to every MP in the House in a minute. They will also be circulated to key stakeholders, interested groups and individuals involved in primary production in Queensland.

The documents will help steer discussions with Agforce in developing the visionary blueprint for the bush that recognises the economic value and job creation that agricultural industries provide to rural and regional Queensland. The three documents link directly to the Smart State strategy and create a whole-of-government approach to food and agribusiness, research and development, and trade and export activities.

The food and agricultural sector is forecast to grow at four per cent a year over the next seven years from $10 billion to more than $13 billion. However, we believe we can do even better than that, so today I am setting a firm target for accelerating growth in the food and agricultural sector over the next seven years to be worth $14.4 billion by 2012. It is a tough target. A thriving exports sector is crucial, of course, to achieving this goal. To boost exports and jobs, the government is committed to working with exporters all along the supply chain from research to commercialisation and from production through to the consumer.

At noon today the primary industries minister and I will inspect an example of how Smart State techniques are improving a traditional industry—Queensland's $42 million a year ginger industry. Scientists from the Department of Primary Industries and Fisheries were the first in the world to combine biotechnology with established breeding technology or techniques to increase the export potential of our ginger. Working with Buderim Ginger Ltd the team applied techniques to double the ginger plant's chromosome numbers. Their aim—achieved with great success—was to increase the size of the ginger root for processing in the world's largest ginger factory at Yandina. The technique yields more premium-grade ginger, ensuring our industry continues to command up to 40 per cent of the global market for high value confectionary ginger. Now it is proposed to apply this research technology to other horticultural products, such as garlic, to exploit their functional and health benefits.

I applaud the Minister for Primary Industries and Fisheries and his department for working with the government to develop this vision outlined in these three documents and the exciting direction in which it is taking Queensland's primary industries sector.

MINISTERIAL STATEMENT

Fire Safety Requirements, Budget Accommodation

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.46 am): The government has a determined strategy aimed at preventing a repeat of hostel and boarding house fire tragedies such as occurred in Childers and Sandgate. The law known as BOLA, the Building and Other Legislation Amendment Act, came into force on 1 July 2002. In fairness to the industry, we gave operators 12 months to comply with the new safety requirements. Despite this, as at 18 August 2003 levels of compliance were at an appallingly low level, as I advised the House on 21 August. By late November 2003 the picture was improving but there was still some way to go.

The picture has continued improving to the extent that the Department of Emergency Services advises me that as of last week 95 per cent of buildings are fully compliant. However, 64 of the 1,177 relevant buildings inspected were not fully compliant. That is 64 too many. One would be too many. Nobody should trifle with people's lives. Let us remember that many of the residents of these buildings are struggling to make ends meet or have disabilities. They deserve the same level of protection as anyone else. If the worst case arose and an owner caused a death they could go to jail. Non-compliant owners are on notice. One recently received a $50,000 fine and the Department of Emergency Services is now prosecuting six businesses. The Minister for Emergency Services will make a statement shortly giving more details.

We are pressing ahead with the regulations. On 1 July this year stage 2 of the legislation takes effect, and the budget accommodation owners will have to meet new requirements that may include installing additional fire safety measures. Local government and planning minister, Desley Boyle, and emergency services minister, Chris Cummins, have updated cabinet on the budget accommodation fire safety process.

Cabinet approved strategies including the creation of six community liaison officer positions to meet the industry's need for face-to-face advice and assistance. The government can only do so much. It is high time every member of this industry fell into line with laws that are meant to save lives. Everyone needs to understand that the government is going to continue to be relentless in pursuing this issue.

MINISTERIAL STATEMENT

Child Protection Blueprint

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.48 am): A year ago today the government received Peter Forster’s blueprint for reform of the child protection system in Queensland in response to the Crime and Misconduct Commission’s report into foster care. To mark the anniversary, the Minister for Child Safety, Mike Reynolds, will shortly table an account to Queenslanders of how we are addressing the CMC’s 110 recommendations.

In line with our commitments, we have implemented 30 recommendations and we are on track to fully deliver the remainder over the next two years. The 2004-05 budget included at least $109 million extra across government this year, rising to at least $214 million across government in 2006-07, for broad child safety purposes.

The minister will provide more details of our record of the past year. I will report on a few examples of how we are meeting our commitments to children across government, as I promised the people of Queensland. Under our expanded Community Visitor Program, specially trained independent members of the community are visiting foster homes, ensuring the concerns of children and young people in care are dealt with properly and quickly. More than 2,300 children—that is 91 per cent all children in care attending state schools—now have education support plans, giving greater stability to their lives. More of these individualised plans are on the way and independent schools are following our lead.

An ongoing campaign has recruited an extra 217 foster carers. The carers’ allowances have increased by $40 a fortnight and they are better screened and better trained under a new quality care training program that is second to none in the world.

An additional 238 child safety officers and support officers have been employed and this will continue to grow to an extra 518 frontline staff by the end of 2006-07. The Queensland Police Service has added 50 Juvenile Aid Bureau positions and Queensland has become one of the first states to implement the Australian national child offender register. Parliament has passed legislation that will require registered nurses to report suspected child abuse from 31 August. The Department of Communities is developing a framework for prevention and early intervention to address the needs of children at risk, before child protection intervention is needed.

In summary, vulnerable Queensland children now have a protection system that is more child focused and responsive. They have better legislation and extra, well-trained frontline staff. Reform of this nature takes time, and we will continue building on this foundation, reviewing and strengthening it to deliver a world-class child protection system. Queensland children and young people deserve nothing less. The government gave a commitment and we are delivering.

MINISTERIAL STATEMENT

Land Tax

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.51 am): Yesterday on behalf of the government the Treasurer indicated that the government is considering making changes to land tax. The Treasurer is considering, along with the Cabinet Budget Review Committee, lifting the ceiling and reducing the rate, meaning that half the people who would be assessed as private individuals who would be required to pay land tax will not pay land tax. That is about 25,000 to 26,000 people. He has indicated that that will be considered in the budget subject to discussions that will take place between the federal and state Treasurers in Canberra. I seek leave to incorporate more details in *Hansard*.

Leave granted.

The Deputy Premier and Treasurer briefed Cabinet yesterday on options for a proposed major tax cut in this year's State Budget.

Proposed changes to the land tax system have the potential to save investors and small businesses thousands of dollars.

Queensland's property market has enjoyed a sustained boom period over recent years.

This has brought enormous benefits to property owners and investors and confirmed our reputation as the growth capital of the nation.

However, as property prices have risen many people have been faced with increased land tax bills or have had to pay it for the first time.

We have always listened to the views of Queenslanders throughout the State and they have told us that this has been one of their major concerns.

The changes that the Treasurer has proposed and which he will outline when the Budget is delivered on June 7 have the potential to significantly reduce land tax for everyone who pays it.

The Treasurer is considering a possibility that half the people who would be assessed as private individuals and who would be assessed as paying land tax, won't pay land tax. That's about 25,000 to 26,000 people.

But the extent of the cuts to land tax are dependent on the outcome of the Treasurers' meeting in Canberra this week.

The Treasurer has made it clear to Cabinet that his plans for land tax relief could change if Mr Costello has his way.

As part of the GST Agreement we have removed every tax that we promised—we have kept our end of the bargain.

However, Mr Costello is now trying to force the States to remove another six taxes.

That was not part of the agreement and he is trying to rewrite history.

The agreement was to review the taxes and that is exactly what the Treasurer will do in Canberra over the next couple of days.

If Mr Costello bludgeons the States into removing all of the taxes he has on his agenda, we will not be able to provide land tax relief.

If this happens, we will make sure that every Queenslander knows that it is Mr Howard and Mr Costello who have removed the money that would have enabled us to make major cuts to land tax.

There is a major difference between the way on which the Federal Government and the Queensland Government view this taxation issue.

Some of the taxes Mr Costello wants to remove mainly benefit big business.

But State Cabinet agreed yesterday that if we are able to provide tax relief it should be fair and benefit as many Queenslanders as possible.

Our proposed land tax relief will benefit small business and individual investors.

MINISTERIAL STATEMENT

Smart State

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.52 am): In relation to the Smart State story, I table and distribute to all members a copy of the latest *Catalyst* magazine which highlights where the Smart State is going. I seek leave to incorporate details in *Hansard*.

Leave granted.

I will be using this on my up-coming trade mission as we continue to profile the innovation success in the State.

For example this edition tells the story of a Brisbane software company that has attracted world-wide attention for a revolutionary mobile phone-based acute care rapid deployment system used to treat ill and wounded people in remote areas.

The LifeMEDIC system was developed by Biocenturion Systems Pty Ltd in 2004.

LifeMEDIC was first deployed overseas during the Asian Tsunami crisis when a Queensland Health medical team used the system during a two-week assignment in Aceh, Indonesia in January.

The system allows doctors and other health professionals to use mobile phones to send pictures, vital signs and x-rays of the ill and injured via satellite or mobile phone to medical specialists thousands of kilometres away.

As well the magazine tells how Queensland research on the venom of the world's deadliest land snake—the Inland Taipan—could form the basis of a new drug to treat congestive heart failure, a condition which kills at least 3000 Australians yearly.

Professor Paul Alewood of the University of Queensland's Institute for Molecular Bioscience (IMB) is working with the venom of the Inland Taipan, which grows to 2.5 metres in the arid, sparsely settled deserts of western Queensland, South Australia and the Northern Territory.

One powerful strike can release enough venom to kill about 100 people or 250,000 mice, though no human deaths have been recorded.

As well we meet Alan Groves—the dinosaur man.

Alan Groves is fascinated by dinosaurs. That fascination has given him a worldwide reputation as a sculptor, model maker and special effects artist who specialises in designing and creating dinosaur models.

Alan is a great example of how the Smart State is attracting extraordinary talents across a range of disciplines. In March he will be in the international spotlight when he travels to Expo 2005 at Aichi in Japan.

I commend this all members.

MINISTERIAL STATEMENT

Australian International Air Show

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.52 am): I would like to report to the House Queensland's involvement in the air show. My government has been very supportive of the Australian International Air Show in Victoria. I seek leave to incorporate details in *Hansard.*

Leave granted.

The Beattie Government was the driving force behind Queensland having a significant presence at this year's Australian International Airshow in Victoria.

The airshow, held at the Avalon airport from March 15-20, is the largest of its kind in the Southern Hemisphere and an ideal place to showcase Queensland aviation industry to the world.

We supported the attendance of 19 Queensland organisations ranging from airports and education providers to manufacturers.

A number of the smaller firms would not have had the resources to attend Avalon without our assistance.

We couldn't let the opportunity pass us by because attending Avalon could lead to lucrative new deals for Queensland, which can result in more jobs.

The most advanced small robotic helicopter in the Southern Hemisphere, home grown in Queensland, made its debut at the Airshow.

The i-Copter™, developed by V-TOL Aerospace, a Brisbane based company, represents the future of aviation. This is the next generation in free-flight rotocraft.

It's equipped with artificial, intelligent technologies that enable it to perform a wide variety of tasks without the need for an onboard pilot or constant human control.

It is capable of operating day or night, in various weather conditions and in locations that may be unsuitable or dangerous for humans.

V-TOL is also developing sophisticated software for the i-Copter™ that will enable robotic airborne platforms to work at low level in built up environments.

V-TOL is now planning a family of robotic platforms ranging in size and performance.

They will be capable of undertaking a wide range of tasks including precision crop spraying, inspections of hazardous spills, fire surveillance, crowd security and traffic monitoring.

Visitors to Avalon were the first in the world to view a demonstrator model of the i-Copter™ at the Queensland stand.

This is a revolution in aerospace technology, and once again it's come from a Smart State company.

It was also announced at the Airshow that the Sunshine Coast will host the inaugural Heli-Pacific Conference and Exhibition in July.

This is the first time an international helicopter conference of this calibre has been held outside Europe and the US and it's a terrific coup for Queensland.

The conference offers an unprecedented opportunity for Queensland manufacturers and maintenance providers to showcase their products and services to the key decision-makers in defence and civil aviation.

Our reputation as an aviation hub for the Asia-Pacific region is now well established and our commitment to growing our aviation industry is stronger than ever.

According to the Helicopter Association of Australia, the helicopter market is predicted to grow by more than 400 per cent in Australia, New Zealand and Papua New Guinea over the next five years.

The conference will be held over two days, July 12-13.

Queensland participants in the international airshow at Avalon included:

- Department of State Development and Innovation
- Brisbane Airport Corporation
- Aviation Australia Pty Ltd
- Chapman Avionics
- Aero Plastics and Structures
- Australia TradeCoast
- Australian Martime Systems Ltd
- AV Centre Group including Chopperline Pty Ltd, Queensland Institute for Aviation Engineering Pty Ltd and Heli-Centre Australia Pty Ltd
- Aviation Interiors Pty Ltd
- Flying Colours Aviation Pty Ltd
- HELImetrex Pty Ltd
- Ipswich City Council
- Queensland University of Technology—Gardens Point
- Rextel Pty Ltd
- Southpac Certifications Pty Ltd
- Velocity Brisbane
- V-Tol Aerospace Pty Ltd
- York Optical Co Pty Ltd

MINISTERIAL STATEMENT

In-flight Magazine Advertisements

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.52 am): The government continues to promote Queensland interstate. We will be advertising in a number of in-flight magazines. I seek leave to incorporate details of that statement in *Hansard* plus copies of the ads. I also seek leave to incorporate details of an advertisement in relation to announcements on the Gold Coast and details of the cost.

Leave granted.

As everybody in this House knows, I love talking about this state and what a great place it is to work, invest and live in.

There's a lot to talk about.

Queensland is the most beautiful place in Australia—just look at our coral reefs and tropical rainforests and fantastic outback landscapes.

It's the most advantageous too—just think of our low taxes, our smart people, our world class infrastructure, our strong economy and our great lifestyle.

And it's the smartest state in Australia—we're building a new education system and a world-class reputation for new-technology industries.

I want everyone in Australia to know about Queensland. That's why we're about to place a new series of advertisements in three well-known in-flight magazines.

As business owners and developers travel around the country, they too will learn how great this state is and the vast number of opportunities available to them in Queensland.

The advertisements have been developed to motivate travelling business owners and developers to investigate the opportunities in Queensland—we know the benefits and rewards and we want the rest of the nation to know about it too. We need to continue to successfully attract businesses to this Smart State.

The total cost of the four advertisements comes to $33,595.28 (exc GST).

DEPARTMENT OF THE PREMIER AND CABINET

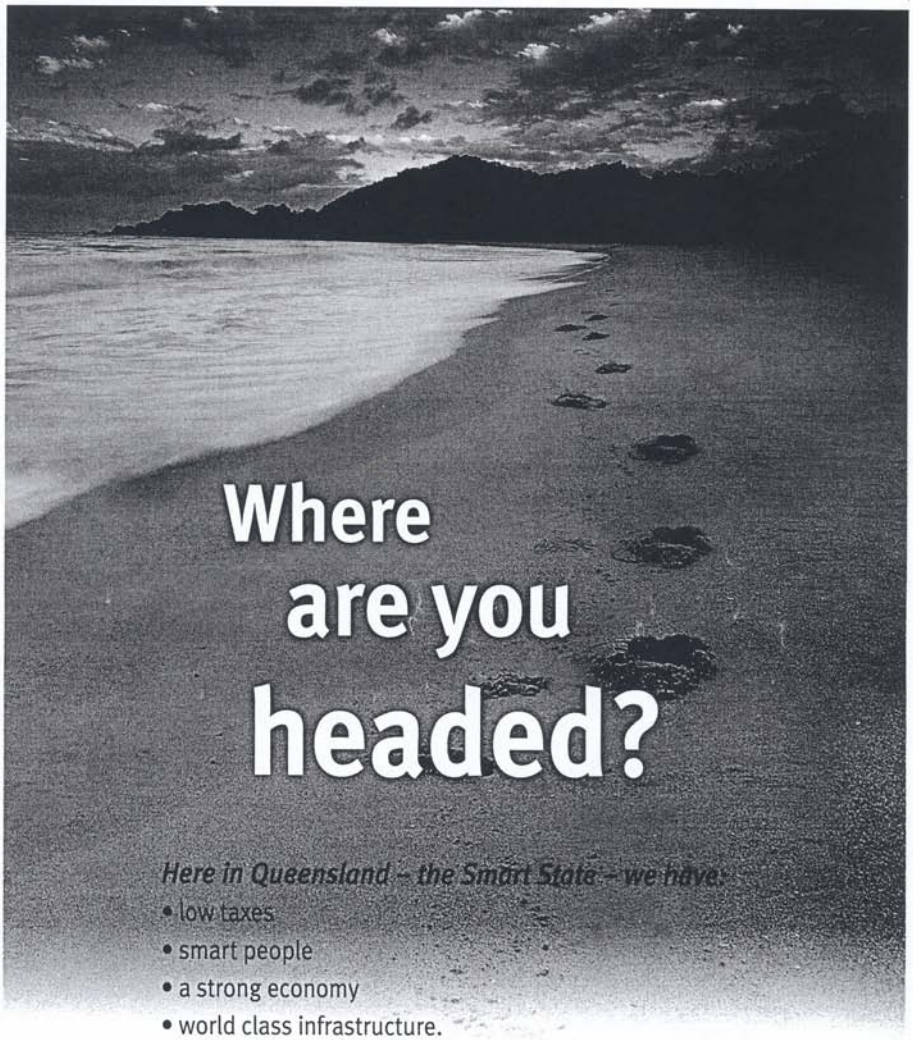
CAMPAIGN: **Business Attraction to business operators**
MEDIA: **In-flight Magazines**
PERIOD: **May - November 2005**

Magazine	Edition	Size/ format	Cost
Voyeur Magazine	May edition	1 full-page full-colour	$8 570
The Australia Way	June edition	1 full-page full-colour	$14 640
Australian Airlines			
Magazine	August edition	1 full-page full-colour	$4 500
Voyeur Magazine	November edition	1 full page full colour	$8 570

SUB TOTAL (ex GST)	$36 280.00
Less commission	3 628.00
Media buying fee (2.5%)	$ 907.00
DPC Contract Mgnt (0.1%)	$36.28
TOTAL (ex GST)	**$33 595.28**

DEPARTMENT OF THE PREMIER AND CABINET
CAMPAIGN: Gold Coast Rail Infrastructure
MEDIA: Gold Coast Bulletin
PERIOD: 18 March 2005

MEDIA COST	$3158.75
Less commission	$ 315.86
SUB TOTAL (ex GST)	$2842.88
Media buying fee (2.5%)	$ 78.97
DPC Contract Mgnt (0.1%)	$ 3.16
TOTAL (ex GST)	$2925.00


Where
are you
headed?
Here in Queensland – the Smart State – we have:
• low taxes
• smart people
• a strong economy
• world class infrastructure.
All of this right in the middle of the Asia Pacific hub.
Explore the Queensland horizon and
walk this way ...
Hinchinbrook Island
For information about the Smart State visit www.qld.gov.au
For more information about business opportunities in the Smart State
visit www.sdi.qld.gov.au or phone +61 7 3224 4051
Queensland the Smart State
Queensland
Government
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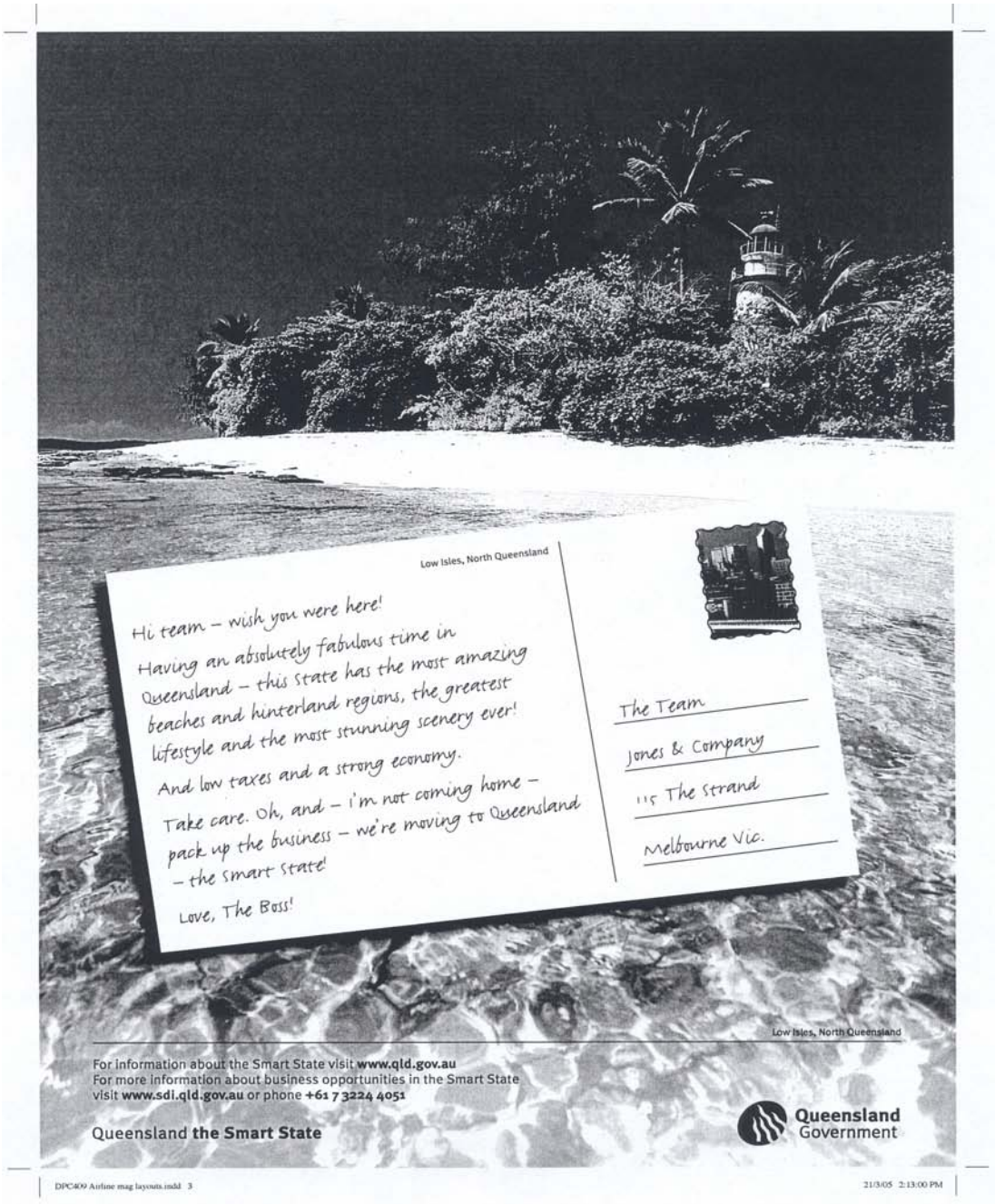
Low Isles, North Queensland
Hi team – wish you were here!
Having an absolutely fabulous time in Queensland – this State has the most amazing beaches and hinterland regions, the greatest lifestyle and the most stunning scenery ever!
And low taxes and a strong economy.
Take care. Oh, and – I'm not coming home – pack up the business – we're moving to Queensland – the Smart State!
Love, The Boss!
The Team
Jones & Company
115 The Strand
Melbourne Vic.
Low Isles, North Queensland
For information about the Smart State visit www.qld.gov.au
For more information about business opportunities in the Smart State visit www.sdi.qld.gov.au or phone +61 7 3224 4051
Queensland the Smart State
Queensland Government
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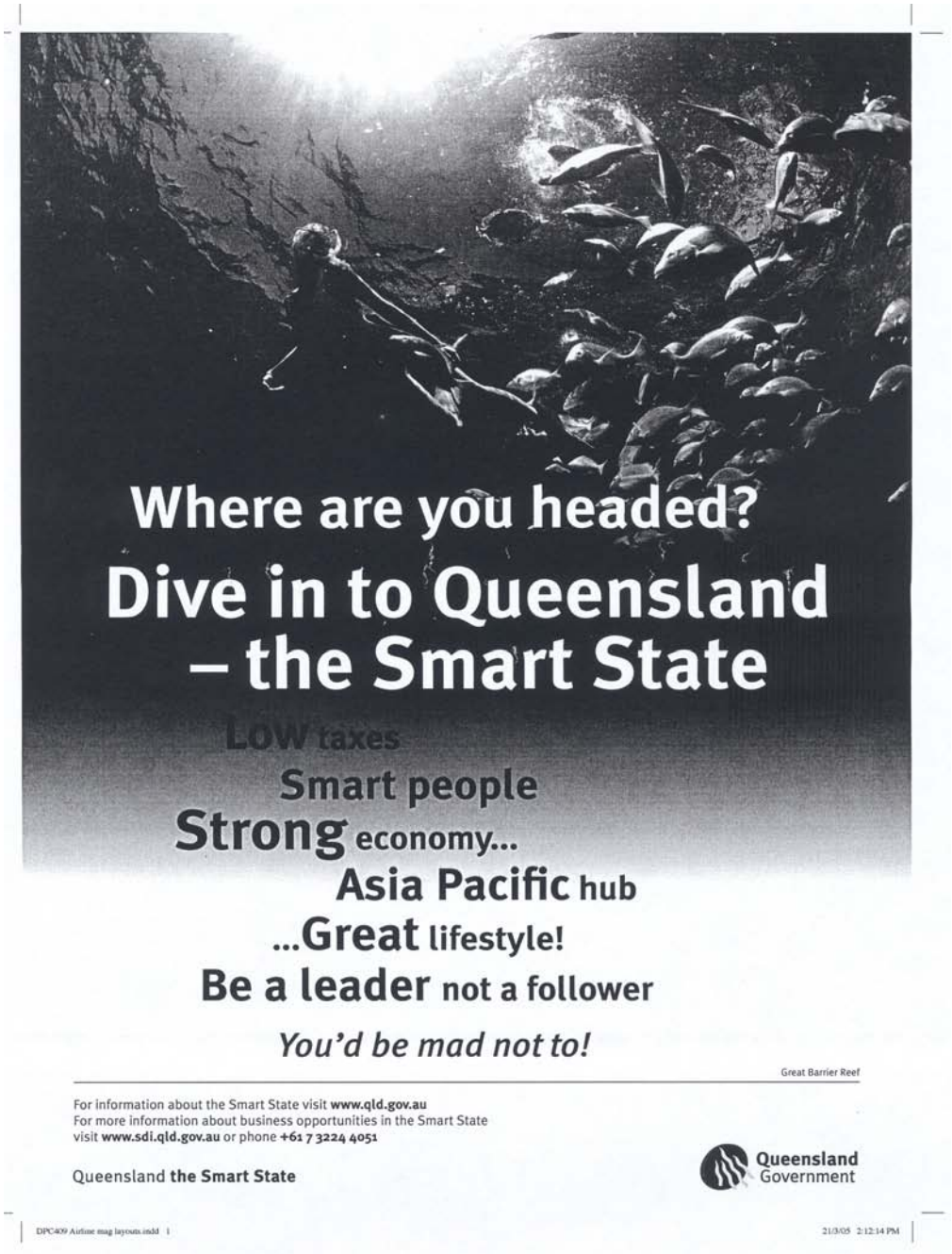

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MINISTERIAL STATEMENT

Special Trade Representatives

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.53 am): I also seek to report to the House on the role of our special trade representatives, Mike Ahern, Sallyanne Atkinson and Tom Burns. I seek leave to incorporate details in *Hansard*.

Leave granted.

Queensland's three special trade representatives—Mike Ahern, Sallyanne Atkinson and Tom Burns—are playing key roles in projects this year aimed at increasing overseas trade opportunities for the Smart State.

In a report to me as Minister for Trade, the trade representatives have outlined their current focus of activities and their travel plans, along with the aims of any travel they undertake.

Mr Ahern's current focus is on increasing the export of Queensland merchandise and services to markets in Africa, the Middle East and India.

Our South East Asia representative, Ms Atkinson is concentrating on Indonesia, Singapore, Malaysia, Brunei, Thailand and the Philippines.

Mr Burns is promoting Queensland products and services in China and Vietnam.

Travel plans outlined by the representatives included visits to the Middle East and India by Mr Ahern; travel to Indonesia, Malaysia and Brunei by Ms Atkinson; and, visits to Shanghai, Hong Kong and Vietnam by Mr Burns.

In their visits, the representatives will meet with senior government and corporate officials who have ongoing or emerging interests in Queensland merchandise or services.

MINISTERIAL STATEMENT

Queensland Economy

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.53 am): In relation to the Queensland economy, Queensland companies are leading and they are doing fantastic things. I seek leave to incorporate details in *Hansard.*

Leave granted.

Financial advisory services company Deloitte Queensland, released a report last week showing 146 Queensland-based stocks outperformed the All Ordinaries in January this year.

Deloitte corporate finance partner Andrew Annand was quoted in weekend media reports saying:

"Queensland-based companies are reaping the benefits of a strong Queensland economy, coupled with a strong national economy."

The Queensland stocks grew by 6.4 percent compared with growth in the All Ordinaries of 2.5 percent.

But it is not just Queensland analysts who are bullish about Queensland's economic performance.

Writing in the Sydney Morning Herald last Saturday, Mike Carlton said Queensland is no longer a "backward State ruled by the agrarian socialist primitives of the National Party."

Mr Carlton wrote: "As Beattie & Co never cease to boast, Queensland today is a booming dynamo of go-ahead prosperity, with the lowest state taxes in the nation.

"Which indeed they are.

"To give some examples, the Queensland Government will spend $511 million this year subsidising petrol prices to keep theirs well below ours. Queensland payroll tax is 4.75 percent, 1.25 percent lower than in NSW. Queensland motorists pay $62.30 for a five-year driver's licence compared with $129 in NSW."

MINISTERIAL STATEMENT

Multicultural Partnership Plan

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.53 am): In relation to the multicultural partnership plan with local government we have announced additional funding. I seek leave to incorporate details in *Hansard.*

Leave granted.

One of our flagship programs for promoting diversity and multicultural harmony is the Local Area Multicultural Partnership program, known as LAMP.

Through LAMP the government funds 15 local councils as well as the Local Government Association of Queensland to employ multicultural community relations officers.

We invest $1 million every year in these workers and they are producing important outcomes.

For example, the LGAQ has developed an easy-to-use guide to improving community relations through the activities of local government, entitled Embracing Cultural Diversity: Action Guide for Queensland Local Governments.

Johnstone Shire Council has developed a comprehensive community relations plan and an annual multicultural festival.

The council has also helped deliver cross-cultural training, interpreter training and information sessions for community groups on developing stronger community organisation governance.

Caboolture Shire has developed a multicultural policy and a Multicultural Parent Awareness Project with training manuals that give bilingual information on helping children get the best out of education.

Community trainers are also working with parents to help them understand and embrace the education system.

Mackay City Council has developed a Multicultural Policy and Community Relations Plan.

Council Tours break down barriers between the council and people from diverse backgrounds, and there is a photographic exhibition, Many Faces of Mackay, celebrating the city's diversity.

The Mackay City Council Diversity in the Workforce Awards acknowledge the contribution of organisations and businesses in Mackay to building an inclusive city.

The Cairns City Council Language Link Program identifies Council staff who speak languages other than English and allows customer service staff to access that information on line, so that they can seek assistance when providing information to customers who speak little or no English.

Cairns City Council has hosted a Peace Week Festival since 2000.

It is the only council in Australia to host a yearly event commemorating UNESCO's International Decade for a Culture of Peace.

I congratulate Queensland councils for their genuine work to support multiculturalism.

MINISTERIAL STATEMENT

Hospital Waiting Times

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (9.53 am): As the health minister, Gordon Nuttall, will point out very shortly, waiting time figures published in *The Australian* yesterday show once again that Queensland patients have shorter waiting times than in other states. I seek leave to incorporate details in *Hansard.*

Leave granted.

The front page story says the average number of days patients had to wait for hip replacement surgery in 2003-04 was 52 days in Queensland, compared with the next best state, NSW, on 91 days. In the ACT the wait was 154 days.

The Australian used preliminary figures presented by the states to the Australian Institute of Health and Welfare which is due to publish its annual statistics in May.

Queensland also had the shortest average waiting times for cataract surgery in 2002-03 at 34 days compared with the next best state, Victoria, with 57.

In 2003/2004 Queensland Health undertook a substantial number of cataract surgery procedures in collaboration with private sector partners which is likely to have kept Queensland in the lead.

It is the same with knee replacement with Queenslanders having to wait an average of 68 days in 2003-04 compared with Victoria—more than double the time at 152 days. The worst waiting time is 204 days in the ACT.

The figures The Australian has used are the times waited by half the patients treated.

MINISTERIAL STATEMENT

Education Infrastructure

Hon. AM BLIGH (South Brisbane—ALP) (Minister for Education and the Arts) (9.53 am): Education is at the heart of our Smart State vision. Queensland is the growth state of Australia and we need the infrastructure to cater for this demand.

There has been recent debate about the need for more infrastructure in Queensland and inevitably public attention focuses on major projects in areas such as transport. However, we should never underestimate the importance of infrastructure in areas such as education. Queensland needs at least nine new schools over this term of government, requiring an investment of more than $145 million. The Beattie government is committed to making this investment, with some of that money already spent.

Just last week I turned the first sod at a new school to be built at Caloundra West in the electorate of Caloundra, signalling the $15.2 million first stage of the prep to year 12 school due to open in 2006.

The Beattie government is committed to the biggest ever education infrastructure program Queensland has ever seen funded by record capital works budgets. In 2004-05, the state government brought down a record capital works budget of $287.2 million for the Department of Education. That was an increase of 37 per cent on the previous year, an extra $78 million.

In comparison, the federal government made a total contribution to the capital works of Queensland schools of $49.5 million. That was an increase of a mere 4.2 per cent on the previous financial year, or $2 million. That was considerably less than the rise in the building price index of the same time. So the Commonwealth contribution to capital infrastructure in our schools is in fact dropping in real terms.

If the federal government had increased its budget contribution by the same as Queensland's 37 per cent increase, our state would have received an extra $17.5 million worth of spend, compared to the paltry $2 million increase from the Commonwealth.

$17.5 million extra is enough to build a new primary school. If the Queensland government only grew our capital budget at the same snail's pace that has been set by John Howard and his ministers then new schools in Queensland in places like Caloundra or anywhere else would simply not be built and new classrooms would be significantly delayed.

While the extra project funds for P&C's that were announced in the last federal election is welcome, it should be recognised that these are not funds that will be available to fund any major

education infrastructure such as new schools or new classrooms that are needed to keep pace with Queensland's growth.

The federal education minister has specified in his own statements about these new funds that they will be used for projects such as shadecloths, playground equipment, floor coverings and other smaller projects.

When it comes to providing significant education infrastructure the Beattie government's record is second to none and it is far ahead of the very ordinary performance of the Howard government.

MINISTERIAL STATEMENT

Skilling Solutions Queensland

Hon. TA BARTON (Waterford—ALP) (Minister for Employment, Training and Industrial Relations) (9.56 am): Skilling the Smart State is a key objective of this government to ensure Queensland's long-term economic security. I am pleased to inform honourable members that last week the government took another significant step forward in achieving this objective with the opening of the first Skilling Solutions Queensland office.

It was my privilege to launch this ground-breaking service on 17 March in company with the Premier at the Logan Hyperdome. Skilling Solutions Queensland is an Australian first, a unique one-stop-shop where a personal consultant is able to guide people through the maze of training and employment information. A key objective of this service is to more efficiently match the supply of skilled labour with local industry needs.

It will offer jobseekers unprecedented access to the information they need to enrol in the qualification of their choice at a registered training organisation and find out about future career options. People using the service will receive a free skills assessment and will be able to access detailed information on some 400 occupations, from aged care to wood turning.

Skilling Solutions Queensland is focused on the individual. It will help simplify the pathway into the workforce for those who want to take advantage of the employment opportunities on offer. Specialist consultants will help clients to identify and assess their existing skills and work out how to upgrade them. This integrated service will also assist workers in gaining formal recognition of their present skills so they can fast-track their way to recognised qualifications. This will help Queenslanders get jobs in our thriving economy and enable industry to tap into a steady stream of suitably skilled workers.

This year the Skilling Solutions Queensland pilot is being trialled in four priority sites, the first at the Logan Hyperdome. Other offices will open in the next few weeks at Logan Institute of TAFE in Loganlea, at the Department of Employment and Training's regional Woodridge office, and at the Open Learning Institute at South Brisbane. We anticipate that following this pilot, Skilling Solutions Queensland will open another three sites in regional Queensland, and, depending on the success of these pilots, further offices will be rolled out across the state.

The service is one of the flagships of the government's three-year, $1 billion SmartVET strategy and is supported by funding of $10.7 million over three years. The good news is that this unique service will, along with other innovative programs being implemented under SmartVET, make a real difference to people's lives while at the same time helping counter Queensland's worrying skill shortages.

MINISTERIAL STATEMENT

Major Projects, Energy Sector

Hon. T McGRADY (Mount Isa—ALP) (Minister for State Development and Innovation) (9.59 am): We are experiencing unprecedented growth in major projects in Queensland, particularly around expansions in the energy sector, coal developments and minerals and metals. Members of the House will be aware that I recently helped to officially open the $1.5 billion Comalco alumina refinery in Gladstone. The building of this refinery demonstrates our ability to attract world scale industrial projects to our state.

Queensland has an international reputation as a location of choice for large scale resource processing, refining and smelting industries. We have strong economic growth and high labour productivity and our focus on upgrading infrastructure, such as industrial land, ports and railways, means we will continue to attract major projects well into the future.

In addition to the Comalco refinery in central Queensland, there are many other major projects presently under construction or committed to development. They are the massive Gateway duplication and arterial roads upgrade project; the $300 million Brisbane cruise terminal project; the $255 million Burnett Water infrastructure projects; the $145 million Caltex clean fuels project; the $1.1 billion Kogan

Creek power station and mine project; the $400 million QNI-Yabulu refinery expansion; the $520 million Rolleston coal project; and the development of a number of industrial estates throughout Queensland.

The projects I have just listed are worth more than $4 billion and are creating over 5,500 construction and operational jobs. Let me repeat that: they will create 5,500 additional jobs. These projects come on the back of a series of successful major projects recently completed throughout our state. Highlights include the $400 million Hail Creek coal mine; the $118 million Gold Coast Convention and Exhibition Centre; the $85 million Qantas heavy maintenance facility; and the $170 million Capral manufacturing plant.

Projects either proposed or under study total almost $16 billion and could lead to the creation of nearly 23,000 construction and operational jobs. They include the $3 billion PNG to Queensland gas pipeline project; the massive Aurukun mineral resources project, the value of which will be determined through an international expression of interest process; the $1.2 billion Gladstone pacific nickel project; the $1.2 billion Swanbank paper mill project; and the $1 billion Macarthur coal coke and power plant at Stanwell in central Queensland

There are good times ahead for Queensland. Major projects mean regional wealth, contracts for regional engineering and construction companies and other businesses, and jobs, jobs, jobs for all Queenslanders. This government certainly has good news for Queensland.

MINISTERIAL STATEMENT

John Tonge Centre; Forensic Sciences

Hon. GR NUTTALL (Sandgate—ALP) (Minister for Health) (10.03 am): Last week I announced a number of initiatives to deliver improved forensic science services in Queensland. Today, I am able to announce that cabinet has endorsed the creation of the forensic science ministerial task force to drive these reforms. The membership of the task force will include the CEO's of health, justice, police and premiers, with Queensland Health to work as the lead agency. One of Queensland Health's senior executives will be located at the John Tonge Centre to ensure that all deadlines around the reform initiatives are met.

The task force will focus on solutions to meet the ever-increasing demand for forensic science and to ensure improved delivery of these services to police and the judiciary in Queensland. Science and technology advances have led to extensive innovation in forensic science, which has created an explosive growth in demand for these services. All Australian states, as well as other countries, are under pressure due to the increasing demand for forensic sciences—in particular, DNA and illegal drug lab testing.

The Beattie government has invested heavily in this area and at the last election an extra $11 million was committed over three years to address the DNA crime scene backlog. Since 2003, 24 additional scientists and 16 technical and administrative staff have been employed to improve DNA and forensic testing turnaround times. However, it takes some time to train new scientific staff and we can no longer hold up the testing of these important DNA samples.

To deliver on our commitment we have now called for tenders to outsource up to 10,000 property related DNA samples. In line with the Queensland government purchasing policy, the tender documents will be advertised in the *Courier-Mail*, the *Australian* and on the Queensland government marketplace website from the first week in April. The request for tender will remain open for a period of four weeks. The successful tenderer will be required to ensure the security and integrity of samples required by Queensland Health Scientific Services and the Queensland Police Service.

Sixty percent of Australia's illegal drug labs, known as clandestine laboratories or clan labs, are detected in Queensland. Negotiations are now under way to recruit contract scientists to work on priority clan lab cases to meet this demand. In addition, an independent review is now under way to ensure Queensland forensic science processes and practices are in line with other states and countries. The review is expected to be completed in July so that we can reassure the public that forensic science in Queensland is on par with international standards.

MINISTERIAL STATEMENT

Queensland Ports

Hon. PT LUCAS (Lytton—ALP) (Minister for Transport and Main Roads) (10.06 am): Last financial year Queensland's ports system saw record throughput in excess of 206 million tonnes. This represents a growth of 4.5 per cent over the previous year, with exports up by over 7.5 million tonnes, 4.6 per cent, and imports up by over 1.3 million tonnes. Last financial year, seven of Queensland's eight port GOCs performed ahead of budget expectations. With the exception of the Rockhampton Port

Authority, which has now become part of the Central Queensland Port Authority, all other port GOCs produced profits after tax. The eight port authorities spent a total of $139.5 million on capital works projects during 2003-04 and there is much more to come.

So what is the Beattie government doing to make sure it takes advantage of this record throughput at our ports? Major projects under way include the two coal loading terminals at Gladstone, the RG Tanna and the smaller Barney Point Coal Terminals, both of which service the export of coal from mines using the Moura rail system and are undergoing a $208.5 million expansion. The expansion at RG Tanna is worth $207 million and at Barney Point it is worth $1.5 million. Throughput will rise from 40 million tonnes per annum to more than 63 million tonnes per annum by 2007.

So how much is the Howard government contributing to this project? Nothing. As per the Premier's earlier announcement, expansion of capacity from around 15 million tonnes per annum to 50 million tonnes per annum at the Abbot Point coal terminal is being examined. This would more than triple the current capacity at a cost of $500 million plus. How much is the Howard government contributing to this project? Nothing.

Mr Wilson: How much?

Mr LUCAS: Nothing. The Beattie government is also overseeing a massive expansion at the Port of Brisbane. Over $90 million will provide an extra 230 hectares of port land. This will result in the creation of approximately an additional 1,800 full-time jobs. This project is notable for leading edge engineering and environmental planning and innovation. How much is the Howard government contributing to this project? Nothing.

Over the next five years the Cairns Port Authority will invest over $230 million in the airport and this is in addition to the nearly $80 million invested by the authority in the last five years on port and airport services and infrastructure. How much is the Howard government contributing to this project? Nothing.

Environmental approvals are currently being processed for major dredging in Weipa which could cost in excess of $15 million and is needed to provide capacity for the booming bauxite refining industry in Gladstone. How about this project—how much is the Howard government contributing to it? Nothing.

Now, after more than nine years in government, Peter Costello, John Anderson and others want to come out and blame all their economic woes on the amount of coal going through the Dalrymple Bay coal terminal. Well, Mr Costello said himself in parliament only last week—

Australia's largest export is coal, and it was worth over $13 billion in 2004. Hay Point is the biggest coal port in Queensland, and the Dalrymple Bay coal terminal is one of the largest in the world.

But, once again, how much money is being put into ports infrastructure at Hay Point and across Queensland by Mr Costello? That is right: nothing, zero, zilch.

We also had the member for Callide recently jumping on Mr Costello's bandwagon claiming that Queensland should 'put their hands in their own pockets and come up with the cash for Abbot Point and developing the missing link'. That is right, if Mr Seeney had his way, then the people of Queensland would be paying for these facilities—about $600 million worth for the missing link—not the coal companies! Even the coal companies do not agree with the member for Callide's great idea. In fact, Xstrata CEO Peter Coates was quoted in the *Australia Financial Review* on 10 March as saying—

I object to people getting a lease and then expecting the government to provide everything for them to make mega-dollars as a business. Governments aren't there to give businesses a free ride.

As we have seen with the Premier's announcement in regard to Abbott Point and the missing link, the Beattie government is doing something now to facilitate exports in this state. Unlike the Howard government and members opposite: they whinge, we work.

MINISTERIAL STATEMENT

Primary Industries; Research and Development and Export Strategies

Hon. H PALASZCZUK (Inala—ALP) (Minister for Primary Industries and Fisheries) (10.10 am): The three documents that the Premier tabled this morning—a discussion paper and the R&D and export strategies for primary industries in Queensland—map a dynamic future for the food, fibre, forestry and agricultural sectors of the Queensland economy. They recognise that in a competitive, fast-moving world, you have to stay one step ahead of your competitors. What worked well yesterday—and you only have to look at the parlous state of our sheep and wool industry for confirmation of this—may not necessarily work well in the future.

During the past 12 months the Department of Primary Industries and Fisheries has deliberately chosen to strike out in a new direction to refocus its priorities and provide leadership for Queensland's primary industries. These three documents spell out DPI and F's future strategic direction and highlight the government's commitment to profitable and sustainable primary industries. This will be achieved

through partnerships, world-class science and innovation, business growth and increased export and trade. The R&D strategy is crucial to our success. We intend to build on DPI and F's substantial investment in R&D by refocusing our efforts to establish DPI and F as a leader and key partner in tropical and subtropical sciences, new foods, agricultural biotechnology and biomaterials. In delivering our vision for profitable primary industries, my department recognises its critical role in nurturing new and emerging bioindustries and protecting the environment for a sustainable future.

The department will work with our industry partners to drive a positive investment environment for the development of the food and agribusiness sector. All our efforts will be underpinned by the strategies set out in these documents, which offer a clear direction for fostering innovation and stimulating industry development. Queensland's primary industries have a bold and exciting future—a future built on the firm foundations of effective relationships, smart science, profitability and a shared understanding of how to achieve our full potential.

MINISTERIAL STATEMENT

World Water Day

Hon. S ROBERTSON (Stretton—ALP) (Minister for Natural Resources and Mines) (10.12 am): Today is World Water Day and it is being celebrated in hundreds of countries as communities look at ways of better preserving this precious, yet finite resource. The day is part of a broader United Nation's initiative, with the UN declaring 22 March as the International Decade of Water under the title Water For People, Water For Life.

Closer to home, the day is being celebrated in Queensland with a range of activities to promote the message of water conservation. This is an opportunity for all Queenslanders—whether in the home, on the farm or at the workplace—to reflect upon how they can improve water use efficiency and reduce the amount of water they waste. Simple messages such as installing triple A-rated water-efficient products in the home, watering gardens less often but for slightly longer and even washing the family car with buckets of water rather than a running hose can all add up to millions of litres of water being saved every year. Across Queensland, my department is rolling out water resource plans and resource operation plans on a catchment–by-catchment basis to ensure long-term planning is in place for the long-term sustainability of Queensland's water resources. We are also undertaking projects to reduce leakage from water pipes, reduce water loss through evaporation from our dams, and to make better use of recycled and grey water. There is a lot of work to do, but collectively we can all play an important role to ensure this precious resource is recognised as a finite commodity to be conserved wherever possible.

Today I also take this opportunity to launch a new environmental flow poster that has been produced by my department. This poster provides a visual picture of how my department's water resource planning process is ensuring the sustainable allocation and management of our most precious natural resource. It highlights the importance of environmental flows to the health of our rivers and provides a series of visual and written commentary on a river's overall ecological balance. We will be providing copies of the poster to every Queensland school library in the coming weeks. I encourage school students and those with an interest in our rivers and watercourses to view this poster. I also wish organisers of today's World Water Day activities every success with conveying the overall water conservation message today and throughout the year.

MINISTERIAL STATEMENT

Child Protection Blueprint

Hon. MF REYNOLDS (Townsville—ALP) (Minister for Child Safety) (10.15 am): I am very proud to table in this House today a progress report on the first 12 months of action since the government received the blueprint for implementation of the 110 recommendations arising from the CMC's inquiry into foster care. I formally table that report.

On this anniversary of the blueprint, I want to congratulate all staff from my Department of Child Safety, other agencies and our community partners, including foster-carers, for what has been achieved in the past 12 months. Credit must go to all involved for their very hard work and their great professionalism and dedication.

Radical change was needed to rectify a system that was failing some of our vulnerable children and young people. We have responded, and continue to respond, with far-reaching structural, organisational and practice reforms. As the Premier said earlier, 30 of the CMC's recommendations have been acquitted and we are actively dealing with the other 80 of those recommendations.

The fact that we now have 10 child safety directors across 10 government agencies and there is greater collaboration between government departments, NGOs and foster-carers is very much evidence of a much more integrated, whole-of-government approach than in past decades. A rejuvenated Suspected Child Abuse and Neglect—or SCAN—model involving core child protection agencies is greatly improving assessments, interventions and case planning. A new child safety practice manual is improving training and professional development for field staff and a new quality care training program for foster-carers ensures all new carers are properly prepared.

My department is also busy preparing for introduction later this year of a highly regarded structured decision-making system developed in the United States to complement the practice manual. Specially customised for Queensland, this decision-making tool will significantly improve outcomes in difficult cases.

In September last year annual funds of $13.2 million were allocated to provide 134 new or enhanced alternative care places and support services for children with extreme needs. We have also established an Indigenous support and development branch within the department. Based in Cairns, the branch is supporting the development of 23 new or expanded Indigenous recognised agencies. An integrated client management system—or ICMS—is being developed for the department, featuring a carer directory that will dramatically improve the foster care system by ensuring the accurate recording of critical information. A foster care audit team has been established to audit notifications of harm involving foster-carers. To ensure the problems of the past are not repeated, we have developed a comprehensive carer screening and assessment model. In recognising the challenges that face our front-line staff, an integrated employee support program has been introduced to help staff cope with aggressive clients.

The government has made, I believe, very significant progress in the foundation year of its child safety reform process. I look forward to the challenges and the opportunities that the next two years will bring as we all continue to work together in a spirit of partnership to complete the reforms that began just one year ago.

MINISTERIAL STATEMENT

Fire Safety Requirements, Budget Accommodation

Hon. CP CUMMINS (Kawana—ALP) (Minister for Emergency Services) (10.18 am): Queensland's firefighters get to see the tragic consequences of structural fires every day. Our firies are on the front line when it comes to saving lives, and they are the last people who want to see another Childers or Sandgate tragedy. That is why our firefighters have been working hard with the budget accommodation industry to prevent another Childers or Sandgate tragedy.

As the Premier has said, 64 buildings throughout the state do not meet the BOLA fire safety requirements. This can be for a variety of reasons. Some of them may be quite close to being compliant, but some do have major breaches of the fire safety provisions.

The Queensland Fire and Rescue Service is in the process of prosecuting six of these building owners. This should serve as a warning to other owners who are thinking of shirking their responsibilities when it comes to fire safety. These six buildings are the worst of the worst when it comes to budget accommodation fire safety. They are not compliant in the provisions for emergency lighting or a fire safety management plan. Worst of all, they do not have their early warning systems up to scratch.

Sadly, these owners are risking a Sandgate or a Childers type of tragedy. They are so bad that I will name them here in the House today to serve as an example to other building owners. They are the Jondaryan Hotel in Jondaryan, the Australian Hotel in St George, the Cattle Camp Hotel in Charleville, the Club Hotel in Cunnamulla, the Warrego Hotel in Cunnamulla and the Avenues Guest House in Hermit Park. I am also putting the other 58 building owners on notice that this government will not tolerate recalcitrant operators who do not comply with this legislation. They have had enough time.

The fire service has conducted more than 2,800 inspections on budget accommodation buildings throughout the state. This figure includes follow-up inspections, as some buildings have needed three and four follow-up inspections to ensure they are fully compliant. The Beattie government makes no apology for these fire safety measures, because they are about saving lives and enhancing community safety. Recently I met with the LGAQ and the Brisbane Lord Mayor on these issues, with a view to a collaborative arrangement on the joint inspection process.

PRIVILEGE

Comments by Minister for Public Works, Housing and Racing

Mr HOPPER (Darling Downs—NPA) (10.21 am): I rise on a matter of privilege suddenly arising. I refer to the letter tabled earlier today by the minister for racing, Mr Schwarten. My approach to Mr Overell and Ms Overell followed confidential discussions between Messrs Daubney and Rafter and myself and the opposition leader. At those discussions I was urged to approach individuals about whom I had informed Messrs Daubney and Rafter that I was aware of serious allegations about misbehaviour by staff of Queensland Racing to see if those individuals were willing to provide evidence to the Daubney-Rafter inquiry. In so doing I was concerned to facilitate the operation of the inquiry so that the truth about operations of Queensland racing which are the subject of the current inquiry is exposed. As a member of this House, I am concerned that the truth be publicly exposed. Surely even the minister is concerned with seeing what the truth is. I have never hidden my concerns about the damage that Mr Bentley and Mr Mason are doing to Queensland racing. The matter having been publicly exposed by this minister, it is now in the hands of Messrs Daubney and Rafter to determine if they will exercise their undoubted powers to further explore the issue.

ORDER OF BUSINESS

Hon. AM BLIGH (South Brisbane—ALP) (Leader of the House) (10.23 am): Mr Speaker, I advise honourable members that the adjournment may be moved today at 6.30 pm, to be followed by a 30-minute adjournment debate.

SCRUTINY OF LEGISLATION COMMITTEE

Report

Hon. KW HAYWARD (Kallangur—ALP) (10.23 am): I lay upon the table of the House the Scrutiny of Legislation Committee's *Alert Digest No. 3 of 2005*.

PRIVATE MEMBERS' STATEMENTS

Member for Clayfield

Mr SPRINGBORG (Southern Downs—NPA) (Leader of the Opposition) (10.23 am): I have a challenge for the Premier today. My challenge is for him to take the member for Clayfield aside and explain to her that she did not lose her job as a minister because of her gender. My challenge to the Premier today is to explain to the member for Clayfield that she lost her job due to incompetence. My challenge to the Premier today is to explain to the member for Clayfield that she lost her job because she did not tell the truth. She did not lose her job because of her gender. What she has done in this place and outside of this place is to devalue the contribution of women inside this place and outside.

Ms LIDDY CLARK: Mr Speaker, I rise to a point of order. The Leader of the Opposition is calling me a liar. That is unparliamentary and I ask that it be withdrawn.

Mr SPEAKER: Order! The member has asked for a withdrawal.

Mr SPRINGBORG: I did not use that word.

Mr SPEAKER: Order!

Ms LIDDY CLARK: Point of order, Mr Speaker—

Mr SPRINGBORG: If I am accused of using words that I did not use and the member finds it offensive, I will withdraw.

Let us reflect on what the CMC did say. It said that this minister knowingly gave her imprimatur to the release of a press release which she knew was not factually true. That is what the CMC concluded. The member should not come into this place or go into the community hiding behind her gender. Ministers have a responsibility in this place and outside to abide by a particular code of conduct. If they do not abide by that code of conduct, which takes as its basic principles honesty, integrity and capacity to do the job, then they cannot be a minister. The opposition in this place will fearlessly pursue any minister, regardless of their gender, if they are not up to the job. That is the basic guideline and that is our basic modus operandi. The member should not insult the women of Queensland by hiding behind her gender.

Ms Liddy Clark: Absolute grub.

Mr SPEAKER: Order! Member for Clayfield, that is unparliamentary. You will withdraw.

Ms Liddy Clark: I withdraw.

Western Bypass

Hon. J FOURAS (Ashgrove—ALP) (10.25 am): At a public meeting at The Gap on the western bypass proposal the member for Moggill stated that the South-East Queensland Regional Plan specifically limits the investigation to examine options within the western suburbs of Brisbane and not west of Brisbane. This is a total fabrication. Last Thursday the federal member for Ryan, Michael Johnson, stated in the federal parliament—

> The Queensland Labor government plan to construct a bypass through the western suburbs of Brisbane, through the Ryan electorate ... is ill-planned, ill-conceived, anti-family, anti-environment and anti-local resident in every way.

The scaremongering by Flegg and Johnson is utterly disgraceful. Before the last federal election the then federal transport minister, Senator Campbell, floated the idea of a western bypass. John Howard has confirmed this as a federal government policy objective. Yet we have opportunistic politicians, such as Flegg and Johnson, misleading their constituents.

The western bypass is likely to cost in excess of $2 billion. It will not be a whimsical decision. One million people are coming to south-east Queensland. We have to make these decisions on a proper basis. The western bypass will link the Warrego Highway to Caboolture. It will need to be part of the federal government's AusLink program. This $2 billion is all we got as our part of the funding from AusLink for the next five years, so it will be a very big decision. The Queensland government will not be able to do it on its own. It will require federal funding. It is important that the two Liberals I mentioned, Bruce Flegg and Michael Johnson, start behaving responsibly and stop promoting fabrications.

Dr FLEGG: Mr Speaker, I rise to a point of order. I find offensive the comment that we are not behaving responsibly. The member is misleading the House.

Mr SPEAKER: Order! There is no point of order. Resume your seat.

John Tonge Centre; Forensic Sciences

Mr McARDLE (Caloundra—Lib) (10.27 am): The criminal justice system in Queensland takes a further battering as a consequence of this Labor government's ineptitude with regard to the John Tonge Centre. Despite clear warning signs and statements that the centre was in trouble, this government in effect turned its back and, though putting dollars into it, did not take the simple step of putting in place a procedure to monitor the output of the centre. This neglect has placed in jeopardy an unknown number of criminal cases involving amphetamines and perhaps other cases that are yet to come to light.

Let us take as an example the recent disaster in the Cairns Magistrates Court, where a magistrate was advised that forensic evidence may not be available until April 2007. This case is an appalling indictment of the neglect and incompetence of this government, which at the same time claims to be the protector of the standards of the community in which we live.

One would have thought a sensible approach would have been to sit down, consider the debacle, consider the options and then put in place a plan. But no, what we have is the Premier stating—not for any legal reason but simply for the sake of political point scoring—that testing standards at the centre will be reduced. Of course, it has been a long-held belief that criminal matters should be tried on the basis of guilt being proven beyond a reasonable doubt. Even the Premier, who continually tells us that he has a legal degree, must be aware of this principle. Yet the Premier decides to throw out one of the cornerstones of our criminal justice system. He determined, not for justice or equity's sake but on the basis of politics, to float this ridiculous idea. It is ridiculous. To try to argue to the contrary is beyond comprehension. The criminal justice system is built on long-held beliefs and principles, and all the Premier is trying to do is make political mileage out of this.

QUESTIONS WITHOUT NOTICE

Minister for Emergency Services, Parking Fine

Mr SPRINGBORG (10.30 am): My question without notice is directed to the Minister for Emergency Services. As a minister of the Crown, can the minister explain to the House whether it is ethical for a minister to write and sign letters as the minister to a local council in order to have an unpaid parking fine waived?

Mr CUMMINS: I do not know what the member is referring to. I thank him for the question. I would appreciate seeing the correspondence that he refers to. As a minister, I sign large amounts of correspondence and, until I see the correspondence he refers to, I really do not think I should make that judgment.

Minister for Emergency Services, Parking Fine

Mr SPRINGBORG: My second question is also directed to the Minister for Emergency Services. Is it not true that the minister received an infringement notice for illegal parking at the Chancellor Park State School on 9 December 2003; that he was issued a reminder notice on 23 January 2004, incurring a cost of $16; that the fine was referred to SPER on 8 March 2004, incurring a cost of $44; that he appealed and the appeal was dismissed on 20 May 2004; that he further appealed on 7 July 2004, which was again dismissed; and that, finally, the acting chief executive officer of the Maroochy Shire Council advised that because the matter had consumed so much time it was agreed to withdraw the matter from SPER, saving the minister $60 but asking that he pay the original $60 fine. Is it not true that the minister's correspondence with the council was on his letterhead and signed as the Minister for Emergency Services? Will he now resign for abusing his position as a minister of the Crown for personal advantage?

Mr CUMMINS: The answer to the question is no. I will endeavour to table all the correspondence that the member refers to. I can assure the House that at no time did I try to use my ministerial position to influence Maroochy Shire Council.

Regional Jobs

Mr McNAMARA: My question without notice is directed to the Premier. Even the opposition has acknowledged that Queensland is the engine room of Australia and that we lead this country in job creation and economic growth. Will the Premier tell the House if this growth is limited to the south-east corner and, in particular, whether or not he has lived up to his promise that this would be a government for all Queensland?

Mr BEATTIE: The answer to the question, of course, is yes. I am delighted that the member for Hervey Bay has asked me this question because his area is one of those which have benefited from the Smart State job creation strategies, and these are good figures. This is what the government is delivering. Smart State economic management is dragging down the unemployment rate across the state. We all know that.

Last month when trend unemployment in Queensland fell to 4.6 per cent, down from 8.4 per cent in June 1998, the rates in most regions also tumbled to less than five per cent. Only three of Queensland's 12 Australian Bureau of Statistics' regions remained above five per cent in trend terms. Only two of those were outside Brisbane. For one of those two, the rate, while still greater than five per cent, is a victory over years of double digit unemployment. Let me go through them. The member will be particularly interested in this as that region is Wide Bay-Burnett, which recorded 5.2 per cent unemployment in February. Compared to June 1998 when we came to government, Wide Bay-Burnett was burdened with a jobless rate of 14.7 per cent. So 5.2 per cent is an enormous achievement for the people of Wide Bay-Burnett and the businesses, institutions and community groups that have worked so hard to build the region's economy, skills and confidence, and I thank them today.

Every single region in this state has tasted the fruits of falling unemployment since June 1998 when we came to office. Along with Wide Bay-Burnett, the regions that have experienced drops of five per cent or greater are the Gold Coast, north and west Brisbane, north and west Moreton, and the south and east Moreton. I will go through the details of the latest regional figures compared with June 1998 because it is important. In doing so, I note the usual advice that I give the House on these matters: regional unemployment data can be volatile and is often subject to large swings from month to month.

Notwithstanding that, let me go through Queensland's trend unemployment rates. For Brisbane in June 1998 it was 7.8 per cent; in February 2005 it is 4.9. In Brisbane city, the inner, it was 5.9 per cent in June 1998; it is 4.9 in February 2005. Brisbane city outer was 7.2 per cent; it is now 4.3. South and east Brisbane was 9.1 per cent in June 1998; it is now six per cent. North and west Brisbane was 9.4 per cent; it is now 4.4. For the balance of Queensland, the total was nine per cent in June 1998; in February 2005 it is 4.5. But look at these figures. The Darling Downs and south-west was 5.5 per cent; it is now 2.8. The far-north was 6.3 per cent; it is now five per cent. Mackay-Fitzroy central west was 8.3 per cent; it is now 4.5 per cent. The north north-west was 9.1 per cent; it is now 5.7 per cent. North and west Moreton was 9.7 per cent; it is now 4.5. South and east Moreton was 9.6 per cent; it is now 3.7. Wide Bay-Burnett, as I mentioned, was 14.7 per cent; it is now 5.2. The Gold Coast was 9.8 per cent; it is now 4.4. I promised jobs, jobs, jobs, and we have delivered, delivered, delivered.

Minister for Emergency Services, Parking Fine

Mr SEENEY: My question without notice is directed to the Minister for Emergency Services. I refer to the answer that the minister gave to the Leader of the Opposition in the first question that he asked this morning where he declined knowledge of the issues that he referred to in the second question. For the minister's information, I will table in the House a collection of correspondence on his letterhead signed by him as minister to the the Maroochy Shire Council. Will the minister now concede, firstly, that he misled the House in his answer to the first question this morning and, secondly, that he

improperly used his position as minister to try to influence officers of the Maroochy Shire Council to have his parking fines waived?

Mr CUMMINS: I thank the member for the question. The answer to the first question is, no, I did not mislead the House. I said that I was unaware of the correspondence that he was referring to. Until I see the correspondence, I cannot clearly state the position but I think it was on my electorate letterhead as, from memory, I was attending a Chancellor Park school function. But, as far as resigning because of the inference that I used my ministerial position to influence Maroochy Shire Council, that is totally wrong.

Smart State Exports

Mr REEVES: My question without notice is directed to the Premier. Queensland used to be known mainly for its minerals and primary industries when it came to exports, but since 1998 this government has encouraged Smart State exports of specialised services. I refer to the success of HOK Sport+Venue+Events overseas and ask the Premier to give the House details of its latest achievement.

Mr BEATTIE: I thank the member for Mansfield for his question because I know he has a particular interest in this and I know that he has a very close relationship with the Queensland Chinese community. A global company with a Queensland base and a tremendous record in exporting Smart State brilliance has clinched another international coup and I am happy to announce it today. HOK Sport +Venue+Event has won a contract to design a sports stadium as part of a $630 million mixed use complex in Taiwan's capital, Taipei. Design work is already under way and all HOK Sport work for the new superdome will be done from Brisbane, creating several new jobs. The experienced team at HOK Sport in Brisbane believes the style of this stadium, placing sport and entertainment alongside residential, commercial and retail spaces, is the way of the future for Asia. There are likely to be many similar projects in the tiger economies over the next decade, and HOK Sport's latest success lifts the prospects for it and other Queensland firms to secure major businesses in the region.

The Taipei superdome will include a 40,000 seat covered baseball arena, 150,000 square metres devoted to shopping, two hotels—one 4-star and one 6-star—as well as offices and apartments. It will be on the historic site of the old Songshan Tobacco Factory.

This win for HOK Sport and for Queensland follows three and a half years of feasibility work and negotiations with the Taipei government and the development contractor, the Far Glory Consortium, one of Taiwan's biggest developers. The government was delighted to assist in this process because jobs and exports are centre stage for the Smart State. Commissioner Ronald Huang of our Trade and Investment Office at Taiwan gave whatever help he could, and I thank him for doing so.

HOK Sport directs all its Asian work from Brisbane, and its growing stature as the designer of choice for giant Asian developments is a recipe for spiralling export income and jobs in Queensland. The company also designed the Taipei Arena and is an adviser to the firm behind Beijing National Stadium for the 2008 Olympics. It is now putting finishing touches on Nanjing Sports Park in time for the National China Games this year. The Queensland government had a role supporting them in that as well. In the UK, HOK Sport has lent its expertise to Wembley Stadium, Arsenal Stadium, Wimbledon and the Royal Ascot racecourse redevelopment. In the USA the Pacific Bell Park in San Francisco and Reliant Stadium in Houston are HOK Sport creations. The company was part of the design team for Suncorp Stadium, Telstra Stadium in Sydney and the MCG redevelopment.

I congratulate HOK Sport on this success. I encourage other Queensland companies to see HOK + Sport + Venue + Event as an example of what we can do if we go to the world because that is where the jobs are and that is the future for Queensland.

Bundaberg Base Hospital; Dr Patel

Mr COPELAND: My question is to the Minister for Health. I refer to the fact finding process conducted by Dr Fitzgerald, the Chief Health Officer, into serious allegations made about the clinical and surgical competence of Dr Patel, a surgeon operating at Bundaberg Base Hospital. The allegations involve approximately 14 patients who have suffered serious postoperative complications, including death, following surgery performed by Dr Patel. As the findings of this process have not been released publicly to date and to ensure that first-class patient care is provided at Bundaberg Base Hospital, will the minister now release these findings? Will the minister have the allegations independently investigated? Will Dr Patel be stood aside while he is under such investigation?

Mr NUTTALL: In relation to the issues raised by the honourable member, they are matters for the Medical Board. I am not aware of the issues raised by the honourable member. I am more than happy, as the minister responsible, to investigate those matters. I will meet with the CEO of the Medical Board today and speak with him about those issues. I am more than happy to give the member the details of what I find out from the CEO of the Medical Board. In relation to the honourable member asking for—

Mr Horan: You should have known about this—there were deaths! A 100 per cent strike rate.

Mr NUTTALL: These are matters for the Medical Board. They are not matters that I should interfere with. That is why there is a Medical Board; so it can investigate those issues as an independent body. That is exactly what it is doing.

Mr Horan interjected.

Mr SPEAKER: Order! The member for Toowoomba South will now cease interjecting.

Mr Messenger interjected.

Mr SPEAKER: Order! The member for Burnett will also cease interjecting.

Mr NUTTALL: As I said, I will meet with the CEO of the Medical Board and I will report back.

Coal Infrastructure, Federal Contribution

Mr MULHERIN: My question without notice is to the Minister for Transport and Main Roads. I refer to the Prime Minister's appointment of an exports and infrastructure task force, and I ask: what does the Howard government contribute to Queensland Rail infrastructure, in particular coal infrastructure?

Mr LUCAS: I thank the honourable member for his question. The honourable member is an outstanding regional member of parliament. He not only cares about the social infrastructure of his electorate but also the economic infrastructure of his electorate. There is not a time when he is not at my door looking to advance the interests of the wonderful city of Mackay and the wonderful role that it performs not only for that city but also in servicing the dynamic coal industry in that part of the world.

I welcome the announcement from the Prime Minister and invite the task force to make Queensland its first port of call. Let us put politics aside, because we are willing to work in a spirit of cooperation. As with all projects that benefit Queensland, the voters are not interested in politicians sniping; they are interested in results. This question gives me the opportunity to set the record straight about the level of rail infrastructure investment in this state.

Here are the facts. Fact one, the Howard government's contribution from AusLink for rail infrastructure in Queensland is $7 million for the Queensland section of the signalling system from Casino to Acacia Ridge. That is $7 million out of a $1.467 billion five-year rail package. That is just ahead of the $6 million the Howard government gave to the bankrupt Beaudesert historical railway.

Fact two, the Howard Government contribution from AusLink for coal infrastructure is a total of $109 million. That is being spent to duplicate 63 kilometres of track in the Hunter Valley, New South Wales, 'to ease congestion of freight and coal train movements.' The Howard government's contribution to coal rail infrastructure in Queensland is zero. I repeat that for the benefit of members opposite—zero!

Let us look at our record. In Queensland we have invested more than $1.4 billion for major rail infrastructure over the past six years, including $1 billion for the regional network Coal and Mainline Freight, with the remainder for the metropolitan network. We received zero dollars in AusLink funding for rail infrastructure for coal, despite Queensland having a much larger geographic spread of our coal industry, much greater distances to the coast and a commensurately larger rail network. If the Commonwealth government is serious about improving coal transport infrastructure it should review Queensland's total 0.5 per cent of AusLink rail funding.

Let us see what Laura Tingle in the *Australian Financial Review* said on 8 February. Laura Tingle is not known for being a raving mad socialist, I might add. She stated—

> What particularly got up the Treasurer's nose was a statement by the Queensland Minister for Ports, Paul Lucas, who told ABC's *AM* this week that 'not one red cent has been devoted by the federal government to coal or rail or port. On the other hand, the Queensland government is spending a fortune when it comes to ports and rail.'

She also stated—

> Of course, as far as the federal government's record is concerned, the statement is utterly true.

She goes on to say that the federal government—

> ... has found billions for election handouts, which have overheated consumption and are now spilling into an unmanageable current account deficit, and porkbarrelled itself stupid through regional grants.

That included dredging rivers that do not need to be dredged in New South Wales. It is about time the federal government spent some money in Queensland. We are happy to cooperate with that government and to extract the money from it.

Palm Island Aboriginal Council; CMC Investigation

Mr QUINN: My question is directed to the Premier. I refer to the Premier's unprecedented action of releasing Crown Law advice clearing him of any impropriety regarding bribery allegations referred to the CMC, and I ask: why has the Premier deliberately indicated to the CMC that he has no case to answer when, for all other CMC investigations, the Premier has allowed the CMC to reach its findings without his personal guidance?

Mr BEATTIE: I thank the Liberal Leader for his question. As the Liberal Leader, I think, is generally a fair-minded person, he will understand that there was in the public domain an allegation centred around Sydney advice which made certain assertions in relation to the legal status of what had allegedly taken place on Palm Island. I felt it was important to have balance. The CMC, I am confident, will make up its own mind. All I have done is ensure that there are two legal opinions in the public domain.

Mr Quinn: No, the other one wasn't in the public domain. You put yours out first. You started the debate.

Mr BEATTIE: With due respect to the Leader of the Liberal Party, that is untrue. He knows that there was—

Mr Quinn: No, they didn't release it. They spoke about it; they didn't release it.

Mr SPEAKER: Order! We are not having a debate.

Mr BEATTIE: With due respect to the Leader of the Liberal Party, what he says is untrue. There had been consistent references to a Sydney legal opinion and parts of it were very significantly referred to in a newspaper report days before I released the Solicitor-General's opinion. I just believe, in these circumstances, the public had a right to know. I notice that from time to time we get criticised by a number of people, including the Liberal Party, about transparency and openness. The whole world knows now, and isn't that a good thing?

Alcohol Initiatives

Mr O'BRIEN: My question is to the Minister for Tourism, Fair Trading and Wine Industry Development. The Beattie government is committed to addressing alcohol abuse and its social impact in indigenous communities through a broad rage of initiatives. Can the minister advise the House of the latest steps taken to stem the flow of banned alcohol products into indigenous communities operating under alcohol management plans?

Ms KEECH: I thank the member for Cook for the question and commend him on his courage and the very strong support he has for the alcohol management plans. The member knows, as does the Beattie government, that alcohol management plans save lives and dramatically increase the quality of life for hundreds of Indigenous women, men and children.

We on this side of the House are absolutely determined to stop the spiral of violence which has been part of many communities for generation after generation. We have always been aware that the declaration of restricted areas would not be easy and it would impact on people living and doing business outside these areas.

Sly groggers are the scourge of Indigenous communities. The Beattie government is determined to stamp out sly grogging and its impact on communities. On Sunday, the Liquor Licensing Division shut down two hotels in far-north Queensland linked to the sly grog trade. The licensees of Normanton's Central Hotel and the Chillagoe Hotel Motel have been suspended for 28 days for a range of alleged breaches of the Liquor Act 1992 following a Liquor Licensing Division investigation into supply of liquor in Cape York.

The investigation found that there is a significant sly grog trade in Kowanyama with prohibited liquor sourced mainly from Chillagoe and Normanton. The Central Hotel and the Chillagoe Hotel Motel, known as the Black Cockatoo, were identified as having been allegedly involved in supplying alcohol for carriage into Kowanyama where alcohol restrictions are in place. The investigation revealed that the hotels not only allegedly supplied significant amounts of alcohol to transport into Kowanyama, but also were alleged to have illegally held bank access cards and pin numbers of customers and sold substantial amounts of liquor on credit to Kowanyama residents.

The licensees are alleged to have admitted in tape-recorded interviews with investigators that they knowingly supplied alcohol for carriage into Kowanyama. There were also a range of other alleged offences under the Liquor Act, including allowing minors and intoxicated persons on premises, use of the premises causing disorderly conduct in or near the premises, use of the premises causing undue annoyance or disturbances to people living, working or doing business in the neighbourhood of the premises.

The Liquor Licensing Division does not consider the licensees fit and proper persons to hold a liquor licence. The government is serious about addressing the problems associated with alcohol abuse in Indigenous communities. We have negotiated special licence conditions for around 50 licensees operating businesses in catchment areas around Indigenous communities. The vast majority of licensees have accepted their responsibility and operate within the law. To those who are not I put them on notice: act responsibly or pay the penalty.

Horse Riding in National Parks

Mr WELLINGTON: My question is to the Minister for the Environment. Recently the minister stated that horses should not be allowed in national parks because they transport weeds and non-native plants, and I ask: specifically in relation to Mapleton forest, which the minister has advised is to be designated as a national park, will the minister provide me with information on the locations in the forest where the minister believes horses are responsible for the transporting of weeds and non-native plants into the forest prior to introducing the proposed legislation into this parliament; and what is the minister doing to stop the transporting of weeds and non-native plants into the forest by birds, bats, wallabies and other native animals?

Ms BOYLE: I thank the honourable member very much for the question. I do appreciate the member's continuing interest in horse riders particularly and the issue of alternative trails. There is some good news in that regard. May I remind the honourable member, however, that the issue of horses in national parks is first and foremost about non-native animals in national parks. It is a key principle of the Nature Conservation Act that non-native animals are not to be welcomed into our areas of highest conservation value. That is what the highest conservation value of our national parks, its biodiversity, is about and in that context horses are one of a number of non-native animals from time to time which are therefore restricted. Behind that there are other concerns about horses in national parks. One of these is in relation to erosion from horses' hooves and another is the continuing argument, with reports that go both ways, in relation to weeds that are brought into the park through horse's droppings or on their hooves.

I have been presented with scientific reports from horse riders going their way, as it were, saying that horses do not necessarily bring weeds into national parks and, in any case, the horse riders say, they would be prepared to have their horses use equipment to prevent their droppings remaining behind.

However, there is other science. Of course, those who are in favour of horses going into national parks choose to believe the science that suits their case while we stand by the precautionary principle that says that as long as there is any doubt then we will treat our national parks with a conservative view to protect their biodiversity. That is the very core issue of making areas in national parks our highest conservation zone.

The challenge now facing the horse riders, and I am pleased to say most are rising to the challenge, is to work with us to see if indeed we can develop an absolutely suitable network of alternative trails, preferably by the end of this year.

We have commenced this process in the Noosa hinterland. We have not moved on to Mapleton yet but we will. I am pleased to say that the local member for Noosa, Cate Molloy, has taken a role in this more recently and has met with horse riders as well as the expert consultant hired by the government to assist with the designation of alternative trails. There have been favourable reports about that meeting as a productive way forward. As the Minister for the Environment I stand by the National Conservation Act which says that non-native animals are not welcome in our national parks.

Mr SPEAKER: I welcome to the public gallery students and teachers of Mudgeeraba State School in the electorate of Mudgeeraba.

Hospital Waiting Lists

Mrs DESLEY SCOTT: My question is to the Minister for Health. After recent media reports relating to national elective surgery waiting times, could the minister please provide the House with further information on Queensland's waiting times?

Mr NUTTALL: I thank the honourable member for her question and thank her for her hospitality when I was in her electorate the other day opening the Logan Community Health Centre. Queensland continues to have the shortest elective surgery waiting times in Australia according to a report in yesterday's *Australian* newspaper. The figures compare figures from the 2002-03 and 2003-04 period which show the average number of days for patients waiting for a hip replacement to be 52 days. The closest any other state came to that figure was 91 days in New South Wales, with the highest being 154 days in the ACT with Victoria at 127 days.

Queensland patients waited an average of 68 days for knee replacement surgery, less than half the next closest state which was Victoria at 152 days. The longest wait for a knee replacement was recorded by patients in the ACT who waited an average of 204 days with New South Wales at 168 days.

While waiting times in Queensland increased slightly from 48 days to 52 days for hips and 58 days to 68 days for knee replacements, these figures are for the period prior to the state government's allocation of $130 million for the elective surgery program. This was made up of the initial $110 million over three years committed at the last election campaign and an additional $20 million announced by the Premier last month aimed at cutting elective surgery waiting lists.

The figure for cataract surgery procedures cannot be compared nationally because Queensland looked for a solution outside the box and, in partnering with the private sector, a substantial number of these procedures were undertaken in private facilities. The government completed more than 650 cataract procedures last year in the first stage of its elective surgery program and has made an election commitment to complete at least 1,000 cataract procedures during 2004-05.

Once again I should point out that despite the constant criticism by both the doctors' union and the honourable member for Moggill, these statistics are constantly proven to be the case by the Australian Institute of Health and Welfare which, after analysing the raw data from Queensland Health, recognises that Queensland has the shortest waiting lists in the nation.

Centenary Highway; Western Freeway

Miss SIMPSON: My question is to the Minister for Transport and Main Roads. I refer to the announcement on Sunday that the Cunningham Highway will be linked directly to the Centenary Highway through Springfield. The minister is proposing that the heavy vehicles using the Cunningham Highway and the vehicles belonging to the quarter of a million people proposed to move into the area will use the Centenary Highway. For the information of the minister, the Centenary Highway is already a car park in both directions during peak hours. Is it not true that the minister has no projects under the Roads Implementation Program out to 2008-09 that will increase the capacity of the Centenary Highway and the Western Freeway? How will these roads cope with this massive increase in traffic?

Mr LUCAS: I thank the honourable member for her dorothy dixer. Can I say how wonderful it is to be with a Premier and Treasurer who are so focused on providing the funding for the infrastructure development of this state. I am very fortunate to be transport minister in the current circumstances and to announce an additional $150 million to extend the Centenary Highway from Ripley to Yamanto. This is a classic example of this government putting real dollars into building roads and real dollars into making a better quality of life for Queenslanders.

One of the things that the Premier and I indicated is that the prime traffic route in that part of the world is the Ipswich Motorway. I am most disappointed that I have not heard the honourable member say anything—not a sausage—about urging the federal government to meet its responsibility to upgrade the Ipswich Motorway. The member would have some credibility in this House if she actually got up and said something about that.

We know this fact: that extension of the Centenary Highway will connect back in at the Ipswich Motorway. The honourable member obviously has not gone for a drive down there very much. I do it all the time. It will offer an opportunity for an additional route if the Ipswich Motorway, for whatever reason, is not serviceable. That is providing real solutions. The honourable member might not think that it is good idea, but at the community cabinet the other day residents and representatives of the Ipswich area were absolutely delighted and thrilled by this.

Mr Horan: What happens to it all when it gets on the Centenary Highway?

Mr SPEAKER: Order! We will listen to the answer.

Ms Nolan interjected.

Mr SPEAKER: Order! The member for Ipswich, the minister is on his feet.

Mr LUCAS: In the very near future the Premier and Treasurer will table the state's infrastructure plan for south-east Queensland. That will comprise a plethora of road, rail and transport funding to deal with the enormous growth we face—that is, a thousand people a week moving to south-east Queensland.

This is about providing further routes. Not only that, I say to the honourable member that I am prepared to work with whatever council or whatever federal government is in power. That is why we will work with Lord Mayor Campbell Newman in relation to his proposals, including the northern link proposal. Wait until the infrastructure plan comes out. In the words of Bachman Turner Overdrive, 'You ain't seen nothing yet.'

Mr SPEAKER: Order! Before calling the member for Greenslopes, I welcome to the public gallery students and teachers from Marsden State High School in the electorate of Waterford.

Local Government, Rates and Valuations

Mr FENLON: My question is to the Minister for Environment, Local Government, Planning and Women. I refer the minister to comments by some Queensland councils that they will have no choice but to put up rates if property valuations increase. Can the minister please advise the House of the true situation with respect to rates and valuations?

Ms BOYLE: This is indeed an excellent question at this time of year when councils are working hard on their budgets and will be deciding their rates over coming months. Unfortunately, it has been the practice of some councils or councillors to blame valuations for rate rises. This is quite unreasonable. I

am pleased to have a question on this at this time of year to provide a friendly warning to local governments that that kind of an allegation will not wash.

In fact, over recent years there has been a deliberate disconnection between valuations and rates by local governments. What happens is that a local government sits down and quite properly works out its budget. It has a look at how much money it needs to provide waste management, local roads, suburban care, community services, dog control or whatever other services to its community. Having worked out its budget—that is, how much money it needs to do the job it wants to do—it looks at how much it can rely on from the Commonwealth and state governments in terms of financial assistance grants and subsidies.

I am very proud to say that the Queensland government provides funds to local government far in excess of the funds provided by any other state in Australia. We provide twice as much as is provided per capita in Victoria and four times as much as is provided per capita in New South Wales.

After having decided how much it needs to raise in its budget and how much it can expect to get from Commonwealth and state governments it then decides how much it needs to raise from rates. Further, it has a range of tools in its tool box whereby it can distribute the rating burden. That is entirely up to the individual local government. So it can decide that it needs to raise, for example, $5 million and it will spread the burden equally across all ratepayers or it can decide, as most councils do, that the rating burden will be divided differentially between industrial users, commercial users, high-rise unit owners or humble residential developments.

Those decisions are at the discretion of councils. If councils decide that, due to valuations, there has been a change in the value of properties within their council areas, they can do rate averaging over, for example, three years. They can use rate capping to stop the burden being too heavy on any property owner whose valuation has increased. They can use rates deferral for, say, an older ratepayer who is living on a modest income in a house where the property value has gone up. Our message is that there is a disconnect between rates and valuations.

Real Estate Agents

Mrs STUCKEY: My question without notice is to the minister for fair trading. Given the minister's media release dated 7 December 2004 in which she said that the Office of Fair Trading will not hesitate to take action against any person or agency found to be in breach of the Property Agents and Motor Dealers Act and that they face fines of up to $15,000, I ask: what action will the minister take against a real estate agency based in her own electorate that falsely advertised the services of a 'land sales/ marketing specialist', despite the fact that this so-called specialist, who happens to be her husband, is not appropriately qualified as he does not currently hold a basic salesperson certificate let alone a real estate licence? Just what will the minister do?

Ms KEECH: I thank the honourable member for the question. I can confirm that my husband, in seeking to renew his employment in the property industry, has recently completed a sales registration training course and is awaiting a certificate of attainment for that course. As minister for fair trading I am responsible for the legislation under which the real estate and property industry operates—that is, the Property Agents and Motor Dealers Act. Of course, I do not have responsibility for the day-to-day regulation, compliance and enforcement of that act. In fact, that is conducted through the Office of Fair Trading.

However, given that I am the minister responsible for the real estate industry, I am aware that there could be a perception of a conflict of interest, so I recently wrote to the Integrity Commissioner and asked him two things: firstly, is there a conflict of interest with my husband seeking to enter the property industries and, secondly, is there any action I need to take? I table a copy of that letter. I have recently received advice from the Integrity Commissioner which I will read for the information of honourable members.

The letter states—

Your enquiry relates to the fact that your husband, who was previously associated with the industry, is about to make a return and is an applicant for a salesperson's licence. Such a situation has the potential to raise a perceived—

I repeat, 'a perceived'—

conflict of interest.

Conflicts of interest need to be recognised (which you have done) and need to be appropriately managed or responded to. As is so often the case, the issue here is one of reasonable perception of a conflict rather than actually acting in disregard of your duty.

...

At all times you must ensure that he is in no way singled out or given a particular advantage which would not be available to any other member of the community participating in the particular area. By the same token, your husband, as a citizen, should suffer no employment or career disadvantage by reason of his marriage to you.

Thus the conflict you refer to is one that can be satisfactorily addressed by careful and proper management. The fact that you have been instinctively aware of its existence is a sound foundation for you to continue to act cautiously and properly in the future.

I have informed the Premier of the response from the Integrity Commissioner. He has indicated that he is satisfied with the response. In addition, I give a commitment to this House that I will follow the advice of the Integrity Commissioner to a tee.

Palm Island Police-Citizens Youth Club

Mr ENGLISH: My question is directed to the Minister for Police and Corrective Services. As a former police officer with extensive involvement with police-citizens youth clubs and who knows the good work that they do, I was pleased to see the Premier open the new Palm Island PCYC. Can the minister inform the House of what the take-up of this new facility has been by the youth on Palm Island?

Ms SPENCE: I thank the member for Redlands for the question and acknowledge his ongoing interest in Queensland's police-citizens youth clubs. I am pleased to inform the House that in the first month of operation of the Palm Island Police-Citizens Youth Club, the results are very encouraging. Over 200 children attended the club in the first two hours after it opened its doors, but in the last month we have seen 120 to 150 children and young people attend the club every afternoon after school and into the evening.

Sergeant Morley, who runs this club—and who, incidentally, volunteered for the position—delivers a number of programs, including general gymnastic activities, indoor sport, soccer, volleyball and indoor cricket. The club has pool tables, basketball courts and a computer centre to teach the young people those essential computer literacy skills. I am told that last weekend Sergeant Morley, known to the children on Palm Island as the PCYC man, drove two boxers to Cairns to enable them to compete in a preliminary kickboxing tournament. Nineteen-year-old Moasam Sam from Palm Island beat the five times Australian middleweight champion. So we are seeing some very good results from the Palm Island boxers. In two weeks time Sergeant Morley plans to take 12 of them to Mackay for a competition.

The Palm Island PCYC has been well supported by members of the general community. I am told that three mums volunteer their assistance every day after school. Sergeant Morley has already held an informal meeting to gauge community interest in a community reference committee. Over 20 Palm Islanders attended that informal committee and in the next month Sergeant Morley intends to formalise that committee. We will see a formal advisory committee to the PCYC.

So all in all, despite obviously a rough beginning, the PCYC on Palm Island is setting out to do what we expected it to do and that is to build good partnerships between the police and the Palm Island community. It is about forming partnerships to prevent crime.

The Palm Island PCYC represents the 43rd PCYC in this state. I am sure that members would agree that wherever those PCYCs are located in Queensland they do a wonderful job in diverting young people from crime in some instances and in providing young people with opportunities for entertainment, recreation and skill development. I have to say from my days of teaching at Woodridge State High School in the 1970s that I became a very firm supporter of PCYCs. I was able to see first-hand the way they diverted so many young people, particularly young males, from a life of crime by providing them with worthwhile activities. I know that the future for the Palm Island PCYC will be very bright.

Mr SPEAKER: Order! Before calling the member for Tablelands I welcome to the public gallery members of the Caloundra National Seniors.

Mareeba Fire Station

Ms LEE LONG: My question is directed to the Minister for Emergency Services and relates to the Mareeba Fire Station, which is now quite old and too small to properly accommodate its upgraded fire-engines. In fact, crews cannot fully open fire-engine doors when trying to board in response to emergency callouts. There are, in fact, just centimetres spare on each side when the trucks enter or leave the station. I ask: can the minister advise what time frame he has for addressing this issue which, it appears, requires the construction of a new, larger facility and where that facility might be located?

Mr CUMMINS: I would like to thank the member for the question. As I said during the last sittings, this year I returned to the Tablelands electorate, disappointingly while the member for Tablelands was on an overseas trade delegation. On this year's tablelands trip I had the pleasure of opening the new $660,000 Mount Garnet Ambulance Station. I also met with volunteers and staff at Malanda, Mareeba, Irvinebank and at Atherton where I announced a new $45,000 flood boat for the local SES group.

I also took the opportunity to inspect the site of the new Atherton ambulance station. I can assure the Atherton residents that their new ambulance station will be a major asset for the community. Worth around $1.4 million, construction of the new ambulance station will begin as soon as possible. While in Mareeba I visited the fire station and officially commissioned two new fire trucks with a combined value of $800,000. I spoke with local people and the mayor about the possibility of a new co-located fire station with the ambulance station. I have asked the Queensland Fire and Rescue Service to fast-track a review of the station location.

During my visit the vehicles I commissioned and the stations I opened were worth a combined total of nearly $2 million, clearly showing our government's commitment to deliver world-class emergency services to the residents in the tablelands area. While all of these new vehicles, buildings and equipment are fantastic, they would not be of much use without the wonderful people—the volunteers, the auxiliary and the full time emergency services workers throughout the state—who man and operate them. On my travels I took the time to stop and talk to volunteers and staff members and the feedback from them was that this government is doing more for emergency services than ever before. It was very satisfying to see our record $658 million budget for Emergency Services doing its work in all of the places we stopped in central and western Queensland.

I would like to thank the member for continually raising the issue of the Mareeba Fire Station. As I say, we will be looking at co-locating the fire station with the ambulance station. I have asked the Queensland Fire and Rescue Service to fast-track a review of this proposed co-location facility.

World Water Day

Mr HAYWARD: My question is directed to the Minister for Natural Resources and Mines. I refer to the World Water Day rally, which I understand is to be staged outside parliament today by conservation groups. I ask: will the minister inform the House what the government is doing to implement its policy to protect Queensland's wild rivers for future generations?

Mr ROBERTSON: I thank the honourable member for the question. As he mentioned, it is a particularly relevant question given that, as I have already said in my ministerial statement today, today is World Water Day. The Beattie government went to the 2004 election with the key commitment to identify and protect our wild rivers now and for future generations. We are honouring that commitment. My department is close to finalising its policy and legislative framework to make protection of the wild rivers a reality.

Draft legislation is currently undergoing final consultation with key stakeholder bodies representing conservation interests, rural interests, local government and Indigenous interests. The wild rivers bill I will introduce in the near future will ensure that the natural values of those rivers are protected for future generations to enjoy. It will be the first legislation of its type and the most comprehensive approach to preserving wild rivers in Australia. It will also be legislation of global importance.

Fresh water and river systems are the most threatened ecosystems on earth. Queensland is setting an international example, which we hope will pave the way for similar reforms around Australia and the world. A wild river is one that has all or almost all of its natural values intact, including hydrology, geothermology, water quality, riparian ecological health, and wildlife corridors. Wild rivers are also rich in heritage and are a source of scenic beauty, recreational activity and cultural significance. The legislation we propose will consist of an overarching main act with underlying statutory instruments that will allow for the nomination and declaration of each individual wild river.

As the member will appreciate, some communities near wild river catchments may be concerned that their current economic security may be threatened if the laws lock up all land against future development or shut down existing activities.

That is why the legislation will seek to balance the legitimate needs of these communities against the imperative to ensure these wild rivers are protected. We will also ensure that there is extensive public consultation with communities and stakeholders before the declaration of any wild river. A river in or close to its natural state is rare and precious. We are fortunate in Queensland to have a number of such rivers. That is why the Beattie government is taking steps to ensure the natural values of these wild rivers are protected now and for future generations to enjoy.

Interruption.

PRIVILEGE

Minister for Emergency Services, Parking Fine

Hon. CP CUMMINS (Kawana—ALP) (Minister for Emergency Services) (11.21 am): I rise on a matter of privilege suddenly arising. I have now had a chance to study the documents tabled by the opposition. The first of those documents related to a year 6 graduation ceremony at Chancellor State School in my electorate. A number of people, including myself, who attended the graduation were unable to find a legal car park near the school and had no alternative but to find the most suitable parking options or else leave the function. Twenty people were issued fines.

Opposition members interjected.

Mr SPEAKER: Order! We will hear this point of privilege.

Mr CUMMINS: I wrote to the council CEO at that time, Mr Kelvin Spiller, as follows—

... I would be grateful if you would consider waiving those notices and issuing a warning notice instead.

I also wrote—

There will be numerous other parents of like students who like me, had no legal parking available to them and I hope a warning will be considered this time.

Correspondence from one of those constituents states—

You had advised us that you were making representations on our behalf to Maroochy Shire Council in relation to this matter and to date we have not received any advice from your office about the current situation re the inquiries.

Another piece of correspondence states—

Any assistance you can provide in this matter would be greatly appreciated by my wife and myself.

A third piece of correspondence states—

To our previous discussions and correspondence, I am still awaiting further information on your negotiations with Maroochy Shire Council regarding the parking fines received outside Chancellor Park State School.

I wrote a letter on 9 December 2003—more than two months before I became a minister. I would like to again table those two letters, which members will clearly see are on my electorate letterhead. Having perused the documents tabled by the opposition, I can confirm to the House that, contrary to their repeated assertions that I used ministerial letterhead in my correspondence, none of the documents provided by the opposition are on my ministerial letterhead. In fact, the correspondence is on my electorate letterhead, and those letters written after my swearing-in as a minister were signed 'Minister for Emergency Services and member for Kawana'. In other words, the allegations made by the opposition are not substantiated by the documents tabled and I stand by my denial of any attempt to inappropriately use my ministerial position. I forwarded a cheque to the Maroochy council in relation to this fine on 19 August 2004. If there are any outstanding payments in relation to this matter I am more than happy to make further payments if necessary.

Mr SPRINGBORG: Mr Speaker, I rise to a point of order. The minister is misleading the House. In my question I said 'signed as a minister on your electorate letterhead'. He is misleading the House and should apologise for doing so.

Mr SPEAKER: Order! We are not going to have a debate.

Honourable members interjected.

Mr SPEAKER: Order! I have called the House to order. The House will come to order. Before calling the member for Warrego, I welcome to the public gallery a second group of students from Mudgeeraba State School in the electorate of Mudgeeraba.

QUESTIONS WITHOUT NOTICE

Resumed from p. 618.

Broadband Internet Services, Rural Queensland

Mr HOBBS: My question is directed to the Minister for State Development and Innovation. I refer to the agreement announced in July 2002 in which the federal coalition government provided money to each of the states to roll out broadband internet services to regional communities. Is it not a fact that Queensland—the 'Smart State'—remains the only state not to have completed this $16 million roll-out to 70 regional communities, including schools and TAFEs? What has the minister done about it? Why has the government only partially provided this essential infrastructure for our kids?

Mr McGRADY: I thank the member for the question. The Department of State Development and Innovation, on behalf of the Queensland government, has been working extremely hard. In fact, my understanding is that this week there are consultants in the north-west seeking support from various businesses and individuals for broadband. There have been active negotiations with the Brisbane City Council and many others.

The member rightly identified Queensland as being the Smart State. We certainly are the Smart State. The department's officers, on behalf of the Queensland government, are certainly active in this area. Obviously in the months ahead I will be making further statements with regard to this matter.

Palm Island, Youth Services

Mrs ATTWOOD: My question is addressed to the Minister for Communities and Disability Services. Can the minister please inform the House of initiatives by his department to assist young people on Palm Island?

Mr PITT: I thank the honourable member for the question. I acknowledge her genuine commitment to delivering services to young Queenslanders, wherever they may live. We in this House are all very well aware of the complex and difficult issues facing the residents of Palm Island. However, it has never been more important than right now to address the issue of service delivery on that island.

We must address that issue in a way that involves locals in the process and in a way that creates new employment opportunities for the people of Palm Island.

I would like to lend my support to the Premier in his determination to enhance youth services on Palm Island and to foster better relations between police and residents. To that end, I am pleased to announce that the Queensland government, through the Department of Communities, has allocated almost $154,000 for youth services on the island. This follows the community recovery plan instigated by my department in the wake of civil unrest last year. $70,000 of those funds has gone to the Red Cross to allow it to continue offering sport and recreational programs in conjunction with the PCYC. A further $83,792 has gone to the PCYC association to provide a range of sporting, recreational, educational and cultural program activities with a crime prevention focus. Many of these activities will operate through the multipurpose community centre, helping it to function effectively as soon as possible.

A condition of the funding is that Indigenous residents be engaged to deliver these services. This will have a flow-on effect to not only the families of those staff but also the whole community. The Queensland government is committed to rebuilding infrastructure and improving services to residents of Palm Island. It is also committed to working with communities to provide learning and skills development programs as an effective means of diverting young people from homelessness, crime and antisocial behaviour. As one of the two community champions for Palm Island, along with the Director-General of Public Works, Mal Grierson, my director-general, Linda Apelt, has an in-depth understanding of the issues and the challenges facing Palm Island. The Department of Communities will no doubt draw from this expertise to continue in its endeavours to improve services to youth on Palm Island.

Mr SPEAKER: Order! The time for questions has expired.

PRIVILEGE

Minister for Emergency Services, Parking Fine

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (11.29 am): Mr Speaker, I refer to the issues raised by the Leader of the Opposition earlier today. I have been provided with a copy of a letter written by Lawrence Springborg as the then leader of the Queensland coalition dated 7 July 2003 on the letterhead of the Leader of the Opposition making representations on behalf of a school within his electorate. So, in other words, what he has done is very similar to what the honourable minister has done.

Opposition members interjected.

Mr SPEAKER: Order! The House will come to order.

Mr Rickuss interjected.

Mr SPEAKER: Order! I am on my feet, member for Lockyer, and I now warn you under standing order 253.

Mr BEATTIE: It is really a case of 'do as I say, not do as I do.' He made representations, quite appropriately—I do not have any difficulty with this—the Scots PGC College. It is quite a reasonable recommendation. It refers to something happening in my own electorate, and I commend him for doing so, but it is on the Leader of the Opposition's letterhead. The reality is that what the honourable member did was make representations in relation to an incident in his electorate. The Leader of the Opposition did exactly the same thing. I am happy to table the letter. I will remove the name of the individual from the school for privacy reasons but the Leader of the Opposition knows who it is. I will table it. Let us have no hypocrisy about this; none at all.

MATTERS OF PUBLIC INTEREST

Minister for Emergency Services, Parking Fine

Mr SPRINGBORG (Southern Downs—NPA) (Leader of the Opposition) (11.31 a.m.): This morning in parliament we had yet another memory lapse from a member of this House and, more particularly, a government minister. That government minister, the Minister for Emergency Services, was asked quite clearly by me whether it is right and appropriate for a minister of the Crown to write and to seek the involvement or the engagement of a council in having matters relating to him personally settled. The honourable minister did so in the first instance as the member for Kawana and, after he became a minister, as a minister on his electorate letterhead. If members read my question, they will see that that is precisely the inference which we make.

What is really concerning is that when the minister arose he had no knowledge as to what I was referring to. Surely if he had such a deep and personal interest in this, then the minister should have had

an involvement, should have had some knowledge and should have known about this. This memory lapse which he had in the first instance and which he had to 'fess up to by the time the Deputy Leader of the Opposition asked his question should not have been there.

Mr CUMMINS: Madam Deputy Speaker, I rise to a point of order. I take offence at the assertion that I had a memory lapse. I sign thousands of letters each week—

Madam DEPUTY SPEAKER (Ms Jarratt): Order! There is no point of order. I call the Leader of the Opposition.

Mr SPRINGBORG: Maybe he did not have a memory lapse; maybe he just did not know. Maybe there is another one to join Liddy on the backbench; I do not know. We will see how things come to pass.

I have in my possession no less than six letters from Chris Cummins, the member for Kawana. Interestingly, the first of those was sent on 9 December 2003 as Chris Cummins MP, member for Kawana. Then another letter was sent on 3 February 2004 by Chris Cummins MP. Then a letter was sent on 24 March 2004 by Chris Cummins MP, who at that stage was also a minister of the Crown. On 1 June 2004 we had a similar letter from Chris Cummins MP also as a minister of the Crown. The minister, not to be outdone on that day, sent two letters to the Maroochy Shire Council. He must have been really caught up in the issues of the day. On 28 July we had another letter sent to the Maroochy Shire Council.

The fundamental issue here—the one which has been neglected and over which there has been obfuscation by the minister and by the Premier—is whether this minister, as either a member or a minister, did the right thing by using his authority to seek such personal intervention. Through the letters there is certainly an indication of the problems which a number of motorists faced that day, but if those letters are read in detail they relate more specifically to the issues that the honourable member himself has had with regard to this particular matter.

Why did the minister not stand up in parliament when he had such a deep and abiding interest and knowledge of this? There were no less than six letters, of which two were sent to the Maroochy Shire Council on one day. Why did he attempt to stand up here and deny any knowledge whatsoever of where we were coming from and the types of questions that we were asking of the minister? Was he embarrassed? Did he know that he was using his position in a way which would give him and unfair advantage over any other person in the street? He is seeking to veil that now behind some concern for other people who may have had a similar problem, but the issue is the personal involvement, the personal relationship and the personal advantage that may have accrued to the Minister for Emergency Services, the member for Kawana, from his position.

Let us look at what the then CEO of Maroochy Shire Council said on 19 December 2003—

Thank you for your letter dated 9 December regarding parking at Chancellor State School.

Council has made available to the public, a car park on the corner of University Way and Springhill Drive, which is within 100 metres walking distance to the school. The availability of this car park has been promoted to all parents at the school through school newsletters but unfortunately, is not utilised to its full extent.

That is what the Maroochy Shire Council said to the honourable minister as he was seeking to address this issue. The Maroochy Shire Council no doubt has had a very clear policy from day one on this: that the parking problems at the school were to be resolved by this car park which was made available within 100 metres of the school. That is quite clear from the Maroochy Shire Council.

There is a plethora of correspondence not only from the minister—no less than six letters—but also from the Maroochy Shire Council either in direct letters from the CEO of the Maroochy Shire Council or internal emails. There is another letter from the Maroochy Shire Council on 1 March 2004 and another one on 11 May 2004. So certainly the honourable member was keeping his correspondence ticking over. If we go forward to 20 May 2004, there is another letter from the Maroochy Shire Council's Kelvin Spiller. He goes on to say—

Dear Chris

...

I refer to your letter on this issue dated 13 May 2004. I advise that I have personally reviewed the file and circumstances surrounding this matter, including your previous three letters, my original response dated 19 December 2003 and the two subsequent responses by John Knaggs, General Manager Environment, Planning and Development, into whose Department this matter falls.

Chris, on an average working day, this organisation receives more than 600 surface mail items. I am unable to deal with every one of them personally, and I have put in place processes where matters are dealt with at appropriate levels under delegation.

If we then fast forward to 3 June, we have an internal email which has as its subject line 'More letters from Chris Cummins re Chancellor Park'. It goes on to state—

Hello ladies

Would you please raise this latest letter with John and Kelvin and get some direction for me?

I will send up a copy of the letters (there are 2 of them both dated 1 June 2004!) I will give you the file Maria so John has all the history at his fingertips.

Di—please give Maria the file and give both Robin and Maria copies of the letters. Thanks.

In the latest letters Chris asked Kelvin to waive all fines issued on 9 December at Chancellor Park.

It needs to be noted as follows:

- our policy is that appeals are only accepted from the individual to whom the fine was issued, so we would not normally waive fines in response to a request from a third party.

It is quite clear that the minister would have, and should have, known about that. The letter further states—

- 20 fines were issued on 9 December 2003 including that for Chris Cummins. Only 3 remain unpaid now, including the one for Chris Cummins. 4 appeals were received—all were unsuccessful. If we were to accept Chris Cummins's request now we would have to waive the others to be consistent and that would mean refunding the other 17 too.

So the trail of correspondence seems to go on.

As we said, there were four appeals and all of those had been rejected. It is quite clear that the honourable member opposite knew that his involvement in this would, and could, bring undue influence on the Maroochy Shire Council; there is no doubt about that whatsoever. He should have done the right thing by his constituents and advised them from day one about the issue and advised them with regard to those particular individual appeals.

The simple reality is this: for this minister to stand in this place and say that he had no knowledge of something that he was so intimately involved in indicates that this minister is not fit to be a minister. This minister should resign today and go to the backbench, because at the very least he should have fessed up from the beginning regarding his intimate knowledge. One could understand that a minister who signs hundreds of letters on all sorts of different issues may not have intimate knowledge in this place, but when it involved the minister personally, when it involved the minister as an MP, and when he has signed no more than six letters and no less than six letters on his own behalf, he should have had the knowledge. This minister is not fit to be a minister of the Crown. This minister should resign or be sacked by the Premier if he has any ministerial standards whatsoever.

Time expired.

Bundaberg Foundry Engineers Ltd

Hon. NI CUNNINGHAM (Bundaberg—ALP) (11.41 am): Getting back to a little bit of reality and the serious business of this parliament, Bundaberg has lost two large industrial factories in the last 12 months. Austoft manufacturing closed with the loss of almost 200 skilled jobs and Fairymead sugar mill will close in June. When this was announced in February another 180 jobs were threatened. It is to the credit of Bundaberg Sugar that it further announced recently that after a lot of negotiations it has placed all of those 180 workers. Some have chosen to retire but all others have been placed in another mill or in an outside job. However, we still have many Austoft workers who are unemployed and we need new employment opportunities for our youngsters.

Bundaberg urgently needs to attract manufacturing and engineering industries to establish in our area or for existing industries to expand. There is industrial growth in Queensland. What we urgently need is for some of that growth to be centred in Bundaberg. For this reason I would like to place on record in this House the potential of BFEL, Bundaberg Foundry Engineers Ltd. Formerly known as the Bundaberg foundry, it was established in Bundaberg in 1888 and has had a relatively small but sound history, having been a strong employer of apprentices, including my husband, who completed his fitting and turning apprenticeship there many years ago. The foundry, as it was known then, made train and tram engines, sugar industry machinery and ran a thriving shipyard called Bundeng. That eventually closed due to the siltation of the river.

Today's Bundaberg Foundry Engineers Ltd is one of our success stories. It manufactures heavy cane crushing equipment, including crushing mills weighing up to 350 tonnes, with up to six of these in a crushing tandem, and all made of Australian steel. BFEL also manufactures pressure vessels, including boiler drums, process vessels and heat exchanges. It has five main components—design and engineering, consultancy and technical services, foundry, fabrication shop and heavy machinery shop. BFEL primarily services the sugar industry and expanded further by buying the Walkers sugar business from EDI two years ago.

Because the Australian sugar industry market has declined in recent years, BFEL has implemented a vigorous export campaign that has seen its turnover grow to over $30 million per year, with 80 per cent of that business being exports to countries such as the USA, Mexico, Thailand, Philippines, Indonesia, Papua New Guinea, Fiji, Vietnam, Hawaii, Mauritius, Ethiopia, Sudan, Guatemala and Argentina.

BFEL continues to upgrade its facilities with the recent edition of a new 50-tonne overhead crane capacity manufacturing shop and an additional CNC machining centre. BFEL generally uses containers and flat racks for export dispatching, and these are transported by rail or road to port in Brisbane. Within Australia, contracts such as cane mills, heavy equipment or the 150-tonne process vessel for the new zinc plant in Townsville are generally dispatched by road.

The BFEL in Bundaberg has produced the largest sugar mills in the world. It currently employs 125 workers. It has a fine reputation in more than 16 overseas countries. It has the capacity and enthusiasm to expand, and we have tradesmen in Bundaberg needing jobs.

Considering the current development of our port, that will increase opportunities for industry and opportunities to handle exports direct. With the good work of State Development in gaining industries and manufacturing contracts for Queensland and with the full recognition of the potential of our Bundaberg Foundry Engineers Ltd, I know that we can gain economic growth and jobs for my electorate of Bundaberg.

BoysTown, Employment Programs

Mrs DESLEY SCOTT (Woodridge—ALP) (11.45 am): To be able to quote the figure of 277 at-risk young people in paid work in just an 18-month period is a fantastic outcome. When it is then considered that 50 per cent of these young people are Indigenous it is a result that BoysTown can be justly proud of. Whenever I meet Mr John Perry of BoysTown I know that he will have a smile on his face and some new story to tell of young people being trained and re-engaged to enter the work force.

BoysTown have formed partnerships with the Department of Housing, Q-Build, Q-Fleet, Roma Street Parklands and Aboriginal Housing to find worthwhile jobs to engage their young people. It is smart employment in our Smart State.

The innovative nature of the BoysTown program has the administrators seeking out contracts with government departments where they are able to offer full-time work and training to their young people. The Urban Renewal Program offered the opportunity to take on fence construction. They have carried out this work in Woodridge, Kingston, Deception Bay, Gold Coast, Chermside and Enoggera, with most of the young people coming from the Logan area. They have refurbished homes in Gladstone and Tara. They are also employed in mowing and landscaping at the Roma Street Parklands. You will find young people from Woodridge and Kingston washing cars for Q-Fleet or relocating furniture for state government departments—such as Natural Resources, the Native Titles Office and Q-Build—or even relocating books from the Parliamentary Library. Many properties belonging to the Department of Housing have had maintenance performed by BoysTown in Deception Bay, Algester, Acacia Ridge and Inala as well as three Aboriginal hostels.

If members are getting the picture of an innovative, very active organisation that really makes a difference in the lives of young people, they would be correct. Because of these partnerships with our state government, two Indigenous young men have been able to be indentured as apprentice carpenters. Their programs are all about breaking the generational effects of disadvantage, unemployment and welfare dependency. A real reduction in recidivism is being witnessed, as well as a reduction in the incidence of substance abuse.

BoysTown programs in Logan have been so successful that many of them are being duplicated in South Australia, where Housing Trust homes are now being refurbished in Port Pirie. In addition to all of these programs in Logan, a further 70 young people have been assisted through the Get Set for Work program in Logan, Redlands and Carole Park, Ipswich. They are also part of the education and training reforms to assist a substantial number of 15- to 17-year-olds at risk of dropping out of the education system. A partnership with the Logan Institute of TAFE will see 100 disadvantaged young people undertake a skills development program over a period of nine months and exit to employment as third-year apprentices.

These places are targeted to meet the skills shortage in the manufacturing industry in Logan. Smart training in the Smart State. This next 12 months will see 600 young people in personal development and skills training programs and employ 200 young people in enterprises through support and partnerships with our state government. Additional programs assist young mothers in parenting training and there is support for young people with mental health issues, including dual diagnosis and many other programs which may not be work related.

I want to put on record that without such organisations as BoysTown our government would find the task of engaging with these sometimes very challenging young people far more difficult. BoysTown staff have a real commitment to assisting young people whose past has been difficult, whose future may have looked bleak but who now have a real chance of successfully completing a training program, entering the work force and thus facing a brighter future. The opportunities afforded to BoysTown by our various government departments by way of partnership arrangements and funding makes it possible for them to engage in this valuable work.

BoysTown services have been tailored to meet the needs of young people who are doing it tough. Many have been through court and may have multiple issues and challenges. The men and women who work for BoysTown take a holistic approach to assist in every way possible. They are totally dedicated to the task of recovering young lives and setting them on the right path, ensuring they have skills to face a bright future and face their responsibilities. I would like to thank John Perry and each worker for their ongoing dedication to this work.

Vegetation Management Act

Mr SEENEY (Callide—NPA) (Deputy Leader of the Opposition) (11.51 am): On Friday and Saturday I was pleased and proud to attend the annual conference of Property Rights Australia in Rockhampton. The conference was mainly concerned with the ongoing concern and anger across regional Queensland with the government's Vegetation Management Act. The unfairness and the injustice of that Vegetation Management Act continues to cause anger and frustration to all land-holders, as well as continuing to produce bad environmental outcomes for Queensland's environment and that point was well and truly made by the people who gathered at Rockhampton for the Property Rights Australia conference.

The conference was addressed by a number of speakers. The first speaker was Professor Suri Ratnapala. Professor Suri Ratnapala is a professor of law at the Queensland University. He holds degrees from Colombo, Macquarie and a PhD from Queensland University and he teaches constitutional law and jurisprudence and is published widely in the field. He is a man who has received international acclaim and yet his comments were dismissed out of hand by the minister for natural resources in Rockhampton on Saturday simply because they did not agree with the government's political agenda, the agenda that is driving the state's vegetation management laws.

The conference was also addressed by Dr Bill Burrows who has had a 40 year career as a public servant researching the ecology and management of Queensland's grazed woodlands. The most telling point that Dr Burrows made in his contribution to the conference was the fact that he and his team were never, ever consulted in regard to the drawing up of Queensland's vegetation management legislation. It is a very telling point indeed that a man so widely acclaimed and with 40 years experience within the Public Service itself researching this very area, or any member of his team, is not consulted. That illustrates, if any illustration is needed, the extent to which the vegetation management laws are about politics, are about fulfilling an extreme green agenda, rather than taking any notice of the experts who are able to make a contribution in that field.

The professor of law analysed the Vegetation Management Act from a very academic viewpoint. He told the conference that his conclusion was that the legislation failed every test that should be applied to legislation. It failed the test of democracy—it was undemocratic—because, in his words, the minister made the law, the minister made the codes. They were not sub legislation, there was no capacity to debate or to scrutinise the codes which are the basis of the Vegetation Management Act and which have caused such concern to land-holders throughout Queensland.

Those codes and the RE maps that accompany them are taken to be law and they can be changed by the minister. That certainly is without any democratic scrutiny of those changes to the law. Professor Suri Ratnapala said the legislation failed the separation of powers test because the minister is both the law-maker and the judge. In the case of the Vegetation Management Act the compliance notices—the hated compliance notices—are actually issued by the officer who is in effect making the law.

I spoke to the professor after the conference and acknowledged that his was an academic view point, but if he understood what is actually happening on the ground he would be even more horrified. Because the people who make the law under the Vegetation Management Act are actually the people who get out of the government Toyotas at the land-holder's front gate. They are the people who make the law because they are the people who interpret the codes and the codes are sufficiently wide to allow any of those people to pursue their own personal agendas and interpret those codes in whatever way they like. They are the people who decide on the accuracy or otherwise of the RE maps which are taken to be law under the Vegetation Management Act.

The professor's concerns were bad enough, but not only—

Mr ROBERTSON: Point of order, Madam Deputy Speaker. The member is misleading the House. The member has made the assertion on a number of occasions that compliance officers of my department make the law. That is not correct. I ask him to withdraw.

Mr SEENEY: He cannot ask me to withdraw.

Madam DEPUTY SPEAKER (Ms Jarratt): Order! There is no point of order.

Mr SEENEY: It is my contention that the compliance officers certainly do make the law. The compliance officers certainly do decide whether an RE map is accurate or not. You know they do; the minister knows that they do.

Madam DEPUTY SPEAKER: Order! You will address your comments through the chair.

Mr SEENEY: The minister knows that they do, Madam Deputy Speaker. When the compliance officers come to a property they actually draw the boundaries for the RE maps and those RE maps are taken under the legislation to be the law. Those people make the laws.

Mr ROBERTSON: Point of order, Madam Deputy Speaker. The member is misleading the House. He just said that compliance officers of my department draw the boundaries on RE maps. They do not do so. That is misleading the House.

Madam DEPUTY SPEAKER: Order! No point of order.

Mr SEENEY: Of course there is no point of order. The officers of your department—you are probably splitting hairs—draw the boundaries.

Madam DEPUTY SPEAKER: Order! The member's time has expired.

Honourable members interjected.

Madam DEPUTY SPEAKER: Order! The House will come to order.

Commonwealth Parliamentary Association Study Group

Ms BARRY (Aspley—ALP) (11.57 am): In February I had the opportunity to attend the Commonwealth Parliamentary Association Study Group on the role of MPs in combating the HIV/AIDS pandemic hosted by the Parliament of India. For a week I not only enjoyed the generous and friendly hospitality of our Indian hosts but also had the privilege of being part of a small but committed group of MPs assisted by a vast array of NGO, CPA and, in particular, Indian government officials determined to put together a road map on how MPs and parliaments of the Commonwealth can do their part to help a world suffering from the devastation of a HIV/AIDS pandemic.

The nations of the Commonwealth contribute one-third of the global total population. Of those countries of the globe affected by HIV/AIDS, two thirds of them are Commonwealth nations. Across the globe 20 nations are currently experiencing the devastation of reversible development status—that is, that their countries are going backwards in terms of economic development directly as a result of the HIV/AIDS pandemic. One half of those 20 nations are members of the family of the Commonwealth. Life expectancy in those nations is now 40 years of age, one in three people have HIV/AIDS, bureaucracies have a 66 per cent vacancy rate of doctors, nurses and teachers, most of whom die before they can be replaced.

The impact is enormous and only now being understood. HIV/AIDS is a disease of misunderstanding and misinformation. For those of us in developed nations we believe that HIV/AIDS is a disease of gay men and drug users. But the reality is that HIV/AIDS is a disease that has crossed the gender divide to be predominantly a disease of women. Women now account for over half of the adults affected by the disease across the world. The rising rate of infection in women, particularly young women, is due to the precarious positions that they find themselves in. Women are more susceptible to the virus biologically and combined with their vulnerability socially and economically the disease is now a killer of women in epidemic proportions.

The rising rate of HIV/AIDS in heterosexual women is now only becoming fully realised by nations such as ours and desperate action is needed if we are to halt its progress.

In India alone, figures show that in 2004 5.1 billion people had HIV-AIDS. That is up from 3.8 million only two years ago. The role of MPs in the Commonwealth parliaments is critical if the globe is to be saved from this pandemic. We must strive to do a number of things in parliaments, in particular such things as achieving gender equity to ensure that women do not continue to be disadvantaged culturally and socially and are protected against AIDS.

We must seek to reduce the feminisation of poverty and eliminate violence against women as a means of achieving such gender equity. We must protect children and women in times of peace. We must provide funding as a priority for education strategies to combat ignorance about the spread of AIDS. When women are able to assert their human rights they can then be protected from AIDS. The Ugandan government's commitment to sex education has led to a reduction in its rate of AIDS virus infection from 30 per cent to six per cent. In fact, Rwanda is about to reverse its HIV-AIDS pandemic rates.

Commitments from governments to front-line strategies such as condom use and access to subsidised affordable HIV anti retro viral drugs is vital when we are allocating dollars from our national budgets. Decriminalisation of homosexuality and prostitution as a way of bringing such high-risk activities into the fold of health care initiatives is required if we are to combat the disease and its spread.

A multisectoral approach is needed. MPs play a vital role. We must set the agenda and prioritise the fight against AIDS. We must mobilise and network between MPs. We must be the spokespeople for HIV-AIDS. We must ensure that direct action and funding is achieved where it is needed. We must bring about legislative activities which ensure that laws are rights based and gender sensitive. We must, first of all, have leadership and advocacy as part of our fight against AIDS.

For our part here in Queensland we must understand the effect of HIV-AIDS on our neighbours in the Commonwealth. We must assist our neighbours, share our successes and work closely with our own communities. HIV-AIDS is a disaster that dwarfs the recent tsunami. It affects young people of

developing nations and women the worst. There is hope. Uganda and Rwanda have been winning the war and South Africa and India are committed. I inform honourable members that I am more than happy to discuss the study groups' findings and action plan in detail. I understand that the report is on the CPA web site and will be tabled at the meeting in Fiji.

Sugar Mill Weir, Nambour

Mr WELLINGTON (Nicklin—Ind) (12.01 pm): I rise to speak on a matter of public importance to many residents and visitors to the town of Nambour. This morning I delivered to the Clerk of the Parliament a petition signed by over 800 people who wish to draw to the attention of the government and, especially, the minister for natural resources and the minister for the environment the historical significance and aesthetic value of the Nambour sugar mill weir in Petrie Creek. I table two pages of photos of the weir in Petrie Creek for the benefit of the ministers and all members of this parliament.

This weir has been an important asset for the town of Nambour for over 100 years. Its beautiful water catchment in Petrie Creek provides a home to families of platypus, many fish and many other animals. We hope that this historic weir will be retained for many years to come for the benefit and enjoyment of the thousands of people who walk next to Petrie Creek and stop to enjoy the value of the weir. Last month a Nambour resident, Brian Reiner, applied to have this weir listed on the Maroochy Shire Council's register of heritage sites. I hope that this nomination will be successful.

I also table for the benefit of all members a copy of a letter I received from the north coast district office of the Department of Natural Resources and Mines. I refer members to the opening paragraph of this letter where the author stated—

The reason the department has extended this invitation to yourself is due to you being identified as having an interest and/or expertise in the removal of the weir.

Some Nambour residents have approached me and are greatly concerned that some departmental staff will move to order the removal of the weir once the current water licence is cancelled or handed back to the department by the current licence holder. I and many of my constituents do not want this weir to be removed. I use this opportunity to call on the ministers responsible to take a special interest in the future of this very important historic site in Nambour.

I table for the benefit of members other letters I have received from constituents. The first one is from Bridget Whelan of St Josephs Primary School. She states—

Dear Sir,

I am writing this letter because I am scared that if you let them take the weir all the platypuses and all the other animals that live there will die. Thank you for taking the time to read my letter.

She has a loving drawing of a platypus at the bottom. I table a letter from Melissa Jones of 353 Image Flat Road, Nambour. The part of her letter I intend to draw to the attention of members states—

To remove the Petrie Creek weir just because the reason for it has gone, would be like knocking down Boggo Road Goal just because it isn't as active as a prison any more.

Thank you for taking the time to read my opinion.

Yours sincerely

I hope members read the full contents of her letter. I table a letter from Kazsaya Heystraten of Cobbs Road, Woombye, and a letter from Katherine Collingwood of Inspiration Court, Bli Bli. It certainly is an inspiration to see the letters from students of St Josephs Primary School outlining their interest and lobbying for this important weir.

Another letter that I will table for the benefit of honourable members is from Rianna Hungerford of Huntingdale Drive, Nambour—another resident of the town of Nambour. A further letter comes from Sylvia and Roger Rudland-Wood of the Sundale Park revegetation group. These people have been working for quite some time on the revegetation of Petrie Creek and also support the retention of this very historic weir for the future of Nambour.

Another letter I table for the benefit of members is from the vice president of the Nambour District Chamber of Commerce. He states—

On behalf of the Nambour Chamber of Commerce, I am writing to express our deep concerns regarding the proposed removal of the Moreton Mill Weir on Petrie Creek.

The weir has, over the last hundred odd years, become an integral part of the town and its history. It stands as a reminder of past sugar milling endeavours, one of the very few that we have left, and has formed one of the few deep water ponds in the upper reaches of the creek. It not only adds a significant aesthetic aspect to the walking trails that the town has developed along the creek banks but we believe is an integral part of them.

We have read the report from February last year giving the pros and cons regarding its removal and believe that any environmental impact cited in that report regarding its remaining in place hold little ground given the length of time the weir has been in place.

The length of time it has been in place in Petrie Creek is very important. He continues—

The weir may in fact offer a safeguard to the whole of the Petrie Creek system in the event of a contamination by forming a breaking point in the waterway.

I urge members to read that letter. I table letters from the Maroochy Waterwatch group. Nambour is growing very rapidly. Petrie Creek is an integral part of our town. The weir is a very important part of the creek. I urge the ministers to take a special interest in this matter and support our endeavours to retain this weir not just for today but for the future of our town. I commend this issue to all members.

Bundamba Electorate; 81st Community Cabinet Meeting

Mrs MILLER (Bundamba—ALP) (12.07 pm): Last Sunday it was my great pleasure to host the 81st community cabinet meeting at the Redbank Plains State High School in my electorate of Bundamba. The community cabinet meeting was an outstanding success with deputations with the Premier and ministers. It was an opportunity for ordinary people, community groups and our business community to raise matters and seek successful outcomes with the Premier and ministers.

Yesterday we had a lunch at the Brothers Rugby League Club at Raceview—an excellent club in the city of Ipswich.

Mr Reeves interjected.

Mrs MILLER: Rachel Nolan, the member for Ipswich, Don Livingstone, the member for Ipswich West, and I had a great lunch. There were many community leaders in attendance. As part of the community cabinet process we had a number of great announcements for the people of Ipswich. One is the $150 million Springfield to Ripley road link now going through to the Cunningham Highway. With that we now have a $270 million link going from Springfield in my electorate right through Ripley and on to Yamanto. This will mean that there will be a southern bypass which is a state government road.

Our government has committed $270 million to this new Queensland government road. However, the estimates of the federal government's commitment to fix the Ipswich Motorway are $600 million. We never see the colour of its money. We do not know what it is doing. We deliver. We push the dirt around. We lay the bitumen while it writes reports and conduct surveys. The federal government is an absolute disgrace.

Ms Nelson-Carr interjected.

Mrs MILLER: That is right. We work and they whinge. All they ever do is whinge and write surveys. The people of Ipswich are totally and utterly sick of it. We also have in my electorate an announcement in relation to the Juvenile Aid Bureau. We are going to have a $231,000 expansion of that service. It will accommodate up to 10 officers and it will be constructed at the rear of the Goodna Police Station in Church Street. It will be constructed by the end of June. There will be two interview rooms, a meals area and a support area for officers, including a room designed like a lounge room to provide a more comfortable environment for our children. It will enable them to provide a seven-day-a-week response to child protection issues. I inform the House today that our local police are very grateful for this expansion and have asked me to pass on their thanks to Judy Spence, who came out and spoke to them in relation to those matters.

Also on Saturday I attended the launch of the Lakeside-Edens Homestead Neighbourhood Watch group in Springfield Lakes. This was actually the 29th group that has been started in the Ipswich Police District. Mark Skilling is the inaugural area coordinator. He is being assisted by Mary, Chris and Phyllis and other active members of the Springfield Lakes community. That community is very strongly in support of neighbourhood watches. I also gave out gold badges to Brian Woodhams and Bill Zeelenberg of the Riverview Neighbourhood Watch, which is a very, very good group.

In relation to public transport infrastructure in my area, I am absolutely delighted that there has been a 53 per cent increase in bus passenger journeys in Ipswich, which is fantastic. I think what is absolutely great news for the Springfield and Springfield Lakes community is the fact that there will be introduced a direct feeder bus route from those suburbs to the Goodna Railway Station. So route 522 will replace the existing route 602 and it will support the new route 530 services by providing wider coverage through the Springfield area travelling via Camira, Gailes and Goodna to the Goodna Railway Station. The new route 530 Springfield Lakes to Goodna Railway Station will provide a direct express service between the expanding Springfield Lakes development and the Goodna Railway Station. It will run in parallel with route 522 to provide greater coverage through the Springfield area travelling via Camira, Gailes and Goodna to the Goodna Railway Station. This is great, because the combination of these routes will provide an average frequency of approximately 15 minutes during peak hours and 30 minutes during off peak hours.

Minister Schwarten also presented to Councillor Attwood, the retired coalminers and the Ipswich Historical Society a cheque for $2,000 for the initial consultation to restore and upgrade the Box Flat Mine disaster memorial. I would like to give a personal commitment to the coalminers that I will be taking a very close interest in this project and will ensure that the widows and families, the CFMEU miners' division and retired coalminers are all fully consulted on this memorial. Councillor Attwood will lead the consultation process on behalf of the council and I will lead the process on behalf of the Queensland government. In conclusion, I would like to thank Premier Beattie and the ministers for coming to Ipswich. It was fantastic.

Bundaberg Base Hospital, Intensive Care Unit

Mr MESSENGER (Burnett—NPA) (12.11 pm): For the protection of patients at the Bundaberg Base Hospital intensive care unit and the wellbeing of the medical staff I make public and table a letter from the nurse unit manager of the Bundaberg Base Hospital ICU. This letter alleges serious concerns relating to the behaviour and clinical competence of Dr Patel, an overseas trained surgeon working at the Bundaberg Base Hospital ICU. The letter submitted to the management of the Bundaberg Base Hospital on or around 22 October 2004 lists the cases of approximately 14 former patients of the Bundaberg Base Hospital ICU who the writer believed required formal investigations. I am astounded that the Minister for Health, as witnessed by his reply this morning to a question without notice from the shadow health minister, was ignorant of this investigation.

Some of the letter's allegations are as follows—

Soon after Dr Patel started operating here the nursing staff observed a high complication rate amongst patients.

Dr Miach refused to allow Dr Patel to care for his patients as he stated he had 100 per cent complication rate peritoneal dialysis insertion. This was stated in a medical services forum as well as in a private conversation with myself.

One patient ... developed haematoma in ward and attempted evacuation done without any analgesia. Doctors notes consistently say patient well when patient was experiencing large amounts of pain and wound ooze.

On 27 July 2004 a patient ... returned to ICU in extremis with a chest injury. Dr Patel interfered in the arranged transfer of the patient to Brisbane and the patient died after it was thought the retrieval team were on the way to retrieve this patient. The subsequent events of this intervention resulted in the ICU staff requesting advice from nurses union.

It is widely believed among the medical and nursing staff that Dr Patel was very powerful, that he was wholeheartedly supported by Peter Leck (Health Service Administration) Dr Darren Keating and untouchable. Anyone who tried to alert the authorities about their concerns would lose their jobs. This perception was indeed perpetrated by Dr Patel on a daily basis.

Dr Alex Davis and Dr David Risson were unsure of what to do because of the widespread belief Dr Patel was protected by executive.

An investigation, or a fact-finding mission, was launched to examine these claims and was carried out by Queensland Health's Chief Health Officer, Dr FitzGerald, approximately three to four weeks ago. As we have heard this morning, as yet no findings have been released. Staff are fearing a cover-up.

In order to restore confidence in the Bundaberg Base Hospital ICU, I call on the Health Minister to immediately release the findings of any report or fact-finding mission that has been conducted by Queensland Health. I also call on the Health Minister to launch immediately an independent, comprehensive review of the Bundaberg Base Hospital ICU and its administration. I challenge the minister to guarantee that all staff members who choose to give evidence be afforded full whistleblower status and that they be protected from any vindictive administrative action. Pending the results of this investigation the minister must immediately stand aside and suspend from work surgeon Dr Patel and senior administrative staff Peter Leck and Dr Darren Keating.

I have spoken with staff of the Bundaberg Base Hospital ICU who have said the following in response to being asked if they were scared—

I guess I'm more distressed than scared, because I've watched patients die and I have to—I feel that every time I see him—

referring to Dr Patel—

walk into the unit of I feel sick because I just think who's he going to kill now, what's he going to do now. And we all feel like that, all the nurses feel like that, they feel physically ill when he walks in because they just know that he's going to try and interfere with something, operate on someone and cause more of a problem and a complication, stop a transfer which has been arranged and transfers they're difficult things to arrange you know. Brisbane doesn't often have beds.

The staff of the Bundaberg Base Hospital ICU are desperate. Eight out of 18 nursing staff are on stress leave.

Time expired.

Tourism Queensland, Townsville

Ms NELSON-CARR (Mundingburra—ALP) (12.17 pm): It was somewhat alarming to read a report in the *Townsville Bulletin* last week that Tourism Queensland officers located interstate were said to be directing people away from Townsville when they telephoned for information about travel options in Queensland. I sincerely hope that the report was an exaggeration rather than general practice across-the-board. However, it may well be that feedback from the *Townsville Bulletin* will galvanise tourist operators in Townsville into carrying out active, creative promotion.

I am very pleased to say that Tourism Queensland and Townsville Enterprise have discussed ways in which to increase the amount of information about Townsville and the region's product that is provided to Queensland Holiday Xperts, consultants. Travel and product information will be provided directly to QHX branches in Adelaide, Canberra, Sydney, Melbourne, Perth and Wollongong as well as to the head office in Brisbane. Discussions are under way to arrange familiarisation visits to Townsville for QHX agents. Informal drop-ins and prearranged sales calls will also be arranged as these methods are the primary means of educating consultants on product and destination information. The first sales call is scheduled for 11 April in Brisbane. In addition, Tourism Queensland's CEO, Ian Mitchell, will visit

Townsville on 30 March to meet with Townsville Enterprise to talk about growing designation awareness and promoting the region through campaigns, media, publicity and the internet.

Nevertheless, it is true that Townsville does not always get the recognition it deserves from travel consultants. That cannot be allowed to continue. However, the airlines are doing very nicely out of Townsville and not only from business and family traffic. With the onset of the winter months it is going to be difficult to get low-fare seats to Townsville from Melbourne, Sydney and other southern ports.

Townsville and all northern cities and regions have wonderful tourist attractions. Although they may differ from place to place, it is those differences that help to make this state in its entirety so appealing to visitors from interstate and overseas. The latest edition of the Youth Hostels Association magazine, *Backpacker Essentials,* gives accolades to Magnetic Island, describing it as unique and the ultimate island experience. Magnetic Island and mainland Townsville can only benefit from the magazine's glowing double-page colour spread. As the feature in the magazine notes, Magnetic Island is a spectacular island that makes you feel completely removed from the bustle of mainland life. Next month Townsville Enterprise will participate in Tourism Queensland's Queensland on Sale promotion in Europe and two Townsville Enterprise representatives will promote Townsville in Japan. Townsville is hopeful of attracting a steady stream of visitors from Japan in 2006. The year is being called the Townsville Australia Japan Year of Exchange, and the driving force behind it is Townsville businesswoman Susan Roberts, a dedicated promoter of cultural and business exchanges between Townsville and Japanese cities.

As 2006 unfolds it will incorporate art exhibitions, theatrical workshops and performances, seminars, demonstrations of tea ceremonies, ikebana, kimono dressing and other Japanese traditional arts. Also being planned are a local government summit, educational programs and a Japanese food and saki festival. Following the success of the Rugby World Cup game in Townsville, when a Japanese team won the hearts of Townsville sports fans, a sports carnival involving Japanese and Australian Rugby and soccer teams is under negotiation.

Susan Roberts is currently in Japan promoting Townsville and the Townsville Australia Japan Year of Exchange. Townsville has two sister cities in Japan—Tokuyama and Iwaki—and an historical association dating back to 1896, when Townsville was home to the first Japanese government office established in Australia. Links like those should help make next year's events a great success and attract more Japanese visitors to the city.

Townsville Enterprise chairman Graham Jackson said in a statement last week that Townsville does not have the funds available to more established destinations but does remarkably well on a limited budget. He pointed to a significant marketing plan being developed in conjunction with resort and unit developers to promote Magnetic Island. Townsville's Strand, about which I sang praises in this House recently, is a tremendous lure for locals and visitors alike, and the city's restaurant scene stands up against the best. Tourists love the city's sunshine and lifestyle, combined with its closeness to the Great Barrier Reef and the fact that Townsville is within easy reach of rainforests, Mission Beach to the north, the Whitsunday Islands to the south and Charters Towers to the west. Things are far from doom and gloom but, as Graham Jackson observed, we need more tour operators to throw their weight behind us.

Beattie Labor Government

Mr QUINN (Robina—Lib) (12.21 pm): In Queensland we have a government that is looking increasingly tired and disinterested. Instead of being proactive, it has repeatedly shown itself to be reactionary. Quite simply, this government does nothing to address emerging problems until those problems become full-blown crises. To see this, Queenslanders need only look at the ever-increasing list of crises that this government is racking up: the forensic crisis at the John Tonge Centre, the coal export bottleneck, the electricity reliability crisis and the elective surgery waiting list crisis.

Did anyone really believe the Minister for Health when he came in here today and said that the average wait for a hip replacement in Queensland is 50 days? I know of people who have been waiting for five years! Yet this minister had the audacity to stand up in the House this morning and say that the average waiting time for a hip replacement in the public hospital system is 50 days. Evidence has been presented to this House that even people classified as category 1 cannot get seen within the mandatory 30 days. They have been waiting 50 or 60 days. The minister's statement was the highlight of the morning. The joke of the day was the Minister for Health standing up in this place and saying that the average waiting time for a hip replacement in the Queensland public hospital system is 50 days. That shows how the data from the public hospital system is being manipulated to produce the figures the government wants. We all know—everyone knows—that there is a waiting list to get on the official waiting list in Queensland. This morning's statement by the Minister for Health proved that without a doubt.

What we have in Queensland is an ever-increasing list of crises, matched only by an ever-increasing list of excuses by the government. In the short time available to me I will list just a few of those crises and the events surrounding their evolution. First, let us look at the crisis surrounding the

backlog of some 10,000 samples awaiting analysis at the John Tonge Centre. I do not classify this as a crisis; I classify this as a scandal. It is an absolute scandal when there are 10,000 samples waiting to be analysed at the John Tonge Centre and, as a result of that, prosecutions brought against people in the courts are being thrown out because of a lack of evidence that arrives on time. I do not blame the magistrates or the judges in that respect. It was estimated that it would take 15 months for a piece of evidence to be analysed by the John Tonge Centre. That is an absolute scandal.

That the government knew nothing about this until it was brought to its attention by the magistrate beggars belief. Over 12 months ago the Liberal and National parties were raising questions about the reliability and the timeliness of evidence coming out of the John Tonge Centre. At that time the government said, 'Look away. There is nothing to see here. There is nothing to worry about here. Everything is under control.' Yet there was something to see; namely, an ever-increasing backlog of samples requiring analysis.

Instead of tackling the problem head on, when it knew there was some sort of problem there, the government did nothing at all. The result is criminal proceedings being thrown out of courts because judges reject the delays and the excuses offered by the prosecutors. The prosecutors are forced to peddle those excuses because of the government's incompetence. If we had a minister who understood the importance of this centre in terms of the criminal justice system, we would not have arrived at this position of there being over 10,000 samples waiting to be analysed, putting in jeopardy cases in the criminal justice system.

What did we get? We got the usual response: 'We will outsource. Bring in the experts.' More money will be spent patching up the problem. That was predicted. What was not predicted was the suggestion that we reduce the burden of proof required in testing the samples pertaining to the manufacturing of illegal drugs. This sends the message that in the Smart State the Beattie government has redefined 'CSI' from 'crime scene investigation' to 'cabinet supported incompetence'. As I said earlier, this is not a crisis. This should be marked as an absolute scandal in this state.

Sadly, the incompetence of this government and its ministers is not restricted to the field of forensic science. Queenslanders are only too well aware of the electricity crisis that this state has been plunged into through neglect and mismanagement over a period of time.

Time expired.

Gold Coast Health Service Open Day; Car Parking, Southport

Mr LAWLOR (Southport—ALP) (12.26 pm): I draw the attention of the House to the Gold Coast Health Service open day, which was held Saturday week ago at the Gold Coast Hospital, Southport campus. It proved to be an overwhelming success. The activity was well received by approximately 1,500 members of the public who visited on that day. I was one of those 1,500. Its success was due largely to the input of more than 85 health service staff involved in the planning and running of the event.

It was a great initiative to help break down the barriers and welcome the community into their local hospital. Community members had the chance to speak with the people who provide and deliver services. It also helped to dispel some of the myths about public health services, because it highlighted the many services and activities that are provided to our community on a day-to-day basis. Five behind-the-scenes tours were run to separate areas on the half-hour. These tours took in the cardiac catheter suite, which I went to; pathology; ICU and operating theatres; food services; and medical imaging. There were over 40 stalls or displays. Many included hands-on activities.

Those who participated included the Gold Coast Hospital Auxiliary, Gold Coast Hospital Foundation, Griffith University, Bond University, the Break Away youth mental health support group, Queensland Ambulance Service, Queensland Police Service, Australian Red Cross, Australian Red Cross Blood Service, Queensland Renal Association, Home and Community Care, St Luke's Nursing Service, Commonwealth Carelink Centre, Queensland Cancer Fund and Monash University. Other participants included ABC Radio 91.7, the Gold Coast City Council, Anthony of Balloon King, Trixie the Clown, Spacewalker, Dreamworld, 60 and Better and Eat Me Wild. I know that many members will be wondering what that is about. It is actually about native bush tucker.

Other activities included presentations; demonstrations such as boxercise, Tai Chi and line dancing; children's entertainment, such as Dreamworld and Spacewalker characters, clowns, face painting and make your own stethoscope; and a Nurse of the Year sausage sizzle. There was also bush tucker, Devonshire teas and live outside broadcasts by the local ABC radio station. The open day utilised a large area of the hospital, including the main foyer, rehabilitation gymnasium and garden, tents in the outdoor parking lot and two floors of open space, the specialist outpatient department and a number of consulting rooms, plus the tour areas.

My thanks go to Amanda Noonan for her assistance with the information she provided me both on that day and subsequently. I mentioned that I went to the cardiac catheter suite, which has now been open since Monday week ago. That centre is expected to treat 2,000 patients per annum. That is 2,000 patients who do not have to travel to Brisbane for the treatment that they will receive in that centre. It is an excellent centre staffed by excellent people.

In the short time remaining, I would like to mention another issue which is near and dear to my heart, and that is the issue of parking in Southport. There are articles referred to at various times by people in the Gold Coast City Council and they have been reported in the Gold Coast *Bulletin* but it refers to a report that has been issued which says that there will be no shortfall of parking until 2030. I am here to tell the House that that is absolute rubbish. The fact is that there is a parking crisis in Southport right now. WorkCover and the Department of Housing have left and have gone to Robina together with at least one major legal firm, and part of the reason is a lack of parking available in Southport.

I have been recently informed that the titles office is moving from Bundall and it is also going to Robina. The titles office wanted to move to Southport and there were three different sites that they inspected but the parking was absolutely impossible. It is going to get even worse because the medical school which opens in a matter of weeks will have 700 students, lecturers and so on. So there are an extra 700 people who will be in Southport looking for car parking.

It has been widely reported in the press that a parking station was proposed on the Athol Patterson car park by Leighton Properties. That was torpedoed by the Gold Coast City Council because it refused to remove about 87 centre parking car parks outside of the hospital, notwithstanding that it has been acknowledged by the police, the ambulance and various other organisations that that parking is dangerous. So I call on the Gold Coast City Council to address this critical issue of the shortage of car parking in Southport.

CONTRACT CLEANING INDUSTRY (PORTABLE LONG SERVICE LEAVE) BILL

First Reading

Hon. TA BARTON (Waterford—ALP) (Minister for Employment, Training and Industrial Relations) (12.32 pm): I present a bill for an act to provide for an equitable and efficient system of portability of long service leave in the contract cleaning industry, and for other purposes. I present the explanatory notes, and I move—

That the bill be now read a first time.

Motion agreed to.

Mr Deputy Speaker read a message from Her Excellency the Governor recommending the necessary appropriation.

Second Reading

Hon. TA BARTON (Waterford—ALP) (Minister for Employment, Training and Industrial Relations) (12.33 pm): I move—

That the bill be now read a second time.

The Contract Cleaning Industry (Portable Long Service Leave) Bill 2005 will open the way for some of the state's hardest workers to enjoy some of the entitlements that have been beyond their reach up until this year. The bill gives workers in a growing but transitory industry access to long service leave, an entitlement already enjoyed by the majority of Queensland workers for many, many years.

The Contract Cleaning Industry (Portable Long Service Leave) Bill 2005 overcomes the problems that have prevented workers in this industry from accessing long service leave in the past. This industry features regular turnover of employees and cleaning contracts, and this has been an impediment to workers receiving long service leave entitlements. The scheme will recognise service in the contract cleaning industry over a qualifying period, with long service leave entitlements paid for service in the industry rather than for continuous service with a single employer.

As with the changes to the Industrial Relations Act that I introduced recently which help migrant clothing industry outworkers, I am pleased to be able to tell the House that the bill before us also helps a large number of marginalised workers. The cleaning industry includes many migrant workers from non-English speaking backgrounds, many of whom have expressed their concerns about long service leave through the input of their union representatives during the bill's consultation stage.

The scheme will operate similarly to the building and construction industry scheme. It is proposed an industry-wide levy based on two per cent of an employee's wage will fund the scheme which is proposed to start on 1 July 2005. The scheme will be administered by QLeave alongside its current functions in managing portable long service leave in the building and construction industry. Where appropriate, the legislation and operation of the scheme aligns with similar legislation in Queensland's building and construction industry and in the contract cleaning industry in the ACT. The scheme will operate under the oversight of an industry board comprising representatives from employers and employee groups, as well as a chair and a deputy chair with financial, commercial, economic or management experience.

As I have said, the scheme will be funded from a levy paid by employers equivalent to two per cent of each worker's wages. This levy has been assessed in independent actuarial advice to be sufficient to meet obligations to pay long service leave entitlements and to meet operating costs of the scheme. Certain administrative matters and other issues associated with levies are to be provided for in a regulation which it is proposed to commence at the same time as the principal legislation.

In calculating long service leave entitlements, the scheme will recognise up to five years service in the industry before the scheme's starting date but the scheme will not pay for long service leave for which a worker has already achieved an entitlement at the time of commencement of the bill. These retrospectivity arrangements are supported by representatives of unions and employers in the industry.

The initial impetus for the establishment of a scheme for the contract cleaning industry came from the bipartisan submissions of unions and employer organisations—Liquor, Hospitality and Miscellaneous Union and the Building Services Contractors Association of Australia. Detailed consultation with those stakeholders during its development has established clear support for the bill and proposed regulation. The Australian Workers Union, which represents employees of cleaning contractors in the health services sector, also supports establishment of a portable long service leave scheme for the industry.

Stakeholders strongly supported the establishment of a scheme because it is well known within the industry that it is common for workers to move from one employer to another to find continuous work or to be transferred when a contract changes hands. Consequently, many workers do not stay long enough with one employer to qualify for long service leave, although they frequently remain in the industry for longer than the qualifying period for long service leave entitlement—10 years.

Employer support for a scheme is also based on the impact of recent federal and state industrial tribunal decisions which indicate that, where a contract changes hands and existing workers are retained in employment by the new employer, those workers will have portability of long service leave entitlements. This leads to the last employer bearing the total liability for all long service leave accrued both before and after the transfer. There are therefore obvious advantages to employers in a scheme such as this that will see all employers contribute proportionately to a future long service leave entitlement based on the employee's service with each of their employers in the industry.

All states and the ACT have portable schemes for the building and construction industry administered under legislation. The ACT has a portable scheme for its contract cleaning industry administered under industry specific legislation by the same organisation that administers their building and construction industry scheme. Victoria also has a PLSLS for its contract cleaning industry but established within the industry award.

Queensland stakeholders have always expressed a strong desire for the establishment of a portable long service leave scheme via enactment of industry specific legislation and for administration of the scheme by the state government. The bill provides for these objectives and accesses the existing infrastructure and expertise of QLeave which already administers the building and construction industry scheme. Industry parties and QLeave support this approach.

Reflecting industrial relations legislative provisions, registered workers will be entitled to long service leave of 8.67 weeks after the equivalent of 10 years service to the industry and under special circumstances, such as when a worker permanently stops work in the industry, a proportional entitlement after seven years. Entitlement will be based on service credits recorded in the PLSLS register. A worker who has an entitlement to long service leave will receive a payment based on the worker's average weekly rate of pay over the time of recorded service in the scheme.

The scheme places obligations on employers to register, provide returns with required information and pay the calculated levy. Provision is made, where breaches of these requirements occur, to impose penalties, recover outstanding levies owed and impose interest charges on outstanding amounts. It is proposed that the interest on late payment of the levy be set in regulation at two per cent a month compound. The bill proposes that a regulation commence at the same time to provide for the determination of the levy and other associated matters. I commend the bill to the House.

Debate, on motion of Mr Rowell, adjourned.

PUBLIC HEALTH BILL

First Reading

Hon. GR NUTTALL (Sandgate—ALP) (Minister for Health) (12.42 pm): I present a bill for an act to protect and promote the health of the Queensland public, and for other purposes. I present the explanatory notes, and I move—

That the bill be now read a first time.

Motion agreed to.

Madam Deputy Speaker read a message from Her Excellency the Governor recommending the necessary appropriation.

Second Reading

Hon. GR NUTTALL (Sandgate—ALP) (Minister for Health) (12.42 pm): I move—

That the bill be now read a second time.

The Beattie Labor government is committed to promoting a healthier Queensland. A cornerstone of this goal is the provision of effective public health services in the state. My department is responsible for carrying out vital programs for the prevention and control of disease in Queensland. Information is gathered to respond to disease outbreaks and research is conducted to evaluate the success of health initiatives. Emerging health issues are monitored and appropriate responses are implemented to improve the health and wellbeing of the public. An essential component of an effective public health framework in Queensland is strong legislative support. I am committed to achieving this through legislation, such as the amendments to tobacco laws which I introduced into the parliament last year.

I am pleased to introduce today another major reform to public health legislation in the state in the form of the Public Health Bill 2005. The Public Health Bill will replace most of the outdated 1937 Health Act and provide a strong framework for the management of public health issues into the future. The bill addresses a range of matters such as dealing with public health risks, minimising the spread of contagious conditions, infection control in health facilities, child protection, health information management, and responding to public health emergencies.

Members would be acutely aware of the emergence of recent viruses and diseases that have had disastrous implications in other countries, such as SARS and the bird flu virus. We must be prepared for the possibility of these types of diseases coming into Queensland. As such this bill will, for the first time, provide effective statutory powers to deal with public health emergencies. The bill empowers the Health Minister to declare a public health emergency if there has been an event or series of events that may have a serious impact on the health of Queenslanders. The declaration of a public health emergency must state the nature of the emergency and the area to which the emergency relates. The declaration of an emergency triggers a range of powers so that emergency officers can take the action necessary to respond to the emergency. These provisions are designed to work alongside other emergency legislation, such as the Disaster Management Act, if required.

For the first time the bill also introduces comprehensive provisions to establish public health inquiries. In the event of a serious public health matter arising, the minister may establish an inquiry to determine the circumstances and causes of the matter under inquiry. An inquiry may be established, for example, to ascertain the source of a disease outbreak in a particular area where the source could not be ascertained through normal investigations. The emphasis of these inquiries is fact finding rather than punitive in nature. They enable matters to be investigated to minimise the risk of a recurrence of the particular incident. Witnesses are given appropriate protection under the provisions of the bill. A report of any inquiry must be tabled in the parliament.

Local governments have a long-established and important role of dealing with public health issues at a local level. The current Health Act empowers local government to deal with a range of matters called nuisances. This capacity has been retained in the Public Health Bill under provisions relating to public health risks. However, the bill takes a strong partnership approach with local government by clearly allocating responsibility for public health risks between local government and state government. With the agreement of the respective parties, the state government can also share responsibility for local government risks, and local government can share responsibility for state government risks. The local government's ability to respond to the dispersal of certain hazardous substances at places other than workplaces has been strengthened. For example, the bill provides that where materials containing asbestos are being removed by home owners their removal can be effectively monitored by local government. I am aware that some local governments are concerned with having an enforcement responsibility in this area. However, with the forging of stronger partnerships between state and local government in dealing with hazardous situations in non-occupational settings, the Queensland government will be better positioned to meets its responsibilities to the people of Queensland. The assistance provided by Queensland Health and the Department of Industrial Relations to better enable local government officers to respond to asbestos related complaints demonstrates the government's commitment to working with local government on these issues.

The feedback on the consultation draft of the bill late last year identified a number of areas where local government believed the powers in the bill could be streamlined to improve their enforcement. My department has taken this on board and, where possible, amended the bill to improve the effectiveness of enforcement. Where feasible the provisions of the bill provide similar powers to those under the Local Government Act.

The government is committed to following through with this partnership approach by providing support to local government in the implementation of the legislation once passed. An implementation

plan for the bill has been developed and will provide for the development of MOUs with local government, the development of procedures and templates to assist local government, conducting information sessions and training, and establishing reporting systems. In addition, local governments and interested members of the public will be consulted on the regulations to be made under the act.

The bill takes a proactive approach to the prevention and control of health risks associated with particular pests such as mosquitos. Outbreaks of mosquito-borne diseases in north Queensland, such as dengue fever, have a serious impact on individuals and communities and need to be tackled head on. The provisions of this bill enable the Chief Executive of Queensland Health to do this by establishing a prevention and control program in relation to particular pests. The program is to be notified in relevant newspapers, radio or television. Once the program is established, authorised persons under the act are given authority to do 'yard to yard' searches for the particular pest or breeding grounds for the pest. For example, a program to prevent the outbreak of dengue fever would enable authorised persons to search for potential breeding sites at particular times of the year.

However, in respect of the rights of individual property owners, the authorised person must notify any occupier when they enter the property, and are not entitled to enter a person's home. The authorised person must also notify the occupier of any action taken when they leave the property. I am confident that these powers will prove to be effective in minimising the risk of this type of disease outbreak in the state, particularly in north and far-north Queensland.

A further innovation in this bill gives the chief executive of Queensland Health the capacity to establish an environmental health event register. The purpose of this register is to monitor the health effects of a particular event such as a chemical fire. Participation in any register is voluntary. The information provided by people to the register is given specific protections under the act.

As members are aware, the government has embarked on major reforms to improve child protection in this state and this bill complements recent legislative amendments in two areas. The first area relates to the mandatory notification of child abuse or neglect, which requires a doctor or registered nurse to notify their concerns to the Department of Child Safety. These provisions were enacted in the Child Safety Legislation Amendment Bill in 2004 and are carried forward into the Public Health Bill.

The second area in this bill relates to holding a child at risk of harm at a health service facility. Currently under the Health Act a prescribed medical officer can hold a child at risk of harm for up to 96 hours if the doctor is concerned that the child may suffer abuse or neglect. Although these provisions are infrequently used, they are an essential component of the state's child protection system and need to be retained.

Under the bill a designated medical officer, usually a senior paediatrician, may hold a child in a health service facility if the child has been harmed or is at risk of harm and may leave the facility and suffer further harm. Clearly this type of child abuse or neglect is not tenable to the Queensland public and must be addressed in legislation. Given the time, I seek leave to incorporate the rest of my speech in *Hansard.*

Leave granted.

Under the provisions, a designated medical officer may hold a child for up to 48 hours, and following consultation with another designated medical officer, for up to a total of 96 hours if needed. This will enable time for the proper medical assessments to be made and, if necessary, for child protection measures to be put in place under the Child Protection Act.

To ensure that quick action can be taken in relation to these cases, a designated medical officer must notify the Department of Child Safety as soon as possible if a child is held under the Act. Parents must also be advised of the child being held at the health service facility, unless it is unsafe to the child to do so or if it may prejudice a criminal investigation.

Mr Speaker, another key area in the public health framework is minimising and controlling the outbreak of diseases in child care centres and in schools. While health promotion and education play a key role in this, it is also necessary for school principals and people in charge of child care centres to be given the necessary legislative backing to help prevent the spread of these diseases.

Under the bill, a principal or person in charge of a child care service may exclude a child if they believe the child may have a particular contagious condition. The types of contagious conditions will be specified in a regulation under the Bill. To ensure that this power is used effectively, children can only be formally excluded after consulting with Queensland Health.

Prior to any formal exclusion, the principal or person in charge must also contact a parent and advise them of their concerns about the child's health status. As members would be aware, in the vast majority of cases, parents will co-operate and remove their child from the school or child care service. However, there will be circumstances where explicit legislative powers will be required to protect the other children.

Importantly, the Bill also places obligations on parents. A parent who knows that a child has a contagious condition cannot send their child to a school or child care service. Similarly if a child is excluded from a school or child care service a parent can't then re-admit the child to another school or service.

Principals or persons in charge of child care services who act reasonably under these provisions are protected from liability under the Bill.

These provisions are particularly important to the ongoing goal of reducing the incidence of, and even eradicating, vaccine preventable diseases, such as measles.

Mr Speaker, I am committed to continuing to establish the highest standards of infection control in health services in the state, whether in the public or private sector. For the first time in legislation there will be a statutory duty on health services to take reasonable precautions to minimise the risk of infection in their facilities. These provisions will apply to a range of private practices,

such as medical and dental practices, as well as public hospitals. The provisions do not apply to private hospitals as they are obliged to meet similar requirements in their licence under the Private Health Facilities Act.

The statutory duty is re-enforced by a requirement to have an Infection Control Management Plan for the facility. The Infection Control Management Plan must deal with a range of matters, including the identification of the infection risks at the facility, the measures to be taken to prevent or minimise the risks, and how staff are to be trained in applying the plan in practice.

I recognise that a number of colleges and professional associations already have in place infection control protocols of various forms. It is not intended that the Infection Control Management Plans will duplicate these protocols, but could be adopted under the Act if they comply with the statutory requirements.

It is not the government's intention to take a punitive approach to this issue. As such, there are no offences for failure to comply with the infection control provisions. However, the Bill enables Queensland Health to effectively monitor and enforce compliance with the Act, and empowers the department to refer any infection control concerns to bodies such as the Health Rights Commission or a Health Practitioner Registration Board.

Mr Speaker, the collection of relevant health information is essential to effectively monitor trends in population health status. The provisions in the current Health Act in relation to the cancer register and the perinatal statistics register are carried over into this Bill.

The pap smear register, which was established in legislation in 1999, will also be carried forward under this Bill. This register establishes a voluntary 'opt off' system for women's pap smear results to be forwarded to Queensland Health for the purpose of issuing reminders to women and assisting in clinical decision-making.

Queensland Health holds a large amount of personally identifying information, including in the registers I have just mentioned. In some cases, this information may be of use to researchers to monitor trends in diseases or to evaluate the effectiveness of health interventions.

However, it is essential that individuals' privacy be protected. For these reasons, a legislative regime has been established under the Act in relation to accessing health information for research purposes. Researchers wishing to access health information must apply to the Chief Executive after having received Ethics Committee approval.

Applicants must outline the reasons that identifying information is required and how the privacy of the persons will be protected. Strict confidentiality obligations are also placed on researchers.

Mr Speaker, it is inevitable in legislation of this type that fundamental legislative principle issues will be raised in relation to individual rights. My department has thoroughly examined these issues to ensure that they are adequately justified. I would draw members' attention to the explanatory notes accompanying this Bill which provide a detailed explanation of these issues.

The Bill represents the outcomes of many years work, including extensive consultation with local government, professional associations, government agencies, health service providers and the general public. A draft policy paper on the review was distributed for public comment in 1998 and an exposure draft of the Bill was provided for public comment in late 2004.

I thank the people that have contributed to this review for their time and effort. I am confident that the Public Health Bill will provide an effective legislative framework for public health matters in this state for many years to come.

I commend the Bill to the House.

Debate, on motion of Mr Copeland, adjourned.

MINISTERIAL STATEMENT

Western Hardwood Forests

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (12.51 pm), by leave: On 14 December 2004 I released details of a draft plan to protect more than one million hectares of high conservation value native forests in the western hardwoods region. It balanced protection with the imperative of having a sustainable timber industry with sustainable jobs, giving the industry 20 years to make a transition to a plantation based resource. It delivered on the main aims of the timber industry and the conservation movement. However, to make it work, each group must compromise.

For example, environment groups must accept that more intensive logging will be permitted in state forests outside the one million protected hectares. And the timber industry must accept that the region's Crown hardwood allocations must decrease by at least 25 per cent. If this reduction occurs, the government will underwrite the remaining allocation for the 20-year transition to plantations.

Since announcing the draft plan, the government has continued negotiating with the Australian Workers Union, Timber Queensland—formerly known as the Timber Board—and the Australian Rainforest Conservation Society. The parties have agreed that the 25 per cent reduction in Crown hardwood allocation should be achieved through voluntary means. They agree that the final form of the western hardwoods plan will hinge on the level of reduction. They have asked the government to approach the 11 western hardwoods sawmillers with Crown hardwood allocations as soon as possible with a call for expressions of interest in either state government purchase of all or part of their current Crown hardwood allocation or state government purchase of their mill business.

We have acted on this request and are in the process of sending invitations for expressions of interest to the 11 businesses. I table a copy of a letter. This proposal offers a sustainable future to both the industry and the environment. The government will fund it and, in recognition of potential hardship, will support affected mill workers and contractors.

As the letter to millers shows, the choice is theirs. Any mill wishing to continue taking Crown allocations will be offered tradable compensatable supply agreements for the 20-year transition on the assumption that it is prepared to make the transition. The sawlog volumes offered to millers will depend

on the response to our offer for allocation or business purchase. Millers should have no doubt that these supply agreements will be based on a revised compulsory sawlog standard, including small logs from trees in the 30 to 40 centimetre diameter range. It will include timber sourced from private lands. I urge millers to seriously weigh their options. Each may submit a 'without prejudice' expression of interest until 11 April 2005.

The government will enter into detailed discussions about expressions of interest on a commercial-in-confidence basis, including appropriate due diligence and valuation assessments where necessary, before finalising a decision.

MINISTERIAL STATEMENT

Stem Cell Research

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Minister for Trade) (12.54 pm), by leave: Today I congratulate Griffith University researchers led by Professor Alan Mackay-Sim for having grown adult stem cells harvested from the olfactory mucosa in the nose. They demonstrated the cells can give rise not only to nerve cells but also to heart, liver, kidney and muscle cells. A paper on their work is to be published online this week in peer-reviewed life sciences journal *Developmental Dynamics*.

Professor Mackay-Sim, deputy director of the university's Institute for Cell and Molecular Therapies, has spent the past four years developing the research which will have potential clinical application in stem cell transplantation therapies and in understanding the biology of diseases. Professor Mackay-Sim says the discoveries highlighted significant advantages of these adult stem cells over embryonic stem cells. The professor says that the experiments have shown adult stem cells isolated from the olfactory mucosa have the ability to develop into many different cell types if they are given the right chemical or cellular environment. The research suggests that these adult olfactory stem cells have the same ability as embryonic stem cells in giving rise to many different cell types but have the advantage that they can be obtained from all individuals, even older people who might be most in need of stem cell therapies. This would mean that stem cells obtained from and transplanted into the same person would not be rejected by the immune system.

For the past three years Professor Mackay-Sim's research team has been investigating the potential of olfactory stem cells in treating Parkinson's disease and is currently using stem cells from Parkinson's sufferers to gain insights into the causes of the disease. Professor Mackay-Sim, who was Queenslander of the Year in 2003, has been researching the sense of smell for 30 years, the past 20 focusing on the regeneration of the sensory nerves of the olfactory mucosa.

I seek leave to incorporate more detail in *Hansard*.

Leave granted.

The scientific paper, titled "Multipotent stem cell in adult olfactory mucosa", has been authored by Dr Wayne Murrell, Dr Francois Féron, Andrew Wetzig, Nicholas Cameron, Karish Splatt, Bernadette Bellette, John Bianco, Dr Christopher Perry, Dr Gabriel Lee and Professor Mackay-Sim.

On behalf of all Queenslanders, I congratulate them all.

They are continuing their research at Griffith University's Institute for Cell and Molecular Therapies in Brisbane.

Mr BEATTIE: I congratulate the university and the professor. They are a perfect example of the Smart State in operation. They are brilliant and they deserve public acclaim.

Sitting suspended from 12.57 pm to 2.30 pm.

Madam DEPUTY SPEAKER (Mrs Croft): Order! Before calling the Clerk, I wish to acknowledge in the public gallery students and teachers from Mary MacKillop Catholic School in the electorate of Toowoomba North.

HEALTH LEGISLATION AMENDMENT BILL

Second Reading

Resumed from 20 October 2004 (see p. 3046).

Mr COPELAND (Cunningham—NPA) (2.30 pm): I also welcome the students from Toowoomba to the chamber today. The opposition will be supporting the Health Legislation Amendment Bill 2004, even though it does have some reservations with regard to the sections pertaining to pharmacy, midwifery and confidentiality. At the outset, I thank Ms Sue Cawcutt and Mr Michael Fiechtner for their time in briefing me on this bill what seems some time ago now.

While most of the amendments contained within this bill have generated little controversy and have the broad support of interest groups, there have been significant concerns raised with opposition

members—concerns which I know have also been raised with government members—regarding changes to the pharmacy and midwifery provisions. I will detail some of these concerns at length during this speech. I place on record my concern at such a large number of wide-ranging amendments affecting numerous acts being placed in one omnibus bill—a practice which appears to have become commonplace with the health department over some years, particularly under the previous minister.

I turn now to the objectives of the bill which amend the Health Services Act 1991, the Mental Health Act 2000, the Nursing Act 1992, the Pharmacists Registration Act 2001 as well as numerous operational amendments to various other acts. The amendments to the Health Services Act 1991 provide clarification on the duty of confidentiality and the exceptions to the duty of confidentiality.

The bill amends the Health Services Act 1991 in relation to the duty of confidentiality to identify more clearly to whom the duty applies, provide for variations to the existing exceptions to the duty, provide for three new exceptions to the duty, clarify the duty and exceptions that apply to former officers and employees, incorporate investigation and enforcement provisions and improve the general wording of the section. The bill amends the Mental Health Act 2000 to address operational matters concerning the operation of the Mental Health Court, the operation of the Mental Health Review Tribunal and the treatment of interstate mental patients.

The bill will amend the Nursing Act 1992 to implement the recommendations of the national competition policy review of nursing and midwifery practice restrictions, including creating offences for the unauthorised use of a nursing or midwifery title, falsely holding out to be a nurse or midwife, practising nursing without appropriate registration, enrolment or authorisation, assisting a woman during childbirth without appropriate authorisation and implementing the outcomes of the review of the Nursing By-law 1993, including updating the course accreditation provisions in the act. The bill amends the Pharmacists Registration Act 2001 to give effect to national competition policy reviews of pharmacy ownership and restricted core practices in health practitioner registration acts and amends various acts to make minor operational changes, update cross-references and make consequential amendments to reflect those made in the bill.

These objectives will be achieved by, firstly, replacing section 63 of the Health Services Act 1991. According to the explanatory notes, the amendments resulted from a review of the specific section. The amendments to section 63 are to clarify to whom the duty of confidentiality applies, to amend existing exceptions to the duty of confidentiality, to provide for a child or young person who is of sufficient maturity to consent to the disclosure of their own information, to allow a parent to consent to disclosure of information where a child or young person is not mature enough to make that decision, to allow designated persons such as switchboard operators to give general information—for example, that a person's condition is stable—to allow a health professional to disclose information to a person with sufficient personal interest, such as family members or a close friend, and to permit disclosure of information required for the care or treatment of a person.

The amendments to this section add new exceptions to the duty of confidentiality to permit disclosure where there is a serious risk to the life, health or safety of a person. The disclosure is to an inspector undertaking an investigation or enforcement function under part 7A, 'Investigation and enforcement'. The disclosure is for activities necessary or incidental to other exceptions and includes provisions for the appointment of officers with powers to investigate alleged breaches of section 63.

Under these amendments doctors would be able to override a child's right to privacy and discuss his or her health care with parents, guardians, family members or close friends. The doctor would have the discretion to assess the child's maturity level to understand the consequences of keeping such information confidential. In his second reading speech, the minister said the legislation would provide health professionals with the discretion to act in the child's best interests. We agree with that.

Currently, a doctor can release information if a patient, regardless of age, gives consent although parents usually have a role in authorising the treatment of a child under 18. I understand that the Australian Medical Association of Queensland is supportive of the amendments because these amendments provide safeguards for patients as well as providing a doctor with the capacity to understand the personal and home situation of a child and act in the child's best interests. The provisions clarifying the responsibilities of doctors in dealing with child abuse cases are also acknowledged. I take this opportunity to support the call of the AMAQ for more professional training for doctors in dealing with child abuse cases.

Whilst I acknowledge the intent of the confidentiality amendments, I must query their impact on the proposed clinical information system which is the centrepiece of the clinical enablement project. The clinical enablement project is intended to create a single view of patients through the public health network. In examining the single view of patients through the public health network I need to ensure that these confidentiality amendments will not provide ease of access to unauthorised people to gain unauthorised information or invade a patient's privacy. Perhaps the minister could provide an outline of the protocols that will be in place when this long-awaited technology is eventually online.

I am concerned about this project because I am aware that doctors have expressed their disquiet that they may not be able to access computerised medical records on demand, which prompted a

restructure of the department's information technology division and management team. I am also aware that the department has struggled for more than three years to get this system delivered and recently called for outside consultants to overhaul the project.

Queensland Health is injecting approximately $280 million into new clinical and patient systems for the state's public hospitals and clinics. As I have mentioned, the department has struggled to implement one of the core components of this project. It cannot get it right. In easing the rigidity and restrictions on patient confidentiality, I hope the department does not create another system that it cannot get right, because if that is the case it will be the patients who suffer again. Accordingly, I would like the minister and his department to give this matter very serious consideration and outline to the parliament the protocols that will be in place when the IT system is online.

I think it is fair to say that Queensland Health has gained a reputation for bullying people who speak out against or are critical of Queensland Health. This has been raised on numerous occasions by, for example, organisations that receive funding from Queensland Health. They have not been able to speak up in any way about problems or complaints they may have with Queensland Health. It has also reached the point where employees feel that they will not be able to speak up in either a formal or informal way for fear of recrimination. There have certainly been concerns raised of abuse by Queensland Health of section 85 of the Public Service Act.

Other concerns have been expressed by employees of Queensland Health who feel terrified to speak to their own members of parliament about issues within Queensland Health. Given the track record of Queensland Health, it is certainly understandable why people are concerned about clauses within this bill related to confidentiality. I ask the minister to clarify whether these amendments will make it more difficult for people to raise legitimate problems within Queensland Health. I also ask the minister to put on the public record the right for people to approach their local member of parliament on their own behalf or on someone else's behalf for assistance with any problem they may have with the health system.

As the minister knows, MPs do a lot of work in a wide range of individual circumstances with constituents who disclose confidential information or who are seeking information. It is absolutely necessary that this situation can continue and will not in any way be hampered by the changes to the confidentiality requirements contained within this bill.

The amendments to the Mental Health Act 2000 address minor operational matters and correct cross-references. Specifically, the amendments ensure that the appropriate authorities are notified when a person with active criminal charges is returned from a mental health facility to a corrective services facility. The amendments increase the time frame within which the Mental Health Review Tribunal is required to provide a written statement of reasons for a decision to 21 days and increase the time frame within which a patient may make an appeal to 60 days.

It enables an observer to attend a tribunal hearing for the purpose of training or performance review of tribunal members. It increases the period that the tribunal may adjourn a hearing from 28 days to 60 days where this is for the purposes of obtaining an examination of a patient. It clarifies that the tribunal must give its reasons for taking or not taking into account the material submitted by a nonparty separate from its decision on a patient review. It clarifies that people such as volunteers and contractors working in the tribunal are also subject to confidentiality requirements. It clarifies the commencement of statutory time frames for involuntary treatment of interstate mental health patients apprehended and taken to a Queensland Health service.

It is unfortunate that this bill deals with minor amendments to the Mental Health Act 2000 when quite clearly there needs to be a major overhaul of the Mental Health Act and its structures, the Mental Health Court and the Mental Health Review Tribunal as well as Queensland Health's management of its hospital and community services relating to mental health illnesses and treatments. The mental health regime is relatively new and one can expect some teething problems. However, the system failures that are evident today are not caused by the newness of the regime. Problems in the system which created situations like the Gabriel, Briscoe and Perry cases should have been addressed by the new act and any problems detected since that time should have also been addressed.

Although the Briscoe and Gabriel escapes focused on hospital security, the Perry case drew attention to the fact that Queensland Health is putting lives at risk by failing to give patients the help they need before they become dangerous. Patients, families and police officers alike say that Queensland Health is misguided in its budgetary pressure on psychiatric beds, which makes it hard to get people detained in hospital unless they actually harm themselves or they harm others. According to the Schizophrenia Fellowship, the mental health system in this state has a culture of denial and subsequently it avoids accountability by having no effective mechanism to examine, identify and rectify laws. That is why I call on the government to undertake a serious review of the various mental health structures, systems and services. I also request that this review be conducted by qualified administrators and not just by psychiatrists. It is imperative that the systems, services, resources and funding appropriations are reviewed, not just the treatment regimes. The effectiveness of the Mental

Health Court and the Mental Health Review Tribunal depends on reliable community mental health services and the shortages of these services impacts negatively on these entities.

The Cornelia Rau case highlighted the inadequacy of the mental health system to either diagnose or treat mental health patients or properly resource these services to enable the same. But sadly, there are many similar cases that have been drawn to my attention—and I know that the minister is aware of them, too—that reveal serious failures in the state's mental health services at the Princess Alexandra, Royal Brisbane, Caboolture, Prince Charles, Mackay, Gold Coast, Bundaberg and Townsville hospitals. The system and service failures to which I refer have ended in some tragedies. I do not wish to add to the families' despair by mentioning any names, but suffice to say those tragedies could have been avoided if treatment and/or hospitalisation had been available.

Queensland's expenditure on mental health services is the lowest in the nation. According to the Royal Australian and New Zealand Colleges of Psychiatrists, the number of clinical staff in community mental health services is the lowest of any state or territory. Similarly, the *National mental health report 2002* revealed that Queensland has the lowest per capita expenditure on mental health of any state or territory. Queensland spent $84.83 per capita on mental health services when the national average was $92.03. Victoria spent $98.81 and Western Australia spent $110.82 per capita.

In an article in the *Courier-Mail* on 8 February this year, Mr Jeff Cheverton, the Executive Director of the Queensland Alliance of Mental Illness and Psychiatric Disability Groups, agreed that the figure reinforced the opinion that Queensland Health starves the mental health sector of funding. Mr Cheverton went on to say in the article that the lack of funding in mental health causes the state's prisons to become de facto treatment centres.

Last December we learned of a teenage girl who had spent the night in jail because there was no room for her in a Brisbane mental health facility. The teenager was a diagnosed schizophrenic and the court sought placement in the Bayside Mental Health Service as part of her sentence for an offence. Unfortunately for this teenager there was no bed available in that unit. As there was no treatment facility, the teenager's mother had to plead for her child to be imprisoned so that the teenager could get some help for her mental health issues and paint-sniffing addiction. At the court hearing the presiding judge said—

People with psychiatric disorders are not easy to deal with, but that doesn't mean you give up on them.

Some mentally ill people in Cape York communities were not being diagnosed as having a problem until they were in trouble with the law. Consequently, the Tharpuntoo Cape York Legal Service called on the government to provide better mental health services to communities. The legal service took it upon itself to start a program involving people with mental illnesses to divert them from the prison system into the health system. Whilst the legal service can be commended for its proactivity, one has to ask: where is the health department on this occasion? A complete review is certainly necessary.

The bill also amends the Nursing Act 1992 to implement the outcomes of the national competition policy review of practice restrictions for nursing and midwifery. The restrictions introduced by the bill are consistent with the other Queensland health practitioner registration acts. The amendments to the Nursing Act 1992 provide a clear title restriction on the terms ‘registered nurse’, ‘enrolled nurse’ ‘midwife’ and related titles. The bill replaces the existing offences of holding out to be a registered or enrolled nurse or midwife with separate offence provisions for nursing and midwifery. The bill also retains a statutory restriction on nursing practice, with exemptions for non-nursing staff under the supervision of a nurse, other health professionals providing services within their professional training and expertise, emergencies, or persons acting for no fee or reward.

The bill also retains statutory restrictions on caring for a woman in childbirth, with amendments to define the term ‘childbirth’ for the purposes of the restriction, and exemptions to ensure that a woman in childbirth has access to other appropriate professional health care and the ability to choose to have voluntary help from other persons. The amendments in the bill also incorporate the provisions from the Nursing By-law 1992 concerning the accreditation of nursing and midwifery courses by the Queensland Nursing Council. The bill replaces the by-law making power with a regulation-making power in accordance with contemporary drafting practice. It also inserts minor administrative provisions, for example, to enable additional particulars to be recorded in the register.

The issue of the changes relating to midwives has been particularly contentious, with many individual midwives as well as the Australian College of Midwives (Queensland Branch) contacting my office to raise their concerns. I have also been contacted by individual women and their partners who are placing much hope in the current review being undertaken by Dr Cherrell Hirst in expressing their concerns that this legislation will, in fact, devalue the work of midwives and their standing in the medical community.

Perhaps even more telling has been my own recent experiences. As members will be aware, I was absent during the first sitting of parliament this year as I stayed at home in my electorate waiting for my wife to give birth to our first child.

An honourable member: Hear, hear!

Mr COPELAND: I thank the member. Our daughter was born on 24 February—the Thursday of the first sitting week—at St Vincent's Hospital in Toowoomba. I would like to take this opportunity to express Rae's and my own thanks to all the doctors, midwives, nurses and other staff at St Vincent's for the extremely compassionate and expert care they showed to our family in the lead-up to and during this very exciting time. However, it was during this time that every single midwife we came in contact with took the opportunity to raise with me their very real concerns about this legislation—the impacts that it will have on their profession, the difficulties they have already in attracting new specialist midwives and the increasing average age of existing midwives. It was the fact that these women who were at the front line of this specialty area held very real concerns that reinforced to me that they needed to be addressed during this debate. I congratulate them for taking the opportunity to lobby me at all hours when I was at the hospital. These reservations stem from the push to amend the Nursing Act to implement the outcomes of the national competition policy review of practice restrictions for nursing and midwifery, particularly as the report on the maternity services review conducted by Dr Cherrell Hirst has not been released publicly.

Dr Hirst's review was to look at existing and potential future models of care, including midwifery services, and recommend strategies to improve choices for women. In conducting the review, Dr Hirst was to seek the views of consumers on the accessibility and choice of available services and to engage all stakeholders, public and private, in the process to ensure the best ideas for safe and sustainable maternity care in Queensland.

Today, we are debating a bill that relates to midwifery before Dr Hirst's report has been completed—or at least has been released publicly. This undue haste discredits the input from these stakeholders who provided their respective contributions in good faith. It would make sense to await the findings of that review and examine this legislation to ensure consistency with the recommendations that are expected in that report. I ask the minister to give a guarantee that those findings will be compared to the legislation as it passes through the House.

I would like to take this opportunity to go into some detail from just one of the submissions I have received from a number of midwives. I know that this letter was sent to the minister and he will be aware of its contents, but I do think it is important to include them in the record of this debate. It states—

Dear Minister

RE: Health Legislation Amendment Bill 2004

We, the undersigned Midwives would like to voice our concerns regarding Part 4, Amendment to the Nursing Act 1992 in the Health Legislation Amendment Bill 2004.

We strongly urge the government to not proceed with this legislation and advocate that the passage of this legislation be delayed until after the completion and release of the Review of Maternity Services in Queensland and after there is complete and appropriate consultation with the midwifery and obstetric professions who are the key providers of maternity services health care in this state.

Broad Concerns

Midwifery is a distinct profession from nursing and is recognised internationally. Evidence suggests that the best outcomes for women are achieved by women having access to skilled and competent midwives. If there is provision for non-midwives to provide midwifery care, this undermines the midwifery profession and our ability to continue to provide high standards of care to the childbearing women and their families. It also discredits international best practice. By replacing midwives with registered nurses or any other person in providing daily care to childbearing women, including labouring women, will expose the safety of women and their (unborn) babies. This is not the solution for recruitment and retention of midwives in Queensland and in particular, experienced midwives. Obstetricians are reliant upon the skills and expertise of midwives, particularly when complications arise and unexpectedly. This may place the obstetrician in a compromising situation. Only midwives who have completed recognised qualifications are educationally prepared to provide entire maternity care to childbearing women and this includes appropriate referral to an obstetrician as required. The use of non-midwives in maternity services is not supported by the evidence. This will not only reduce the quality of care available to childbearing women but it will also increase the risk of outcome and liability for hospitals, midwives and obstetricians.

Specific Concerns

Definition of childbirth

Women require care for the maternity episode which includes pregnancy, labour and birth and postpartum to six weeks after the birth. The definition of childbirth as stated is too narrow and is therefore insufficient. To restrict practice according to the narrow definition of childbirth (labour and birth) in the proposed legislation wrongly assumes that non-midwives are educationally prepared and/or competent to provide appropriate and quality care.

Nurses and Midwives Act

Issues of concern in the draft legislation result from an assumption that midwifery is a specialty of nursing and as such, nurses can perform maternity care in certain circumstances. A clear identity for midwifery should be reflected in the amended Nursing Act and should be renamed as the Nursing and Midwifery Act, thus the Queensland Nursing Council should become the Queensland Nursing and Midwifery Council. Three other Australian states/territories have already legislated in this direction in the interests of their communities, and several other states are considering doing so.

We also support the following response and recommendations of the Australian College of Midwives (Queensland Branch):

Section 77 I (2)(b)

Under section 77 I (2)(b), the restriction for attending a woman in childbirth 'does not apply to a person under the supervision of the midwife or a medical practitioner'. Effectively, this paves the way for Registered Nurses ... enrolled nurses ... or anybody else, to work in labour wards as midwives with a qualified midwife providing supervision. No mention is made of the level of supervision.

The 'supervising' midwife might be in charge of the whole labour ward and RNs providing day-to-day midwifery care to labouring women for which they are not educationally prepared or accredited. Similarly, in the private sector, a medical practitioner, such as a private obstetrician or GP, could be off-site in his/her rooms and still be considered as the supervising medical practitioner. Without change, the Health Legislation Amendment Bill 2004 creates further problems in trying to establish a skilled work force to provide quality midwifery care to women and their families.

Section 77 I (2)(d)

Section 77 I (2)(d) provides for student nurses to care for women in childbirth as part of an accredited nursing course and under supervision from a registered nurse. This section fails to identify that midwifery is a distinct profession from nursing and that education and registration as a midwife is essential to ensuring women receive high quality maternity care. This section should be deleted. It is inappropriate for student nurses to be acquiring nursing skills (as distinct from midwifery skills) on women in labour. It would be a rare case that a woman needed nursing care while labouring and would mean that she had multiple complications and would be critically ill. In these circumstances, it would not be suitable to include a student who was not yet a registered care provider in the woman's care. The sort of circumstances that may involve a registered nurse as well as a registered midwife would be if the woman was in intensive care. It is unlikely in these circumstances that she would labour and give birth and is definitely not a suitable client to involve in the education of student nurses.

The letter does go on with a number of recommendations pertaining to those concerns and is signed by a large number of midwives on the attachment. I would like the minister to address these concerns and reassure midwives that they will not be adversely affected by this legislation.

The bill also amends the Pharmacists Registration Act 2001 to address issues concerning pharmacy ownership and restrictions on the practice of pharmacy arising from the two NCP reviews. Pharmacy ownership issues were examined as part of the national review of pharmacy, while practice restrictions were examined under the review of restricted core practices in health practitioner registration acts. The amendments replace the existing provisions regarding pharmacy ownership and remove the current broad practice definition and practice offence used to prevent persons other than pharmacists from practising pharmacy.

The new provisions regarding pharmacy ownership restrict ownership of a pharmacy business to: registrants—that is, registered pharmacists; corporations whose shareholders and directors are all registrants, or a combination of registrants and specified relatives of the registrants; friendly societies that, at the commencement of the provisions, operate a pharmacy business in Queensland or another state or are an amalgamation of two or more such friendly societies; and the Mater Misericordiae Health Services Brisbane Ltd (the Mater Private Hospital). It prohibits registrants from owning or being a shareholder in or director of a corporation that owns more than five pharmacy businesses or being a shareholder in or director of more than five corporations that own pharmacy businesses; prohibits corporations from owning more than five pharmacy businesses; prohibits friendly societies or the Mater Private Hospital from owning more than six pharmacy businesses; requires that friendly societies that own a pharmacy business and demutualise—that is, change into a company whose dominant purpose is to yield a return to shareholders—must not own the business for more than six months after the day of demutualisation; allows a former spouse of a registrant to continue to own or continue to be a shareholder in or a director of a corporation that owns a pharmacy business for a specified period; clarifies that the trustee of a bankrupt registrant owner of a pharmacy business or the liquidator of a corporation that owns a pharmacy business do not infringe the ownership restrictions merely because of their positions; and updates other provisions in the act.

I understand that the minister gave the Pharmacy Guild a commitment to amend certain sections of the act pertaining to pharmacy ownership. While I had been advised verbally by the minister that some amendments would be circulated, we saw those amendments only this morning. The minister is aware of the concerns expressed by the Pharmacy Guild about certain aspects of the legislation relating to pharmacy ownership, including potential drafting problems that would in fact not deliver the desired outcome of a maximum of five pharmacies, up from four previously, able to be owned by an individual or a maximum of six pharmacy businesses that a friendly society may own, but may in fact create a loophole that enables ownership of up to 30 pharmacies.

It is my understanding that the Pharmacy Guild was given an assurance by the Premier's department that this legislation would not come up for debate until the amendments had been drafted and further consultation with the guild had transpired. It is also my understanding that until yesterday that consultation process with the guild had not taken place although, as I said, amendments were circulated in the House this morning.

The amendments involving pharmacy ownership have proven to be quite contentious. There has also been some difference of opinion between the Pharmacy Guild and friendly societies, who are also affected by these changes and support those changes relating directly to them. I have been approached by both the secretary of the Queensland Friendly Society Pharmacy Association, Darryn Young, and Bill Taylor, the chairman of the Warwick Friendly Society Association Ltd. The QFSPA submission that has been sent to me states—

On the 20 October 2004 the *Health Legislation Amendment Bill 2004* was read for the second time and is expected to come up for debate in Parliament shortly. Amongst many health related matters the Bill also contains proposed amendments to the *Pharmacists Registration Act 2001* relating to ownership provisions.

On behalf of The Queensland Friendly Society Pharmacies Association (QFSPA) I am writing to you to seek your support for those amendments which relate to Friendly Society owned pharmacies.

Friendly societies are mutual not-for-profit organisations that have owned pharmacies in Queensland since 1885.

The purpose of a friendly society is to provide its members and the community with the best range of pharmacy medicines and services at the lowest price. Our pharmacies are owned by their members and any profits of the pharmacy are returned to the members (and the community) through rebates and additional services.

Over the decades restrictions have prevented friendly societies from being able to continue to service their members especially their younger ones as they have moved to new growth areas and their older members that retire and move to new locations.

Consequently, there are now only 12 remaining friendly societies in Queensland but they have a total membership of approximately 85,000. Collectively these societies own only 21 pharmacies out of a total of 953 pharmacies in Queensland and they employ some 400 people including 52 pharmacists.

The amendments that my society is seeking your support for do only four things:

- Permits a friendly society to purchase an existing pharmacy;
- Restricts a friendly society to the ownership of a total of 6 pharmacies per society;
- Permits a friendly society, which is permitted to own a pharmacy elsewhere in Australia, to own a pharmacy in Queensland (up to a maximum of 6); and
- Requires a friendly society that 'demutualises' (i.e. becomes a for-profit entity) to divest itself of its pharmacies within 6 months.

These amendments are balanced and fair; they only affect friendly societies and their members and will have no discernible impact on the community pharmacy industry in Queensland.

But they are changes that are very significant for members of the QFSPA and other friendly societies and their members. They are also significant for the community generally because if these changes are implemented it will allow friendly societies a modest, but still restricted, growth factor which will provide more choice in pharmacy services to consumers.

Importantly, these amendments will not allow any change in the total number of pharmacies in any given locality as this factor is controlled by the Pharmacy Location Rules which are administered by the Community Pharmacy Authority under the provisions of the *National Health Act 1953*.

There is slightly more in that letter. It is signed by Darryn Young, the QFSPA secretary.

As I said, the Pharmacy Guild has concerns with some aspects of these amendments and in this case how they relate to ownership of pharmacies by friendly societies. I would like to quote from a submission by the Pharmacy Guild relating specifically to friendly societies. The submission states—

There has been talk of lifting the limit on the number of pharmacies a friendly society may own. The Pharmacy Guild is concerned about such a move for the following reasons:

- It is a contradiction of the widely agreed principle that pharmacies must be owned by pharmacists.
- Given that the only friendly societies with active expansion plans are the large health fund backed friendly societies, it is in effect corporatisation of pharmacy by stealth.
- Unlimited growth, particularly of the large 'corporate' friendly societies, could have a damaging effect on the current finely-balanced distribution system, with the main impact being on rural and regional Queensland.
- Unlimited expansion would distort the market and create local area monopolies.
- Failure to harmonise Queensland pharmacy legislation with that in other states would disadvantage Queensland pharmacists.
- Limiting the expansion of friendly society pharmacies will not impede the release of competition policy payments. The Prime Minister has made commitments to this effect.

The Pharmacy Guild is not opposed to friendly society pharmacies, which it believes, in the main, conduct themselves professionally and well. It is opposed to the large health fund backed friendly societies, which bear no resemblance to traditional friendly societies and are corporates in all but name.

The Pharmacy Guild calls on the Government to apply a limit similar to that for community pharmacy to the number of pharmacies a friendly society may own, apply this only to friendly societies currently operating in Queensland, and make them accountable to the Pharmacy Board in the same way as community pharmacies.

The submission goes on regarding contradiction of the principle that pharmacies must be owned by pharmacists—

The Guild is grateful for the recognition by the Government of the fundamental principle, supported by the COAG review of pharmacy legislation, that there is a net public benefit in pharmacies being owned by pharmacists. However, it believes that an unlimited expansion of friendly society pharmacies ... radically undermines this requirement. Most contemporary friendly society pharmacies are businesses owned by corporations, none of whose directors are required to be pharmacists.

…

Currently there are in excess of 176 pharmacies owned and operated by friendly societies in Australia and this number continues to grow. They are mainly located in three states—South Australia (32), Victoria (108) and Queensland (23), with Victoria being the focus of rapid growth in recent years. Most states allow the existence of FSPs as an exemption to the rule that pharmacies must be owned by pharmacists, but all except Victoria have restrictions on their numbers. This aberration has led to substantial growth in the number of FSPs in Victoria in recent years.

The current growth in the numbers of FSPs and their movement interstate is a result of the fact that since October 1996, when friendly societies were brought under the AFIC prudential standards, they have been able to trade interstate without demonstrating that they are responding to the needs of an existing membership in that state. This has resulted, for example, in the number of friendly society pharmacies in Victoria growing from 34 in 1996 to 108 today—an increase of over 300%.

This expansion of friendly society pharmacies is in direct contradiction to the principle that pharmacies must be owned by pharmacists and, given the expansion plans of the major 'corporate' friendly society groups, has the potential to result in a corporate style of pharmacy inimical to the principle that there is a public benefit in the ownership of pharmacies by pharmacists.

They go on regarding corporatisation by stealth—

The social and economic need for friendly societies no longer exists. The advent of the National Health Scheme, Medicare and the Pharmaceutical Benefits Scheme have largely supplanted this need. It is also interesting to note that the rapid expansion of FSPs in Victoria has not been into lower socio-economic areas in which needs might be assumed to be greatest, but into affluent areas with high per capita disposable incomes. In the recent growth spurt of FSPs in metropolitan Melbourne, none has been established in the western suburbs, whilst many have been established in the more affluent eastern suburbs ...

Furthermore, one of the major friendly society groups, Australian Unity, offers membership only to those prepared to take out membership of the health insurance fund of its parent body. This not only flies in the face of claims that friendly societies service the needy but raises concerns about vertical integration of health services.

The current rate of expansion of Friendlies is also a matter of concern. This is particularly so in the case of the National Pharmacies Group, parented by the Life Plan Health Fund in South Australia. National Pharmacies describes itself as the largest retail pharmacy chain in Australia, owning 51 pharmacies in South Australia, Victoria and New South Wales and with further expansion planned. The Friendly Society Medical Association ... trading as National Pharmacies reported a turnover for the 2003 financial year of $183 million with total assets of $79 million and net assets of over $50 million. Its stated net profit was $5.8 million. The average annual turnover of an FSMA pharmacy was in that year $3.6 million which is significantly higher than that of other community pharmacies at about $1.9 million (average for year 2001/02).

The guild goes on to detail some concerns regarding threats to the community pharmacy network where it says—

Any development which leads to large, corporatised ownership with the eventual capacity to bypass wholesalers and make bulk purchases directly from manufacturers will damage the distribution network with an immediate impact on the supply of these services to rural and regional centres.

...

Guild Recommendations

The essential view of the Guild is that there is no justification for distinguishing between friendly society pharmacies and other non-pharmacist owned corporate entities in a manner that undermines the pivotal principle of pharmacist ownership and control of pharmacies.

In the interests of legislative harmony and to mitigate the potential for market distortion, unfair advantage and potential damage to the distribution system, the Guild asks that the limited expansion of FSPs to a maximum of five, as suggested by the Prime Minister, be applied in Queensland. This would provide growth for friendly societies whilst going some way towards limiting the potential damaging consequences listed above and satisfying the Prime Minister.

It is the Pharmacy Guild's view that allowing interstate Friendly Society pharmacies to enter the Queensland marketplace would provide no benefit to Queensland consumers and would only serve to weaken the case for pharmacies to remain in the hands of pharmacists. It therefore requests that the limited expansion suggested above apply only to those friendly societies currently operating in Queensland.

Furthermore, the Guild is of the view that FSPs should be subject to the same kinds of accountability measures as their privately-owned counterparts.

I have not quoted all of that submission but simply some of the areas in which concerns have been raised, and I would ask the minister to address those concerns in his summing-up.

Friendly societies do a good job in Queensland, and I know personally that the friendly societies in Toowoomba and Warwick both serve their communities well and I know that many people have accessed those services. I do, however, have a concern in relation to pharmacy ownership in general and keeping large corporations from being able to enter pharmacy ownership.

Market power of major corporations has been something I have spoken about regularly in this House, and I have real concerns when it comes to pharmacies. We have seen moves already by Woolworths and Coles trying to enter the market and own pharmacies. In my opinion that is something that we should ever be vigilant about. I commend the federal and the state governments for resisting this move.

I am pleased that in principle this legislation supports the concept of pharmacists owning pharmacies and in retaining a cap on the number of pharmacies an individual may own. I share concerns expressed by the Pharmacy Guild in relation to the experience of the expansion of friendly society pharmacies by large health funds or corporations, for example, could well be a retrograde step.

I would ask the minister to address these concerns in his summing-up. I would like to have the minister's guarantee that under these legislative amendments community pharmacies and friendly societies alike cannot be used as vehicles for corporate entities to enter the pharmaceutical arena and indulge in unhealthy monopolisation. I will disclose that I have a number of close friends who are pharmacists who are involved with both private pharmacies and friendly societies, but I do not know what their stance is on this particular bill.

There are also a number of minor amendments made to various acts in the schedule of this bill. The amendments repeal the Drugs Standard Adopting Act 1976; consequentially amend the Private Health Facilities Act 1999; amend the Transplantation and Anatomy Act 1979; the Child Protection Act 1999; Child Safety Legislation Amendment Act (No. 2) 2004; Health Act 1937; Mental Health Act 2000; Penalties and Sentences Act 1992; and Radiation Safety Act 1999 to reflect the amendments to the Health Services Act 1991 in the bill; provide cross-referencing of the new offence provisions in the Chiropractors Registration Act 2001, Dental Practitioners Registration Act 2001, Dental Technicians and Dental Prosthetists Act 2001 and Optometrists Registration Act 2001; clarifies administrative

arrangements for issuing pest control licences and amends a minor cross-reference in the Pest Management Act 2001; consequentially amends the Corrective Services Act 2000, Health Act 1937 and the Health Practitioners (Professional Standards) Act 1990 to reflect amendments previously made in other acts; amends minor cross-references in the Mental Health Act 2000 and the Health Services Act 1991; and updates references to health practitioner registration acts in the Liquor Act 1992 and the Transport Operations (Road Use Management) Act 1995.

There is a whole plethora of acts amended by this omnibus bill. I think it is something that the minister should look at when the legislation is brought before this House. As I said stated earlier, I do not think it is desirable to have so many very different amendments coming through in the same bill.

I note that the explanatory notes accompanying this bill state that there will be no additional costs arising from the proposed amendments and that the bill is consistent with fundamental legislative principles. While the notes also state that there has been consultation in relation to the various aspects of the bill, I would again refer to the comments that I made earlier to the Hirst review of maternity services as well as commitments given to the Pharmacy Guild by the Premier's department. I conclude with a call for a complete and thorough review of the mental health system and its various structures.

Mrs MENKENS (Burdekin—NPA) (3.12 pm): I rise to support this bill and support the shadow minister. The main provisions of this bill are the clarification of the duty of confidentiality that applies to the Queensland Health staff, making minor operational changes to the mental health legislation, the introduction of measures to protect the community from unqualified providers of professional nursing and midwifery services, and the introduction of changes to pharmacy ownership restriction plus various other smaller provisions.

However, in providing support for this bill I wish to provide some representation on behalf of the general public of Queensland and those people who have spoken with me, many of whom are not at all happy with the performance of the current health system. In addressing these reforms, I wish to bring to the parliament's attention some of the shortfalls that are perceived by the community. I propose to discuss each of these main provisions in turn, and I will raise the issues that the opposition has identified as we go through.

Firstly, there is the amendment to the confidentiality provisions of the Health Services Act. In particular, the duty of confidentiality, as mentioned in part 7 of the bill, defines who is bound by the duty of confidentiality and clarifies the exceptions of the duty. Whilst this amendment provides that a designated person must not disclose the information that may identify a person who has received, or is receiving, a public sector health service, I have some reservations that this system will always be able to cope with the unique situations that occur in the health area.

I am aware of a situation where a father was deeply aggrieved when his daughter, who suffers some mental illness problems, had correspondence on file in her health records that he was not allowed to access. He had come to my office to seek this information. He filled out the necessary FOI applications, but he was deeply aggrieved and quite upset that information was being withheld from him about his daughter for what he felt was no apparent reason. This particular case was not a very technical one or a very serious one and it has been resolved, but it serves to highlight the difficulties that are posed by the subject of confidentiality and the concerns that are shared by the general public about withholding information regarding individuals or their offspring.

Therefore, I think it is questionable whether the amendment to allow health professionals to execute discretion with the supply of information will work to the satisfaction that everyone would like it to, particularly when the interests of the individual concerned are at stake. I certainly agree that if the health of an individual is risked by the concealing of information then it should be passed on but to whom is another question. I notice that the bill permits health professionals to disclose information to those persons with sufficient personal interests in the health and welfare of the patient but they may not necessarily be the next of kin. This could be a source of conflict because I know that in the situation of a patient under the care of the Adult Guardian that the family may once again be left out of the loop. Due to the fact that the Adult Guardian is another link in the governmental chain, I am aware of a situation where the Adult Guardian was privileged to information that the patient's family were not. Further, the Adult Guardian felt that given it was legally responsible for the interests of the patient in question the family was not entitled to this information. Why a family concerned about their mentally ill mother or handicapped brother is forced to go through FOI to get this information at times seems most incongruous.

There are many problems encountered by Queenslanders in the area of confidentiality relating to medical records. I certainly acknowledge that the emotion of families dealing with the health of one of their loved ones complicates the matter. However, I hope this bill goes some way to alleviating this situation.

The second part of this bill deals with amendments to the Mental Health Act, in particular the operations of the Mental Health Court and the Mental Health Review Tribunal. In particular, part 3 details that the increase in time within which reasons must be provided to parties in any proceedings has been lifted from seven days to 21 days. In my consultations with mental health organisations, they have told

me that this is a most positive reform, with the seven-day period being nowhere long enough for the proper presentation of information pertaining to mental illness cases. Further, they supported the increase of time for an appeal to be lodged being lifted from 28 days to 60 days. This was most welcome. In the words of the NGO that I consulted it was 'a commonsense decision'. However, what they did not view as commonsense was the Queensland government's lack of recognition of the contribution made by non-government organisations in the area of mental health.

Citing tenders of the Queensland Health department in the order of $20 million to adequately provide much-needed services to the general community, many organisations in this field have suffered by the poor distribution of funds in the last financial year. In fact, only $6.8 million was distributed to the NGOs, who are doing the vast majority of the support services work in the areas of mental health. It is disappointing that in my conversations with mental health organisations they have told of receiving a 300 per cent increase in workload despite the lack of available funds. The revenue pool has only recognised CPI increases which are absorbed by wage increases and with the increased workload there has been a clear reduction in the number of available services.

When I provide reference to part 3 of the Health Legislation Amendment Bill 2004 these facts must be considered. The organisations that provide support to those parties involved in the Mental Health Court are simply not able to provide this support anymore. One organisation that I consulted with in Townsville specified how it had been forced to cut rural outreach programs, education programs and support programs to stay within the funding that is provided by this government. After spending countless hours on producing a tender document displaying their budgetary needs of $470,000 they were confronted with the news that they would be receiving only $225,000, which meant that all staff were immediately placed on part-time wages, despite working full-time hours. They also lost vital awareness programs and were forced to cut back to the essential support programs to meet the 300 per cent increase in workload.

I understand that mental health support for NGOs in OECD countries averages 12 per cent of funding. In Queensland it averages only seven per cent and, despite increasing demands, any increases are only in line with rises in inflation. Non-government organisations are the only organisations that involve support networks for families. They support rural outreach and they support public awareness. With most government funding swallowed up by shortfalls in the hospital system, including a revolving door policy and treatment at the time, there is not the same amount of follow up that can be provided by an NGO, including ensuring that patients are even taking their medication.

In New Zealand up to 30 per cent of the funding is allocated to NGOs and hospital intervention is very narrow, with the health care provided by NGOs allowing for holistic treatment of mental health patients. Therefore, in reference to part 3 of this bill I welcome the reforms but indicate that they will mean very little if the organisations that are a major player in the mental health system are left to suffer and die and all the onus comes back on to the public system. The Queensland public does deserve better.

The third part of the bill deals with the Nursing Act and the implementation of measures to protect the public from people who falsely claim to be nurses or midwives. These are very welcome reforms as the health and wellbeing of any Queensland patient should not be put at risk by the hiring of an unqualified person. It is acknowledged, of course, that there is a worldwide shortage of qualified nurses, which is a sad reflection on this magnificent profession. Any effort to improve and recognise the total professionalism of nurses must be welcomed and encouraged.

This amendment comes at an interesting time considering that recently at the Townsville Hospital it was revealed that a Sri Lankan doctor with a Russian medical degree was permitted to perform intern duties despite the Medical Board not recognising her qualifications. That it was only discovered whilst another court case was being conducted regarding the dismissal of another health professional who was not up to scratch highlights the risks being posed to the general public due to the problems currently being experienced in the Queensland health system.

However, I would like to go on record stating my sincere admiration and respect for the wonderful job that all the health professionals in Queensland are currently doing. Their hard work and the dedication that they display in the workplace every day is acknowledged. It is not their fault that the framework, funding and leadership provided by the government to this department is poor. Clearly, when you continually see headlines like 'Health worker crisis', 'Bitter pill for GPs' and 'Hospital rosters ugly' on the front page of newspapers you would think that the government would act.

In relation to the bill and in particular part 4, the accreditation of nursing courses, I welcome the government's reforms, although I do note various comments from the nursing profession, in particular those that the shadow minister has previously outlined. We cannot take for granted the health of the general public with the employment of just any person and we must make sure at all times that the medical professionals who administer our health care are qualified to do so.

However, in making sure that our nurses and doctors are properly qualified, there should also be more emphasis placed on ensuring that they are not overworked and underpaid, which could be argued is the case at the moment. The AMA harbours grave concerns for its members, who in some north

Queensland hospitals have been put on 24-hour shifts, which once again puts at risk the health care of patients in the state.

The fourth part of the bill deals with amendments to the Pharmacists Registration Act 2001. I note that this bill retains the restriction that only pharmacies, friendly societies and the Mater hospital may own or have a pecuniary interest in a pharmacy practice. I also note the specific entities that may make up the corporate ownership of pharmacy businesses. The amendment which has been circulated, which outlines that a corporation's directors and shareholders must be registrants or relatives of registrants in which the majority of shares are held by registrants and in which only voting registrants hold voting shares, does retain the very important professional and commercial interests of the qualified pharmacists of this state. This is an important area and one that I know is appreciated by all pharmacists.

Division 6A deals with the number of pharmacy businesses which can be owned by specific entities and outlines some changes and checks and balances within this area. Section 139H in the amendments states that a registrant must not have a beneficial interest in more than five pharmacy businesses at the same time. It also prohibits a friendly society or the Mater hospital owning more than six pharmacy businesses. This is an increase from the previous ownership of four pharmacies for registrants and also an increase for friendly societies and the Mater hospital. I understand that this move has been welcomed by both pharmacists and the friendly societies.

A major concern that has been relayed to me by several local pharmacists is their very real fear that pharmaceutical dispensing may be allowed into supermarkets in the future.

Mr Reynolds interjected.

Mrs MENKENS: This fear certainly seems to have been allayed in this bill, although I understand that some pharmacists do have concerns that a window of opportunity for this to occur could emerge through the enlarged opportunities of the friendly societies.

As a general comment, I wish the extent of this bill was able to improve the waiting lists that are currently in state public hospitals but, of course, that is not so. However, I do acknowledge that this Health Legislation Amendment Bill 2004 will go some way towards improving the provision and delivery of health services in Queensland. I commend the bill to the House.

Mrs MILLER (Bundamba—ALP) (3.27 pm): As parliamentary secretary to the Minister for Health I rise in support of the Health Legislation Amendment Bill 2004. The bill amends the Health Services Act 1991, the Mental Health Act 2000, the Nursing Act 1992 and the Pharmacists Registration Act 2001.

I would specifically like to draw members' attention to the confidentiality of patient information that is paramount by Queensland Health staff pertaining to any person receiving treatment or as a patient in our Queensland Health public sector health system. Conversely, for practicality there are a range of exceptions contained in this bill.

Community confidence in public sector health services is based not only on the quality of health services but also on Queensland Health's ability to maintain patient confidentiality. Current provisions in the Health Services Act impose a strict duty of confidentiality on all Queensland Health staff. The current act provides that information that identifies a patient who has or is receiving a public sector health service must not be given to any other person.

The amendments proposed in the Health Legislation Amendment Bill 2004 reinforce this duty of confidentiality and clarify to whom it applies. The amendments further clarify, and in some cases enhance, the exceptions to the duty to more accurately reflect the needs and expectations of patients, health professionals and other service providers.

The exceptions to the duty of confidentiality will permit disclosure of information in circumstances such as: where the disclosure is required by an act or another law; where consent has been given by the patient or, in the case of a child without sufficient age or maturity, by the child's parent or guardian; where the disclosure is to a person who has sufficient personal interest in the health and welfare of the patient—for instance, the patient's spouse, sibling, parent, or close personal friend; where the disclosure is to assist in the care or treatment of a person—for example, information could be given to the professional home carer of a disabled person or to a Queensland ambulance officer who is transporting a patient; where the information is needed to analyse an emergent public health issue such as a possible new cancer cluster; where the information will assist to avert a serious risk to the life, health or safety of a person or to public safety; or where the information is needed by the coroner.

The exceptions ensure the flow of pertinent information needed to effectively provide a public sector health service. To ensure the duty of confidentiality is adhered to the amendments introduce investigation and enforcement powers. These powers enable the chief executive to appoint an inspector to investigate alleged breaches of the duty of confidentiality. The inspector will have standard powers that will enable the inspector to: require a person to answer questions or to produce a described object, including a document; inspect, copy or photograph the object or the documents; enter a place with consent or by warrant for the purposes of the investigation; conduct an investigation at such a place,

including taking evidence that is relevant to the investigation; and require the occupier of the place to give reasonable help in the investigation.

The redrafted duty of confidentiality and exceptions and the new investigation and enforcement provisions provide comprehensive protection for confidential patient information held by Queensland Health. The people of Queensland expect their privacy in treatment and this bill will ensure their confidentiality of health related matters will not be compromised whatsoever. In conclusion, I thank the minister, his staff and the officers of Queensland Health for their hard work in the policy preparation and drafting of this bill. I commend the bill to the House.

Mr McNAMARA (Hervey Bay—ALP) (3.31 pm): I am delighted to rise to speak in support of the Health Legislation Amendment Bill before the House. I will confine my comments to the very important changes to the titles of registered nurse, enrolled nurse and midwife. As we are all aware, the nursing profession has gone through substantial changes in recent years. In my view, it is going to go through further substantial changes. These legislative amendments to clearly define who can hold themselves out to do particular types of nursing will provide a role model down the track as we move to a much more deliberate use of nurses in more important roles in our medical system. The nurse practitioner changes which are coming through the system represent a most significant step forward in dealing with ongoing system problems.

Members might have seen a small article in the *Weekend Australian* of 12 March under the heading 'Doctor shortage is here to stay'. This article deserves some consideration because it really tells it as it is. The article reports on an interview with Bob Wells, a former first assistant secretary in the federal department of health. He makes some very telling points in relation to the ongoing health debate. In this place we constantly talk about doctor shortages and how we can get doctors into regional areas. I know that as well as any member here. It is a constant issue of concern in my electorate.

Mr Wells makes the point that there are 1,700 first-year training places in our hospitals and only 1,300 doctors graduating from medical schools to fill them. It puts paid to the lie that is constantly told that the problem with our health system is that state governments around Australia do not provide enough training places in our hospitals. That is simply bunk; it is not true. There are at least 400 spare training positions. Because there is excess capacity in our system it means that doctors looking to specialise have a fair degree of capacity to pick and choose. Mr Wells points out that doctors are frequently choosing to go for the highly paid speciality such as surgery. By and large they are choosing not to go and train in the country. He makes the fairly good point that if the specialist colleges cannot deliver doctors in training in the specialities that are needed in rural areas then there is a very compelling case for governments to step in and regulate. The system we have is simply not providing sufficient doctors. I will leave to one side the issue of the federal government's role in providing federally funded medical school places.

Under the existing system and for the foreseeable future we are going to simply have a growing and widening medical specialist shortage in regional areas in particular. The only way forward from there is to start outsourcing medical treatments. We have to simply ask more of our nurses. We have to do more skilling and training of our nurses. The distance work that the minister has been encouraging, the IT options and remote medicine using the internet are all valuable tools, but, in the end, someone has to be with the patient performing the procedure. We are going to have to face up to the fact that we will have to rely more and more on nurses doing that. In the article Mr Wells makes the point—

... Australians would never be able to train enough doctors to fill the gaps and people should get used to the idea of health care being delivered by nurses and other health workers.

This bill is a very useful step along the path of making sure that we very clearly identify the skills and qualifications that nurses have and acknowledge that they work in particular areas and can do particular procedures. We have to understand that they are very highly skilled professionals who can deliver health care in particular areas and do it very well. This bill is part of the way forward. All Australians—and particularly those of us who live in regional Australia—will get used to seeing the nurse much more often than the doctor. I think there is scope in the future for all aspects of medicine to be broken down and compartmentalised so training can be much more narrow and specific so that we can meet our health needs. I commend the bill to the House.

Mr NEIL ROBERTS (Nudgee—ALP) (3.37 pm): The main aims of the Health Legislation Amendment Bill are to introduce measures to clarify the duty of confidentiality that applies to Queensland Health staff and to protect the community from unqualified providers of professional nursing and midwifery services. I will make a few comments about the issue of confidentiality and then offer some general comments about the state of our first-class health system in Queensland.

The new provisions clearly define who is bound by the duty of confidentiality and more clearly spell out the exceptions to the duty. Designated persons who are defined to include health service employees, public servants, health professionals, temporary administration staff and volunteers are prohibited from the disclosure of any information to another person if the information would enable a person who was receiving or has received a public health service to be identified.

The bill goes on to provide a number of exceptions which include areas where consent has been given or where it is covered by another law. Importantly, it allows a child to consent to disclosure where they have sufficient maturity. It allows designated persons, such as a switchboard operator at a hospital, to provide general information and advice to people who call with concern about a particular patient. It also allows health professionals to disclose information to a person who has sufficient personal interest in the individual concerned. There is a range of practical exceptions to the general rule which is designed to protect the confidentiality of a person's medical treatment. The bill goes a long way towards clarifying some grey areas in this important area of public policy. I welcome the minister and department's practical way of dealing with this sensitive issue.

I also take this opportunity to talk about some of the other positive things that are happening within our health system. From time to time in the media and in this place we hear about issues or problems that arise in the health system. I want to highlight some of the good and positive things that our excellent public health system is delivering.

I can confidently say that I believe that our health system in Queensland is among the best in the world. There are few, if any, countries in the world that provide the level of service and care to the general public that exists in Queensland. The exception, of course, is for those who have deep pockets. Many health systems throughout the world rely upon sick people having either expensive health insurance or plenty of cash in order to access first-class or, indeed in some cases, just basic levels of health treatment. In some countries, people are turned away from their local hospital if they cannot afford to pay up front for their care. But that is not the case in Queensland.

In terms of public health, every single day in Queensland over $13 million is spent on public health services, 3,375 people are treated in accident and emergency departments, 7,035 patients are cared for at our public hospitals generally, 24,082 outpatients receive services, 4,171 dental appointments are provided, and 11,260-odd hours of respite care are provided through respite centres or to people in their homes.

Ms Nelson-Carr interjected.

Mr NEIL ROBERTS: It is a fantastic service. It is a significant and world-class service that we need to recognise, identify and celebrate as often as possible.

On the elective surgery front, the government has also been investing heavily in delivering additional assistance to many more people than was provided for through earlier budgets. In the first $20 million round of the government's elective surgery program to reduce public hospital waiting lists, 4,793 extra Queensland patients have undergone elective surgery. A second round of $40 million will be spent in the first half of this year to assist another 8,000 patients access their surgery sooner.

Locally in my electorate, health services are also on the threshold of receiving a massive boost. Planning is well under way to deliver an integrated community health service in the Nundah area. The government is committed to an additional 120 beds at the Prince Charles Hospital and also to the establishment of a full-scale emergency department at that hospital. The Prince Charles Hospital is already recognised world wide as providing first-class cardiac services. These new investments will broaden its appeal and ability to deliver more general health services to my constituents and to other people living in northside communities.

These are just a few of the positive initiatives—and good news—coming out of our public health system. I commend the bill to the House.

Miss SIMPSON (Maroochydore—NPA) (3.42 pm): In rising to speak to this bill, I note that it contains some significant provisions relating to the issue of confidentiality. This is a matter that a number of other members have referred to already. It has been a great difficulty for members of the public when a loved one has been admitted to hospital. Those people have experienced difficulties in gaining access to what may be regarded as fairly non-controversial information. Owing to the confidentiality provisions, sometimes it has been very awkward for them to find out whether their loved ones have even been admitted or, if they have been admitted, whether or not they have been discharged. There are complicating factors when those patients are mental health patients. I certainly acknowledge that the amendments that the minister has before the parliament are an improvement on the previous legislation. However, I reserve my judgment as to how they will work in operation because I also believe that there is a culture that has to be challenged.

Some health professionals do not like to involve family members in people's all-round health care. That may not be the majority of health professionals, but when we are dealing with issues such as mental illness, which is such a complex and often distressing issue, people find that when someone is at a psychotic stage of their illness, they may be very aggressive about not having family contact. The difficulty is that often it is the family members who have hung in there and who are the only ones who really have an ongoing contact with that person and a real desire to ensure that that person's best interests are met through access to appropriate health services.

What happens if that mental health patient is admitted to a hospital and is also potentially suicidal? What happens if the system falls down—that person is discharged, no family members are

notified—and that person is back on the street and still potentially suicidal and the family members have been left out of the loop? The unfortunate truth is that that happens all too often. That raises the issues of continuity of care and accountability. When confidentiality provisions—allegedly for the patient's sake—are invoked that in fact protect health professionals and not the patient, then there is a real problem.

I really believe that there needs to be a total review of the mental health system. I support the shadow health minister's call for that to happen. There is a desperate need for an open and accountable review of mental health services in this state—an independent review to examine why so many people find it so hard to get access to health services. Confidentiality is an issue that has been abused when family members have tried to follow up on their loved one's care, but there are also many other issues that need attention.

Only recently we heard the story of Cornelia Rau, which exposed one of those flaws in the mental health system in Queensland—where people who are mentally ill cannot even get into a mental health institution or receive appropriate treatment. Obviously, her case hit the headlines, but there are many other cases of that occurring. Sometimes people will be admitted to mental health treatment and then, owing to the pressure on those facilities, discharged before they are truly well. But even for those who may be ready for discharge, there is a need for another level of care to provide true continuity of that person's treatment. That issue must be included in a review of the mental health system, because for some people not only the hospital but also the legal system are merely revolving doors as often their condition brings them into conflict with other members of the community. They may not necessarily commit violent crime. Often these people pose more of a threat to themselves by running through traffic or they cause fear and concern to people because of their behaviour during an acute mental episode. The problem is that there are really very few mental health services other than the acute level services for these people. The fact is that there is not continuity of care. People are discharged without any planning being made for follow-up care. That is damnable in this day and age. People who need treatment are offered only band-aid solutions. Too many of them end up with a more severe mental health illness because of this lack of continuity of care.

Previously in this parliament I have raised the issue of the problem of the early discharge of patients with other illnesses. But in relation to mental health patients, I know of at least two who were suicidal and who were discharged early. Within 24 hours of leaving Queensland Health facilities they took their lives. Where is the reporting of those incidents? We do not have accountability in the mental health system that ensures that there is some follow-up treatment. That did not occur in the mental health facility to ensure that real changes were made to stop such incidents happening again. These tragedies need to stop. In this day and age, when there is such a high incidence of mental illness and its prevalence is growing, our systems are failing people who are often very vulnerable. I believe that that needs urgent and serious attention.

Recently I raised the issue of cancer services, and I will raise this issue again. I know of a woman who was diagnosed with cancer only after it took her weeks to get an appointment. It was another six weeks to nine weeks before she was able to undergo an urgently needed operation to address her breast cancer. The surgery was conducted beyond the acceptable time frame, but the time that it took her to even get a diagnosis before she went to the surgeon was unacceptably long. I am most concerned that the cancer treatment wait times—not only surgery and follow-up treatment but also the early diagnosis times—are blowing out. The longer those time frames are for people to get an appropriate diagnosis, the worse their opportunity is to receive a successful outcome with treatment. We do know that some areas are worse than others, but early diagnosis is critical. We know that breast cancer services for women in this state desperately need to be boosted, but this problem also affects other areas of health services.

This morning I heard the health minister talking about how Queensland allegedly has the best waiting times for surgery. There are a lot of things that never even get onto the published waiting times. One thing is the time it takes for people to get an appointment—the waiting list to get on the waiting list. There are a lot of other early diagnostic procedures that people need in order to be assessed to gain access to the surgery list. Colonoscopies are a classic example. Waiting times for that procedure do not appear in the surgery on time figures because it is not surgery but a diagnostic procedure. That means the problem is being covered up. It means that the time frames are seriously blowing out and people are not getting access to appropriate treatment in a timely way because of a delay in diagnosis and diagnostic procedures are not part of the reporting methodology. That is just not good enough. Neither are the figures relating to other specialist appointments.

There are flaws in the system, even though the government talks about delivering a world-class system. I respect those staff who do their best to deliver excellent services, but the way the system delivers those services is often dysfunctional, meaning that people are striving hard in their own areas but are finding that even they cannot get access to information in other parts of the health service. How many of the surgery on time booking services for surgery are actually allowed to find out the waiting times for access to specialist outpatient patients? There is no formal system that connects these two processes, and it is quite deliberate. It is a case of treating different areas of the organisation like

mushrooms—keeping them in the dark—so they cannot leak the information. The tragedy with that is that the system is not improved and what can be done to improve health is not done. There are always opportunities for improvement. It is time that appropriate reporting measures were put in place in these other areas of the health service so that people do have a health service—

Madam DEPUTY SPEAKER (Ms Jarratt): Order! Member for Maroochydore, I have given you quite a bit of latitude on the subject of relevance, but I would ask you now to bring your speech back to matters contained in the bill.

Miss SIMPSON: Access to information is highly relevant. On the one hand we have a bill that talks about confidentiality and the guidelines under which information is going to be made available, but on the other we have health professionals who cannot get access to information. That is because of the way the system is organised. They either deliberately do not collate that information or they do not share it across other areas of the service. One cannot improve a health service unless one has access to appropriate information. This cloak and dagger approach of Queensland Health and its culture of bullying—it actually tries to threaten people who do question and who do raise constructive criticisms about how to improve things—need to be changed. That culture beats people down and sees them leave the system. On the one hand it is about involving the patients and their families in their health services. On the other hand it is about listening to the health professionals and ensuring they have access to a system that does not leave them so frustrated that they give up and get out.

In closing, I reiterate my call for a total review of mental health services in this state to ensure that those who are truly disempowered have access to appropriate and timely services and that there is accountability in services. Too many people have died. Information relating to how many people have died within a short time of leaving mental health facilities in this state is not collated. I have asked for that information. That information is not collated. That is not good enough. That is not going to save lives. It is about time that system was put in place, because there are real problems when mentally ill people who are suicidal are being let out of hospital and are then taking their lives because of the poor systems in place.

Ms BARRY (Aspley—ALP) (3.54 pm): I rise to support the Health Legislation Amendment Bill 2004. The bill seeks to achieve a number of key objectives. The first is to amend the Health Services Act 1991 in order to improve the wording of the sections that apply to confidentiality of patient information. It will do so by simplifying the wording of the act. It will clarify who will be bound by the rules surrounding protection of confidential patient information. The bill also strengthens provisions for improving confidentiality for patients. It provides a number of new exceptions for information disclosure—for example, allowing children to consent to disclosure of information about themselves—and expands parental and guardian disclosure exemptions.

The bill addresses the difficult circumstances that health professionals find themselves in with respect to the disclosure of information in relation to the care of certain children. The bill provides for a health professional to disclose information about a child to persons deemed to have a sufficient personal interest. The object, I am advised, is to provide information to certain persons should the health professional deem it to be in the best interests of that child.

A number of people have expressed to me their concerns in relation to confidential care of young people, in particular in relation to a young person's sexual and reproductive health care. There has been expressed a concern that the provision may be used surreptitiously in order to advance a moral view held by a health professional in relation to the sexual and reproductive activities of a young person and that such a provision may inhibit certain young people seeking health care for fear of such disclosure. Whilst I acknowledge the validity of those concerns, I understand that balance is often needed to be struck by health professionals when caring for young people. Such ethical dilemmas are part of the provision of health care, and I am confident that the majority of health care providers will exercise appropriate professional and ethical decision making in such circumstances. Achieving the right balance between protecting a young person's rights and providing the best possible health outcomes for a young person at risk is something that does require ongoing review, and I am committed to discussing the issue with people who are concerned about possible inappropriate actions and to raising those concerns with the minister should they arise in the future.

The bill also amends the Mental Health Act 2000 addressing operational matters of the Mental Health Court, the operation of the review tribunal and certain aspects of caring for interstate patients. These matters provide for improving time frames for review and appeal timetables and clarify the involuntary care of interstate patients.

The bill also amends the Nursing Act to implement national competition policy and in particular seeks to protect the titles of ‘midwife’, ‘registered nurse’ and ‘enrolled nurse’. The bill provides for restricted use of such titles. The bill does not define the scope of nursing practice but rather achieves the outcome required for a review under national competition policy whilst ensuring that persons who are not midwives and nurses do not practise such health care. The bill takes into account the myriad care services provided by various members of the health care team while ensuring the protection of the

public who are in receipt of nursing care and in my view provides certainty to the profession of nursing and midwifery in the matter of appropriate title and authority for such nursing and midwifery care delivery.

I note that I have seen a number of midwives to explain the legislative proposals and am confident that most understand the need to conduct the review of the act for national competition policy purposes whilst ensuring that the practice of midwifery is, as it should be, determined by the profession under the direction of the Queensland Nursing Council.

I would like to address a number of misunderstandings raised by the member for Cunningham. The bill does not define nursing or midwifery practice for the purpose of defining their scope of practice. What it does do is, for the purposes of national competition policy, provide protection to the title of 'midwife'. We are required as part of that review to justify why such practices should be non-competitive; that is, limited to certain persons. Clearly, the reason we seek to limit such titles to persons with an authority is to protect the public in the receipt of such care. It is a mistake to extrapolate that this bill defines midwifery practice and therefore should wait for a maternity services review. Defining the term 'childbirth' in the bill acknowledges just one of the unique roles of a midwife in the actual delivery of a child. It acknowledges that midwives undertake a unique role in the phase of childbirth and allows the state to protect that role and title for national competition purposes. It does not say that that is all there is to do with respect to midwifery care.

Maternity services, as opposed to childbirth, are given by a number of health professionals. To define midwifery for the purposes of national competition policy with reference to the whole scope of practice undertaken by an experienced midwife would be inappropriate and result in the inability of doctors, nurses and allied health professionals to contribute to maternity or obstetric care. It is an unworkable situation and would not be intended, even by midwives. Midwives occupy a unique role within maternity services provision. The government understands and values this. This bill does not limit the scope of practice for a midwife, nor does it advocate for the replacement of their practice by others and should not be construed as doing so.

The national competition policy requirements are often confusing and at times difficult to understand, and I would like to commend the minister and Queensland Health for their efforts in ensuring that midwives in particular are confident that their professional practice and title are protected for the best care of their clients.

The bill also reviews pharmacy ownership and practice issues affecting a pharmacy—issues also arising from the national competition policy review—and such provisions will ensure that pharmacists as business owners have accountability direct to the Pharmacists Board of Queensland. As well, the bill addresses a number of changes to the ownership of pharmacies.

This bill, like most other health legislation bills, is a comprehensive and detailed bill requiring considerable work from the minister and Queensland Health. They work hard to communicate and listen to the many people involved in such important changes, and I would like once again to express my thanks to the minister and the department for their continued hard work. I commend the bill to the House.

Ms LEE LONG (Tablelands—ONP) (4.00 pm): I rise to contribute to the Health Legislation Amendment Bill 2004. This bill contains a range of clarifications, some adjustments to operational matters involving the Mental Health Court and to bring national competition policy recommendations into effect for nursing and midwifery. There are also national competition policy recommendations about pharmacy ownership being put in place by this bill.

Among amendments to the Health Services Act 1991 are some relating to the duty of confidentiality. They are contained in amendments to section 63. Section 62C deals with the ability of a child of sufficient age and mental and emotional maturity to be able to consent to the disclosure of such confidential information. I do not agree with this provision. Until any child is legally an adult, they should not be able to make such important decisions without parental involvement. Indeed, these decisions are for the parents of the child to make, not the child nor anyone else except for their parents. Yet this provision does not require any parental involvement at all. I accept that there may be specific instances when the decision is best left with a child of sufficient age and maturity, but I do not accept the apparent presumption that parental involvement is simply not required at all.

There are many sections in this bill dealing with nursing and midwifery, with what these activities are, how they can be defined, who can carry them out, how they can identify themselves and so on, but the essential issue in nursing today—the lack of a steady inflow of young nurses who then stay with the profession—is not addressed. I understand that the average age of our nurses is now 42. This is because so many of our young people who go to university intending to become nurses find that if they just do another year or so at university they can move sideways and become a psychologist, a psychiatrist, a social worker or a guidance officer with much better pay and much better hours and conditions. So why would they continue on with nursing, with shiftwork, less pay and the demand that they must continue to upgrade their skills by doing courses which are quite expensive, which they incur

at their own cost and which they must take in their own time. So the number of nurses coming into the profession and staying in the profession has greatly diminished. The experiment which began in the early nineties has been a dismal failure, and a move back to a non-tertiary educated nurse should be reconsidered. We must do far more to ensure that these young people stay with the profession as much as possible, and I mention again that perhaps a non-academic path into nursing may be a solution.

I turn now to the national competition policy influence in this bill. Firstly, in regard to the ownership of pharmacy businesses, this bill contains a number of restrictions on who can own a pharmacy business and how many they can own. These include that only a registrant, a corporation whose shareholders and directors are registrants or specified relatives, a friendly society or the Mater public hospital can own a pharmacy business. It goes on, specifying under section 139H, that a registrant or corporation can own no more than five pharmacy businesses and friendly societies and the Mater no more than six. In the second reading speech the minister indicated that the national competition policy review actually called for the removal of all ownership caps but that with input from stakeholders the government had decided to retain the cap, although slightly increased. I welcome this cap. I welcome this clear recognition that national competition policy and its economic line does not hold all the answers.

The argument put forward in the second reading speech is that pharmacists have a professional as well as commercial interest in the safe and competent provision of pharmacy services. It is an argument that can equally apply to any service industry. A similar case has been put for ignoring national competition policy demands related to freeing up Brisbane taxi services. This government has refused to do that at a cost. I recognise that in that case and in this case the demands of the national competition policy economic mandarins have been ignored in the greater interest of Queenslanders. I only wish that other Queensland industries such as dairy and cane had enjoyed the same level of protection.

While I do not accept the freedom granted to children to make major decisions without reference to their parents as is provided for in this bill, I certainly support its rejection of national competition policy demands on the pharmacy industry.

Mr ENGLISH (Redlands—ALP) (4.05 pm): The Health Legislation Amendment Bill amends a number of Health portfolio acts to implement outcomes of reviews, update references and ensure the Health portfolio legislation is current. The bill principally amends four Health portfolio acts. These are the Health Services Act 1991, the Mental Health Act 2000, the Nursing Act 1992 and the Pharmacists Registration Act 2001. It also makes minor and consequential changes to 19 other acts.

The Health Services Act is amended to implement the outcomes of a major review of the duty of confidentiality currently contained in section 63 of the act. The amendments clarify to whom the duty of confidentiality applies. They also expand upon the exceptions that enable the release of information in appropriate circumstances. The expanded exceptions reflect contemporary clinical practice and facilitate delivery of public health services. As a result of the review, new powers are also being added for enforcement of the duty of confidentiality. Under the new provisions, inspectors can be appointed to investigate possible breaches of confidentiality. To assist them with investigations, inspectors are provided with limited powers of entry and search. They are also provided with the ability to obtain warrants for more comprehensive investigations.

The bill makes procedural amendments to the Mental Health Act. Through the operation of this act, a number of minor changes have been identified that will enable more efficient proceedings in the Mental Health Court and the Mental Health Review Tribunal. For example, the amendments increase the time the Mental Health Review Tribunal may take to provide reasons for a decision. This recognises the significant workload of the tribunal. To ensure that patients have a fair opportunity to appeal decisions of the tribunal, the amendments also increase the time available for a patient to seek an appeal.

The Nursing Act is amended to implement the outcomes of a national competition policy review of practice restrictions. The amendments provide the framework for the accreditation of nursing and midwifery courses. They also create restrictions on the use of title such as ‘nurse' or ‘midwife'. The bill also imposes severe penalties if a person falsely holds themselves out to be a nurse or a midwife. These amendments are consistent with similar restrictions on the use of titles and ‘holding out' contained in other health practitioner legislation. Practice restrictions for the practice of nursing and assisting in childbirth are included. The full range of amendments ensures that the community can be confident in the high quality of nursing and midwifery services provided in Queensland.

The bill amends provisions in the Pharmacists Registration Act concerning pharmacy ownership and clarifies that pharmacy businesses may only be owned by registrants, with limited exceptions. The bill provides for the Drugs Standard Adopting Act to be repealed by proclamation. In late 2003, the Commonwealth and New Zealand governments entered into a treaty to establish a joint scheme for the regulation of therapeutic products. Consequently, new Commonwealth legislation will be enacted to apply standards for all drugs and therapeutic products. When this occurs the Queensland Drugs Standard Adopting Act will become redundant and the appeal in the bill will be proclaimed.

The Transplantation and Anatomy Act is amended by the bill to ensure that changes made to the duty of confidentiality in the Health Services Act do not inhibit organ donation and transplantation. The changes enable a deceased person's next of kin to consent to information about the deceased being given to allow assessment of the suitability of the deceased person's organs for donation.

Mr COPELAND: I rise to a point of order, Mr Deputy Speaker. I draw your attention to the state of the House.

Mr DEPUTY SPEAKER (Mr Shine): Order! The honourable member for Redlands.

Mr ENGLISH: The changes enable a deceased person's next of kin to consent to information about the deceased being given to allow assessment of the suitability of the deceased person's organs for donation. Earlier this year we celebrated Organ Donation Week. Along with many of my friends, I took steps to ensure that I was on the national organ donation register. I encourage everyone to call the Australian Organ Donor Register on 1800 777 203, become a member and be prepared to donate their organs. As the sticker says, 'Heaven knows, we need them here'.

This bill makes other amendments to cross-references and makes minor operational changes that reflect contemporary drafting standards. I appreciate and understand the wide-ranging consultation that the minister, the minister's office and the department have done in preparing this bill. I compliment them on all their hard work and commend this bill to the House.

Mr MESSENGER (Burnett—NPA) (4.10 pm): The Health Legislation Amendment Bill 2004 is a document before the House consisting of six parts and approximately 97 pages, and is principally amending the Health Services Act 1991, Mental Health Act 2000, Nursing Act 1992, Pharmacists Registration Act 2001 and a range of other acts dealing with child protection and child safety, chiropractors' registration, corrective services and dental practitioners. The list is quite extensive.

Over the past year this House has come to know that I have a passionate and deep interest in the state health services of the Burnett and Bundaberg districts. I have developed a special relationship with the public health professionals who work in the Bundaberg Health Service District. They trust me to bring before this House their concerns which, if they were expressed to the senior management of the hospital or to the Labor member for Bundaberg, would be professional suicide. Many of these health professionals say they have risked their careers by coming to me and detailing the deficiencies and failings in the system, many of which are placing their patients' lives at risk. This bill before the parliament directly affects these health professionals.

At the start I challenge the health minister to repeat the assurance that his director-general, Dr Steve Buckland, gave to me and three mental health nurses last year that if Queensland Health employees reported their honestly held concerns to their local member of state parliament they would not be in breach of their Queensland Health employment contract and would not be the subject of disciplinary action. The Health Legislation Amendment Bill 2004 gives me a timely opportunity to once again bring to the attention of this House the thoughts and concerns of the health professionals who work in the Bundaberg Health Service District. It also gives me an opportunity to renew the calls of my constituents—the calls by patients, doctors and nurses—for a detailed, comprehensive, independent and open investigation into the Bundaberg Health Service District.

The public health system of the Burnett is badly broken, and it is up to the minister to fix it. After my speech today the health minister will no longer have the excuse of ignorance and, when presented with proof of abysmal bureaucratic incompetence, he will no longer be able to fall back on his oft quoted words of 'It's part of the culture of medicine'. Is it part of the culture of medicine that Queensland Health employees' wages are maladministered and they are charged with overpayments? Would this legislation before the parliament prevent employees coming to me and disclosing this important information to me? A certain amount of inaccuracy in any large government organisation would be acceptable, but I seem to have stumbled on the mother lode of alleged Queensland Health overpayments.

After meeting with, and advocating for, former employees of Queensland Health regarding alleged overpayments of wages by Queensland Health, I placed an ad in the local paper calling for medical staff who have been allegedly overpaid to contact my office. I have been literally swamped by a number of concerned medical staff in a very short time. I will list some of the employees who were charged allegedly with overpayment: $365.67 to W McPherson; Ms B Logan, $188.43; and Mr J Franks, $459.28. The list continues. There are about 10 former employees and a total amount of $4,863.57 alleged in overpayment. Are these overpayments normal and part of the medical culture? If I can come up with 10 alleged overpayments totalling almost $5,000 in a very short time, what is the true figure for the district health service and the state? Why are these very dedicated staff being put through this avoidable and unnecessary extra stress?

Can the health minister imagine what it must feel like to receive this overpayment notice or, worse, a nasty note from a collection agency after years of dedication and working through lunchtimes and doing unpaid overtime? How many of these little gems have been sent to the staff and ex-staff? I will quote from a Collection House Ltd notice—

We require and demand payment in full of this outstanding debt prior to 10 am on 24.2.05. Failure to meet this demand may result in legal proceedings being commenced against you without further notice, thereby incurring additional legal and court costs which may be payable to you.

A Childers Hospital staff member has written to me. She states—

I wanted to let you know that I had approached the pay clerk regarding overpayment and was told that this was correct payment. Now, almost five years later, the story has changed.

I have another example of a letter sent to me by a nurse. She states—

I ceased work with the Bundaberg Base Hospital in June 2004, having been employed by them since October 1992. Most of my period of employment was a level III nurse. I spent most of the first half of 2004 on stress leave and resigned from my position after 13 weeks special leave granted to staff after 26 years of continuous service. At the time of my retirement I had been nursing for 47 years. I retired from Bundaberg Base Hospital to an old age pension.

On the last day of my employment I was handed a letter requesting repayment of a little over $1,000 which had been overpaid on certain public holidays several years before. I requested that they not withhold this amount from my final pay as I had several debts to pay. I offered to repay the money on a fortnightly basis over approximately six months. This I did and have repaid some $600 back.

On Friday 18 February I received a letter from Collection House Ltd demanding payment of $402.56 by 10 am on 24.2.05—

At the time of the writing of the letter that was only a week away. She continues—

... I feel that this is discriminatory as I believe that only certain staff have been selected to repay this money. Doctors employed by Bundaberg Base who subsequently returned to England et cetera were possibly not chased for this money, and if they were it would be impossible to demand repayment from them.

In the years that I have worked for the Bundaberg Base Hospital this amount pales into insignificance when compared to the unpaid overtime donated to the health service. Indeed, I had some hours of toil accumulated which the health services had to pay out when I resigned when the new Director of Nursing refused to pay this at time and a half, as it should have been, and only paid it on an hour for hour basis.

The information I have tabled should prompt the minister into investigating the Bundaberg Health Service District's administration of wages. That is just one—

Mr DEPUTY SPEAKER (Mr Shine): Order! Honourable member, the bill, as I understand it, relates to confidentiality. Unless you can restrict your remarks to the relevant legislation—

Mr MESSENGER: Mr Deputy Speaker, with respect, if this bill before the House is passed, would members of the public then be secure in passing on this sort of information to me? I think it has direct relevance to the legislation that is before the Hosue.

Mr DEPUTY SPEAKER: Order! My ruling is that you are straying from relevance in relation to your speech with respect to repayment of moneys as you have outlined it. I would ask you to restrict your remarks to the confidentiality provisions or the mental health provisions.

Mr MESSENGER: I have received a document which has been confidentially provided to me by the Department of Emergency Medicine at the base hospital and I would like to speak about increasing the quality of service at our hospitals, specifically at the Department of Emergency Medicine. The Department of Emergency Medicine at Bundaberg hospital has, in recent years, experienced a significant growth and it is a growth I am sure that all members in this House are experiencing in their electorates, especially in the south-east corner and a little bit above. According to information leaked to me, numbers of patients have increased from approximately just under 28,500 in 1997-98 to approximately 30,500. The latest figures that I have that were confidentially given to me relate to 2001-02. In five years we have seen an increase of approximately 2,064 patients who have gone through the Department of Emergency Medicine. Over the same period there has been a decrease in the percentage of patients seen within acceptable waiting times. In 1997-98 we had almost 100 per cent—98.8 per cent—seen within acceptable waiting times. In five years this has decreased by 40 per cent to approximately 58.9 per cent. I would suggest to the health minister that a decrease of around 40 per cent in patient waiting times is not acceptable. It coincides with a decrease in hospital beds—

Mr DEPUTY SPEAKER: Order! Honourable member, I again ask you, finally, to restrict your remarks to the bill. If you can make your remarks relevant to an area covered by the clauses that is fair enough but at the moment there is no relevance to the legislation before the House.

Mr MESSENGER: I direct my remarks to the Health Legislation Amendment Bill 2004 and I specifically look at clause 62B, Disclosure required or permitted by law, and disclosure with consent and without consent. The writer of the damning report into the Bundaberg Department of Emergency Medicine was placed on a bullying charge two months after the report was submitted relating to the Department of Emergency Medicine and she was put through personal hell, professional hell and then she resigned. I guess the moral of this story is if you want to have a long and prosperous career in Queensland Health—

Mr DEPUTY SPEAKER: Order! The provisions of new section 62B refer back to new section 62A in relation to a designated person, for example, which is totally remote from what you are now speaking in relation to. For the third and final time I would ask you to make your remarks relevant otherwise we will move on to the next speaker.

Mr MESSENGER: My remarks are based on the Health Legislation Amendment Bill 2004, new section 62G, Disclosure for data collection and public health monitoring. I would have thought that the figures relating to the emergency department of the Bundaberg Base Hospital had a direct relevance to this legislation. It has been disclosed to me that on many occasions basic nursing care such as assessment and routine observations are not being performed adequately. This causes extreme frustration and stress to nurses because they cannot perform to the standard that they know they must reach, which is best practice. It has been disclosed to me that on occasions difficulties often arise when patients require resuscitation. The resuscitation procedure states that there should be four nurses in attendance. It has been disclosed to me that there are only two nurses; one nurse performs one-man CPR while the second nurse performs all other roles. If the only medical officer on duty is junior, a second-year graduate—

Mr DEPUTY SPEAKER: Order! Honourable member, disclosures to inspectors, in particular, and officials, not to yourself. I think you know that.

Mr MESSENGER: This is Queensland Health employees giving the information. Will they be caught up in the confidentiality clause?

Mr DEPUTY SPEAKER: Order! I give you my final warning.

Mr MESSENGER: I will direct my comments to the mental health area which, of course, is the Mental Health Act 2000. A report was released in state parliament on Thursday, 6 October into the review of the Bundaberg Mental Health Service. It is the report that you have when you do not have a report; it is the Clayton's report. I call on the minister to release the full uncensored report and not the sanitised version. If the minister wants to rebuild public confidence in the Bundaberg mental health system then the minister has to stop the cover-ups and censorship. However, even the Clayton's mental health report—13 recommendations—makes for very interesting reading. It shows that the Bundaberg mental health unit was in crisis, dysfunctional and that three mental health nurses' allegations that were made in state parliament were of considerable substance.

We would like the unsanitised report, please, minister. In light of recent incidents at the Bundaberg mental health unit I thought it might be timely if I reminded the health minister of a statement that he made in parliament where he said the Bundaberg integrated mental health service was now a benchmark service in contemporary mental health delivery. Given the obvious pride and confidence that the minister has in the system, why then will he not share the secrets of this benchmark service in contemporary mental health delivery and make fully public the entire independent report?

Mr Nuttall: Because you know it will reveal the names of the people who spoke to the investigator. They did that in confidence. You want me to table the report that breaches their confidence. I am not going to do it.

Mr MESSENGER: Not the sanitised document which was paraded in October of last year which Dr Mark Waters, the then general manager of the Wesley Hospital and now I believe a very highly-paid employee of Queensland Health, wrote on the mental health services in Bundaberg. Can the health minister inform us whether the 13 recommendations of Dr Waters were implemented by the due date? What has happened to the aggressive or violent patients admitted to the PICU unit now that, as per recommendation 2, the PICU will not be utilised as a special care suite and will not be used for aggressive or violent patients?

Mr Nuttall interjected.

Mr MESSENGER: A number of my constituents and families of my constituency desperately want the minister to restore their faith and confidence in the facility after experiencing difficult and challenging circumstances. The minister is aware of the people I speak about. I have written to him listing their experiences. I refer to a Mrs Maree Robinson. I have spoken with Maree a number of times and she is very reluctant for me to use her story, but she has insisted that I bring the story before this House so that the problem with the Bundaberg Mental Health Unit is properly fixed.

Mr DEPUTY SPEAKER: Order! This is totally irrelevant to the contents of the bill which refers to the operation of the tribunal.

Mr MESSENGER: I address my comments to the amendments of the Mental Health Act 2000 which are wide ranging and which cover part 3, insertion of new section 90A, Giving information about return of patient to custody.

Mr DEPUTY SPEAKER: Order! If you can talk in relation to those matters that is fine but you are outside the parameters.

Mr MESSENGER: These examples that I am giving now are examples of what is happening in the real world of my constituents outside this parliament and the fears that they hold for the delivery of mental health in Bundaberg.

Mr DEPUTY SPEAKER: Order! I direct that the member cease speaking.

Mr HOOLIHAN (Keppel—ALP) (4.28 pm): It is with pleasure that I rise to speak in support of the Health Legislation Amendment Bill 2004 and the issues which it addresses. I trust I am able to show more relevance than the rantings of the member for Burnett. The amendments to the Health Services Act 1991 are designed to enshrine in legislation existing exceptions to confidentiality and to provide for action to be taken with new inspection and enforcement provisions and to allow for investigation of breaches of that confidentiality. The amendments to the Nursing Act are sensible and reasonable changes which will better protect women and their unborn children during childbirth and no reasonable person could argue against those changes. Many persons claim to be able to help women at that important time of their lives but these amendments will ensure that adequate training has been undertaken by those providing professional midwifery care.

The changes to the Mental Health Act are minor and will serve to enhance the operation of the act, particularly in the extension of time for provision of written statements of reasons for a decision and also the time for the making of an appeal. The increase in the period for an adjournment of a tribunal hearing from 28 to 60 days for the purpose of obtaining an examination of a patient will make the operation of the tribunal more effective.

But it is the amendment to the Pharmacists Registration Act 2001 with which I wish to deal in some detail. Practice restrictions on the ownership of pharmacies has impacted upon the people of Queensland who may have benefited from the wider ownership of pharmacies. We heard from the shadow health minister and the member for Burdekin about the fears of major chain stores becoming owners of pharmacies. I believe the restriction of corporations owning no more than five pharmacies and the limitation on the shareholdings of those corporations will prevent any move in that direction.

The shadow health minister also read extensively from a letter from the Queensland friendly societies pharmacy association. He put into the other detail a reference to the Pharmacy Guild of Australia, particularly regarding the friendly society owned pharmacies. The other detail in the letter sets out inter alia—

> The Pharmacy Guild of Australia (Queensland Branch) is lobbying hard against these amendments. It opposes absolutely the continuation of the permitted ownership of pharmacies by friendly societies despite the fact that friendly societies are the longest, continuous owners of pharmacies in Queensland and elsewhere in Australia.
>
> The Pharmacy Guild is a registered employer organisation and only represents the interests of its members who are pharmacy owners. It does not represent the interests of either employee pharmacists or the community.

In my area there are three friendly society pharmacies. They give excellent service to their members. I believe that the opposition, the Pharmacy Guild, should be considered in the light of the other side of the ledger. Friendly societies in Queensland have a total membership of approximately 85,000. They own only 21 pharmacies out of a total of 953 pharmacies in Queensland. There are only 12 remaining friendly societies. On averaging those figures each friendly society operates 1.75 pharmacies with each servicing in excess of 7,000 members. The present 12 societies employ some 400 people, including 52 pharmacists. Any increase in wider ownership would also impact on jobs in the pharmacy industry.

Small wonder that there is a strong lobby against those societies continuing to provide their services to members. Even with the modest amendment, continuing friendly societies may only own a total of six pharmacies per society with a maximum of 72 out of 953. That is still a modest number. Even if a friendly society, which is permitted to own a pharmacy elsewhere in Australia, seeks to own a maximum of six pharmacies in Queensland, the amendments will not allow a change in the total number of pharmacies in any given locality as the pharmacy location rules control that number. Overall, the bill seeks to clarify various aspects of health. The pharmacy amendments will open up competition between pharmacies which can only be to the benefit of Queenslanders.

The minister and his staff work hard to ensure that our laws reflect the contemporary needs of society. I thank him and his staff for the work undertaken with this bill. I commend the bill to the House.

Mrs STUCKEY (Currumbin—Lib) (4.33 pm): I rise to speak in the debate on the Health Legislation Amendment Bill 2004. The main policy objectives of this bill are to amend the Health Services Act 1991 in relation to the duty of confidentiality, to amend the Mental Health Act 2000 to address operational matters, to amend the Nursing Act 1992, to amend the Pharmacists Registration Act and to amend various acts to make minor changes.

While the Liberal Party will be supporting this bill, there are a few contentious issues that arise. In relation to the amendments to confidentiality, new section 62D provides exceptions to the duty to enable information about a person to be disclosed. New section 62D(1)(b) provides examples of whom a health professional could possibly reasonably opine to be a person having sufficient personal interest in the health and welfare of a person to whom the confidential information relates.

Of the six examples, it is No. 4 which I refer to. It allows a health professional to disclose information to a person with sufficient personal interest, such as a family member or close friend. That gives us cause for concern. In essence, this means that any friend of the person who has a close personal relationship with the person, regardless of the time frame, is deemed to be of sufficient personal interest and can be provided with confidential information. Furthermore, the example

mentioned above may be used as a loophole to provide a patient's information to a variety of people who normally would not be allowed access to it.

One recent complaint to my office relates to the potential for misuse of this section. The following scenario raises a problem that I have no doubt other honourable members in this House would have come across in some form in their electorates. I also have no doubt that this scenario will be repeated on future occasions. The scenario goes as follows. An elderly person visits the local doctor's surgery and is accompanied by another person identified as a friend. This other person, declaring they are a friend, with sufficient personal interest, may be able to access the patient's records by requesting them from their doctor. A few months later, unbeknown to the elderly person, their home is sold out from underneath them whilst they are in hospital for an urgent procedure and they find themselves with nowhere to go. Immediate family members are horrified by these actions yet are powerless to intervene as the act has been carried out without their prior knowledge.

In reality, gold diggers, such as the friend identified above, wanted to get hold of this information to assist in their appointment as the power of attorney, thereby using this confidential information for less than honourable reasons. The introduction of this clause may create a throng of opportunists trying to take advantage of those amongst us who are most vulnerable for their own personal gain.

New section 62C states that new section 62A(1) does not apply to the disclosure of confidential information by a designated person if consent is given or if the person to whom the confidential information relates is a child. Section 76M of the Health Act states that a person is considered a child if they are under 17 years of age, whereas new section 62C relates to a child who is considered to be of sufficient age and maturity to be able to give consent or subsequently a child who is not of sufficient age and maturity not being able to give consent.

The concern I would like to raise is the notion of objectivity versus subjectivity. Surely guessing a child's level of maturity is subjective in nature, especially if the health professional has only been assigned to the child for a short period. Is there an objective test that can be applied by health professionals so that a more consistent approach can be taken?

I think this section needs consideration of the practical effects of setting an age limit and then allowing a subjective view to override the legislation. As members will no doubt hear from my colleague the honourable member for Moggill, the Liberal Party is concerned that investigative officers will be used at the discretion of senior members of departments. Without clear guidelines regarding the role of an officer and the circumstances in which an investigation can be called, individual people may be singled out without any formal complaint having been lodged. The role of the investigator should be purely to monitor breaches of confidentiality which have resulted in a written complaint.

Amendments to section 63 of the Health Act also allow for a switchboard operator to give general information about a person's condition. This concept is open to the giving of misinformation which could cause more harm and grief to the patient's family than if no information was provided at all. The directive of information to be supplied would have to come directly from the intensive care unit or ward that has responsibility for the patient. The directive would need to indicate in plain wording the condition of the patient as well as the time the directive was given. Both of these should then be passed on to a concerned person or persons.

A more practical approach might be to look at the issuing of bulletins by the various wards at specified times throughout the day. This information could then be relayed by the switchboard operators as being current at the time of the last bulletin. Time would therefore be saved in the long run as the call would not have to be put through to ward staff who in turn would have fewer interruptions throughout the day by people wanting to know the condition of patients. A constant complaint from nursing professionals is that they have too many distractions and not enough patient time.

The Liberal Party supports the amendment in this bill relating to the need for midwives to be accredited. This is a specialised field and proper training is essential to handle the uncertainties that birthing can present. I must say, however, that I find it rather hypocritical of the government as, on one hand, it acknowledges that midwives should be specially trained but, on the other hand, it supports the notion of nursing practitioners to fulfil roles traditionally performed by doctors.

Surely, tasks performed by doctors such as ordering tests, suturing and the prescription of medication are highly specialised, as evidenced by people undertaking a minimum six-year university degree and anything from a one- to four-year internship before they can practise medicine. Are nursing practitioners prepared to accept the attendant risk and high public liability premiums placed upon doctors if they are to themselves become practitioners? In the interests of best practice medicine, the extension of their duties would need to be thought through carefully.

Whilst I am on the subject of nurses—whom I might add I hold in high esteem and can generally empathise with as nursing was my first chosen career—I would like to highlight the shortfalls that will still be experienced. In the 2004-05 budget, the state government promised that 1,500 new graduates would be employed throughout the state. That figure is a misnomer as that 1,500 figure represents a standard intake of nurses who would normally be absorbed by Queensland Health. Unless this number is

adjusted, there will still be numerous staff shortages and vacancies regardless of any further qualifications. Queensland Health needs the Beattie government to stop using smoke and mirrors and to allocate additional nursing staff.

With regard to the Pharmacists Regulation Act 2001, the current system of community owned pharmacies has worked relatively well. At present, there is a federal government review of HIC arrangements for pharmacists with particular emphasis on competition aspects. Under these new provisions, corporations would be prohibited from owning more than five pharmacies, and friendly societies and the Mater Private Hospital would be prohibited from owning more than six pharmacy businesses. The Liberal Party has considerable concerns, though, that this bill allows an opportunity for the entry of southern friendly societies into Queensland when Queensland community pharmacists are restricted by law. This would appear to give an unfair advantage to large, financially healthy friendly societies over community pharmacists, who would have difficulty raising the capital that is required to set up in well-patronised areas such as shopping centres. After speaking with representatives from the Queensland branch of the Pharmacy Guild, I am of the understanding that they have not indicated objection to the existing 12 locally based friendly societies having the right to increase the number of their outlets to six.

In 2005 the Productivity Commission showed that Queensland had the worst public sector health outcomes of any state in Australia—spending over $200 per annum less on public hospitals than the national average. Methods to improve the quality of care that patients in Queensland receive are to be commended. However, this bill does nothing to shorten our inexcusably long waiting lists nor to address our growing problems associated with the unmet needs of those who have mental health disorders. Despite these reservations, I commend the bill to the House.

Mr CHOI (Capalaba—ALP) (4.42 pm): I rise today to speak in support of the Health Legislation Amendment Bill 2004, which clearly reflects this government's continued commitment to address and monitor those health issues that are considered of vital importance to the people of Queensland. Although this bill proposes to amend four separate acts, I intend to focus on the amendments that the bill makes to the confidentiality provisions in the Health Services Act 1991. I will also address and provide comments to those amendments that are related to the Pharmacists Registration Act 2001.

The confidentiality guidelines within the health care industry are an obvious necessity and are extremely important in nature. The introduction of the amendments to the current Health Services Act will provide a clear definition of all aspects of confidentiality appropriate to each individual and their health circumstances. The confidentiality issues relate to the circumstances in which information can be disclosed to another person and also to the circumstances in which a limited number of exceptions can be applied. When considering the personal and sensitive nature of medical information and the broad range of medical conditions and treatments that exist in today's society, we know that there is much detail on record about a person's private health information. Therefore, it is quite obvious that a patient's privacy must be respected. The amendments will support a doctor's capacity within our community to effectively enforce a higher standard of duty of care towards adolescent patients. Given that most doctors have extensive experience as counsellors and are sensitive to the social and family pressures that teenage patients are under, they should be allowed to use discretion to determine an appropriate course of action, which may include parental involvement.

The clear objective of this legislation is to amend the Health Services Act 1991. It identifies more clearly to whom the duty of confidentiality applies. It provides for a variation to the existing exception to the duty and also provides for a new exception to the duty, and it also clarifies the duty and exceptions that apply to former officers and employees.

I now turn to the amendments in the bill that relate to the Pharmacists Registration Act 2001. I start by saying that pharmacies are an integral part of Australia's health care system. Communities depend on pharmacies to dispense restricted medicines and pharmaceuticals and to provide advice on their safe and proper use. The importance of pharmacies to communities underpins the need for a robust and rigorous review of pharmacy regulations. It is vital that we continue to monitor and address the legislation that is associated with this profession.

In Australia and many other parts of the world, a significant shift is being experienced in the health care sector. Consumers are now more knowledgeable about health matters and generally health information is more readily available, owing to advances in technology such as the internet. Although consumers may wish to take greater responsibility for their own health, they should also recognise that the pharmacist is a trusted source of information and advice in relation to medication issues. Unfortunately for some of us, culturally we have been brought up to self-medicate as much as go to the doctor. As a nation we spend millions on over-the-counter pain-killers, cough medicines and various other cold remedies. It seems that, through our self-medicating habits, we have established a mind-set where we believe that if we have a problem we can simply take a drug without thinking about it. We also condition our children to develop a self-medicating mind-set. Thus this habit is effectively passed on to future generations.

The optimal use of a pharmacist is the key to individual, patient focused health care. Pharmacists play a valuable role in advising customers on the use of medicines and, importantly, on which medicines interact with other medicines. For example, on reading information contained in a HCF health report on legal drugs I learned that many cough and cold preparations contain chemicals that should not be taken by people who have high blood pressure. Paracetamol, which is sold under the trade name of Panadol as well as other trade names, is a powerful pain-killer that is sold in supermarkets. It is comparatively safe to use, except if taken in large doses. We need to recognise the issues and continue monitoring and controlling which medications are readily available and from which outlet they will be dispensed.

The existing system of pharmacy ownership provides for responsibility and accountability by pharmacy owners through state pharmacy acts, the quality use of medicines and the provision of value-added primary health care services such as asthma and diabetes management. This system reflects the willingness of pharmacy owners to give priority to important community health activities over the profitability or commercial viability of the activity. It is important to all communities that the government addresses pharmacy ownership issues. We need trained professionals to lead this industry. This government recognises that restrictions need to be imposed on who can own a pharmacy and what qualifications are required to do the job such that the general public will receive the highest quality of service and accurate medical information relative to their health circumstances.

The pharmacist's role itself is constantly under review. Recently I read a media release which stated that the Pharmaceutical Society of Australia could foresee our pharmacists playing a role that is vastly different from the one that they play at present. This article anticipated that the pharmacists of the future would not be sitting behind a counter dispensing medicines. That function would be undertaken by trained technicians. Our pharmacists will eventually be out there interacting one on one with patients, making them more accessible to general consumers. In doing so, pharmacists will provide direct personal and professional medical advice to an individual. This government understands the importance of the pharmacist's role in our community and will constantly review legislation with a view to supporting the changing needs of these trained professionals to help them to provide an effective and consumer focused health service to the members of our communities.

Health policies are and always will be contentious issues because health matters to everyone. No health system will ever be problem free. This government is dedicated to providing constant monitoring and implementation of legislative improvements as deemed appropriate to current health issues as and when they surface. We see that health care must be safe and in line with community expectations. It must also be grounded in economic and financial reality.

This government's health policy makers have a successful track record where they consistently identify, face and conquer the substantial challenges arising within current health legislation. Furthermore, it is obvious that this government has made an ongoing commitment to address and build on the existing strengths within current legislation as well as identify any area where changes are necessary. This government is committed to identifying priorities and setting precedents required for our society's best interests in relation to all health care. I take this opportunity to thank the minister for introducing this legislation, and I commend the bill to the House.

Dr FLEGG (Moggill—Lib) (4.50 pm): I rise to speak to the Health Legislation Amendment Bill 2004. The first section of the bill seeks to clarify matters in relation to duties of confidentiality as they apply to Queensland Health staff. Clearly, patients who attend and are treated within Queensland Health facilities are entitled to have their medical history and treatment dealt with in a professional and confidential manner. As such, I have no contention with the stated intent of the bill, but I draw the attention of the House to two particular aspects in relation to confidentiality.

Firstly, confidentiality in the care of patients should not be applied in such a way as would potentially negatively impact the safety of the patient's treatment. In other words, some commonsense needs to be applied. Confidentiality provisions, particularly as envisaged in this bill, where enforcement and investigation powers are applied, need to be used only for the purposes of protecting the confidentiality of individual patients and not for suppressing matters of public importance in relation to deficiencies within the health system, particularly deficiencies that are of a systemic nature. Such deficiencies are of marked public interest.

Secondly, I will give an example of where confidentiality provisions impact upon the safety of patients. Increasingly, patients are referred back to GPs after investigations done in a public hospital. These may be scans, blood tests, colonoscopies and so forth. It is frequent that the patients attend their GP before the results have been sent out. In fact, the public system is not particularly geared up for the dissemination of test results. The current practice, because of confidentiality provisions, is to fax the result to the treating doctor when the patient gets there. Generally the patient arrives before anything has been received. At present, the patient's name is deleted by black marker pen, leaving the doctor's office to identify the patient who is the subject of those results from either initials or a date of birth. In larger practices there are many patients with the same initials and/or the same date of birth. This practice is widespread and, I must say, has been fairly long standing. It is only a matter of time, if in fact it has not already occurred, before results are attributed to the wrong patient, with possible serious

adverse consequences. Clearly, this system lacks commonsense. The patient's treating doctor is an interested person who should be exempted from such provisions.

At a recent mental health forum I chaired, numerous relatives and carers of the mentally ill expressed their concerns that privacy laws were preventing them from obtaining information on medication or illnesses of their family members—information they needed to safely care for those family members. Again, this is not a commonsense approach.

I also have a particular concern, given the track record of the present government, that these privacy provisions will be used not to protect the confidentiality of patients' medical records and treatment but to further suppress information that is of vital public importance and which could easily be provided without any accompanying personal identification. I refer particularly to the Mahar report into cardiac waiting lists and deaths on cardiac waiting lists. This report has been refused public release to this parliament and even to the families of patients who died on spurious confidentiality grounds when, clearly, it is an easy matter to remove identifying information about any other persons within the report. In fact, this practice is already commonplace in relation to FOI requests.

This spurious confidentiality issue is in fact about protecting the government, and Queensland Health in particular, from legitimate public and parliamentary scrutiny. It is even—and I must say rather outrageously—being used to prevent the family and next of kin from seeing the results of an inquiry into the death of their own kin. This is not only an abuse of confidentiality provisions; it is highly offensive, being an outrageous infringement on the right of people to see government information in relation to their own next of kin. It is just being used to prevent vital information about the health system becoming public. The result of public scrutiny would likely be pressure for a more effective health system and the prevention of such tragic loss of life in the future.

I have another particular concern in relation to the use of inspectors to investigate so-called breaches of confidentiality. Present provisions in relation to confidentiality are selectively applied. I refer in particular to the use of medical information in the public arena when it suits senior elements of the department. The minister has taken to sending out senior bureaucrats, such as deputy director John Scott, to deal with sensitive political issues such as the government's record in meeting its election promises or deficiencies in its funding or resourcing of vital parts of the health system. Whilst the use of the Public Service in this manner is a matter for discussion at another time, the deputy director on ABC Radio in relation to cardiology services revealed details of a cardiologist's medical history to support the government's political argument. Despite this being a most public breach of confidentiality, to another public servant in this case, no action of any sort appears to have been taken.

I think the use of inspectors smacks more than a little of Big Brother, and I can see inspectors being used not to protect confidentiality of patients but to prevent issues of public importance being raised. Clearly, this bill should contain provisions that an inspector can only investigate breaches of confidentiality under strict guidelines, in particular only where a complaint has been received and where the breach being investigated constitutes a breach where personal medical information has been released inappropriately on a patient who can be clearly identified from the information released. If the person concerned, or the next of kin if deceased, asks for the information to be released, this should not be subject to investigation. The role of an investigator should be purely to ensure breaches of confidentiality that lead to complaint are enforced.

A parallel to this could be drawn from the Psychologists Board of Queensland. The Psychologists Board spends a substantial proportion of its resources investigating psychologists. It conducts more investigations than the equivalent boards in all other states of Australia combined. It initiates investigations where no complaint at all has been received. Clearly, using investigators in this way, where there is no complaint and at the arbitrary discretion of senior members of the department, leaves the door open to single out individual people for investigation and, presumably, ignore other occurrences. This bill should have clearly defined the role of an investigator and the circumstances under which an investigation can be called.

Moving to other provisions of the bill, I draw the attention of the House to the provision of the bill that allows professionals discretion to act in the best interests of a child. Such a provision is clearly needed. Doctors in particular are increasingly placed in difficult, almost irreconcilable, positions given that not all families function well. Children frequently have a different family on their maternal and fraternal sides. Custody is frequently an issue and, in my experience, it is not uncommon for children as young as 13 or 14 to be estranged from both parents and living with other young people, relatives or, quite frequently, just friends and acquaintances.

This raises a dilemma for doctors when a circumstance arise where the child is at risk from their own actions. One of the common circumstances where doctors are placed in a dilemma is when under-age girls present for contraception. It is still commonplace for them to want to hide this fact from their parents. It is still not uncommon that children do not live with both or even one of their parents. Clearly, in these words I am supporting the thrust of the bill but making the House aware of the significant conflicts and difficulties that can confront doctors when they have to decide about what is in the best interests of a particular child.

I would recommend to the minister for consideration that some information be sent to doctors in relation to the provisions of this act and their obligations to minors. On the one hand, doctors must respect the confidentiality of minors and their wishes when they are mature enough to make decisions for themselves or, on the other hand, they must decide sometimes to pass on information strictly only in those circumstances where passing on such information is necessary for the welfare of the child. These issues can be very significant, and doctors can at times be subject to substantial pressure in relation to the release of information on minors. So I would ask the minister to note from my own experience and contacts that there is considerable confusion among doctors on the specific requirements of confidentiality provisions, and the provision of some information either directly to registered medical practitioners or through their representative bodies would be particularly useful. I would ask that the minister in his summing up mention whether such information can be passed on to the medical practitioners so that there is no confusion about what their obligations are. Clearly, the recognition that the most closely involved carers of children are not necessarily their next of kin is welcomed. It recognises a reality that we live with within our community.

The amendments to the Nursing Act are noted and provisions that only properly accredited midwives can attend a woman in labour appear to be a reasonable provision. It does, however, sit strangely with the decision of the minister and Queensland Health to introduce nurse practitioners into roles traditionally being done by doctors. If an ordinary nurse is not legally qualified to attend to the delivery of a baby, it seems strange that the minister should think it acceptable for the nurse to be treating patients presenting at hospital casualties for sutures and the like or administering anaesthetics, ordering tests and making referrals. These are all traditionally medical roles and certainly not roles for which nurses are specifically trained. The patients seen by nurse practitioners are patients who have come along expecting to be treated by a doctor. If it is good enough in midwifery, why is it not good enough in medicine and surgery? There is a double standard being applied in this provision of the bill, and it is one I am sure the minister would have great difficulty in defending.

In relation to the accrediting of nursing courses by the Queensland Nursing Council, I would simply note that there are significant issues in relation to nurse education within Queensland. Significant numbers of graduates appear unsuited to nursing, particularly in the sense that many never register or practise as nurses and others have very low levels of involvement in the nursing profession. This situation should not prevent the accreditation of suitable universities and colleges to introduce innovative educational programs for nursing students that would prepare them better for the workplace and give them a better understanding of what working in nursing is really all about.

In relation to the pharmacy provisions of the bill, I make the following observations: firstly, community pharmacy has provided a high-quality, friendly and convenient service to Queenslanders for many years. It should be noted that pharmacists operate under restrictive laws that require pharmacies to be owned by individual pharmacists. I note the amendment to allow family corporate ownership. The issues that confront pharmacists and their patients include the limited capital base available to those individual pharmacists and their families because of their inability to bring in deep-pocketed equity. This, of course, leaves the industry vulnerable if participants with access to this sort of equity are permitted to enter in a major way. In effect, where there is an inequality of the ability to compete, professional pharmacists have their hands tied in relation to equity injection and they are at a severe disadvantage when compared to well-capitalised competitors. With a trend to larger pharmacies—for example, in shopping malls—the capital requirements have increased exponentially. A pharmacy in a large shopping mall can cost well in excess of half a million dollars a year just for rent—up to $800,000 a year with rent and outgoings. I think it is obvious to even the most casual observer that there is the possibility of a playing field here that is anything but level.

In relation to the extension of the licences that may be held by friendly societies, I note the pharmacy community in Queensland has not raised particular objection to the 12 locally based friendly societies having their number of outlets increase to six each. That is 72 pharmacies if my maths is correct. This would be a significant increase in the number of friendly society owned pharmacies in Queensland. But I note a particular concern on the part of pharmacists about the entry of large, well-capitalised, friendly societies with strong associations with other health care interests such as health funds moving into Queensland. In a certain respect, these friendly societies are Trojan horses where their ownership structure appears to be that of a cooperative but they are influenced or even possibly directly controlled by other participants in the health care industry.

Southern friendly societies pose a serious threat to the traditional service Queenslanders have enjoyed and come to expect from their community pharmacy. In South Australia, 33 friendly society owned pharmacies out of a total in that state of 400 pharmacies do 40 per cent of all the prescriptions in South Australia. That indicates the extent to which these larger capitalised pharmacies can make inroads at the expense of the individual pharmacist. Some of the friendly societies are associated with other health organisations. So, in effect, the provisions of this bill will allow an unfair loophole in Queensland's pharmacy ownership laws. It is clear that some of the moves by friendly societies to increase their number of outlets is a speculative move based on the belief that in the future pharmacy

ownership will be deregulated and these organisations will reap a huge financial windfall because of their speculative move into owning large numbers of pharmacies.

I note, too, that, although in name the friendly society pharmacies are owned by their members, boards of individual pharmacies can draw up to, in some cases, $300,000 a year in fees to the board. This is far beyond what one would expect to come out of a pharmacy and is in fact that board taking a profit share. In effect, they are a de facto business taking the profit out of the pharmacy. There are at least 15 such interstate friendly societies which could establish themselves in Queensland, which would lead up to 90 new major, well capitalised pharmacies in this state.

I would like the minister to take note that we are opposed to the entry of southern friendly societies into Queensland on the basis that there is not a level playing field when it comes to competition between Queensland owned community pharmacies and these Trojan horse friendly societies that have come to dominate the pharmacy landscape in other states.

I would also ask the minister to comment in his reply to the second reading debate on his attitude towards the entry of major southern friendly societies such as the national friendly society of South Australia and what he thinks of the fairness and the potential impact on pharmacy to Queenslanders. I note that the current arrangements put in place by the Health Insurance Commission in relation to pharmacies—they govern where pharmacies may locate and relocate—are currently undergoing a review at the federal level. I make the comment that the pharmacy industry needs to be aware that it operates within a marketplace that is not totally free and competitive. This situation has been accepted by governments at all levels to protect the high standards of care and service that community pharmacy has for so long provided to Queenslanders. I note that instances of anticompetitive behaviour are few in number but, given the legislation that affects competitive measures in pharmacy, the industry should be very cognisant of anticompetitive behaviours.

Time expired.

Mr PURCELL (Bulimba—ALP) (5.10 pm): I rise to support the Health Legislation Amendment Bill 2004. Health services in this state are of the highest quality, and we need to ensure that they stay this way. This legislation will go a long way to protect workers in the health industry on behalf of the state government. This legislation will make health services more efficient, compliant and, importantly, more reflective of our modern world. We also live in an ever-changing world, and one that includes more and more litigation.

The legislation will amend the Health Services Act 1991 in relation to the duty of confidentiality to identify more clearly to whom the duty applies; provide for variations to the existing exceptions to the duty; provide for three new exceptions to the duty; clarify the duty and exceptions that apply to former officers and employees; incorporate investigation and enforcement provisions; and improve the general wording of the section.

Mental health is a real issue in our society today and, sadly, it is becoming more and more prevalent. We need to ensure that all parties are protected. We also need to ensure that patients are treated efficiently and expertly and, more importantly, treated such that their dignity remains intact. The Mental Health Act is being revised to address operational matters concerning the operation of the Mental Health Court. The bill also addresses the operation of the Mental Health Review Tribunal and the treatment of interstate mental health patients.

Another area of importance is nursing. We will amend the Nursing Act 1992 to implement the recommendations of the national competition policy review of nursing and midwifery practice restrictions, including creating offences for unauthorised use of a nursing or midwifery title; falsely holding out to be a nurse or midwife; practising nursing without appropriate registration, enrolment or authorisation; and assisting a woman during childbirth without appropriate authorisation. The bill will also implement the outcomes of a review of the Nursing By-law 1993, including updating the course accreditation provisions in the act. These changes will not only benefit the patient but also protect the great nursing profession in this state.

The Pharmacists Registration Act 2001 will also be visited to give effect to NCP reviews of pharmacy ownership and restricted core practices in health practitioners registration acts. This bill will also amend various other acts to make minor operational changes, update cross-references and make consequential amendments to reflect those made in the bill.

Confidentiality is a big part of this legislation and is a priority in the medical profession. This bill will clarify to whom the duty of confidentiality applies, thus protecting all parties involved. Obviously there is an exception to the confidentiality rule if there is a serious risk to the health, life and safety of a patient.

The amendments to the Mental Health Act are significant, especially with regard to patients with active criminal charges. The safety of our workers is paramount. This legislation makes Queensland's provisions appropriate for the modern day.

As I said, the quality of the health services in this state is the best in Australia and we need to keep it that way. Not too many good news stories about health come our way. We never hear them in the press because they are good news stories and they never get a run.

I will talk about a constituent of mine—a retired painter who had been active all his life. He was having trouble with his knee. He booked in with a specialist to have his knee checked out at the QEII Hospital at Mount Gravatt. They did an arthroscopy on his knee. They removed various bits of bone and cartilage that were floating around in his knee. He went home the same day he went in, which absolutely amazed him. He now has full use of that knee; he can bend it right up. Painters squat when they are painting low, which he could not do anymore. He was treated very well and courteously looked after. He said, 'They gave me cups of tea and asked me how I was feeling. When they were finished with me they made sure I got a ride home.' Importantly, two days later they rang him from the hospital to follow up to see how he was getting on. All in all, I think Col was looked after very well. That is just one story from my electorate.

With regard to waiting lists, doctors create waiting lists for patients who are on that list. I have had occasion to talk to constituents with regard to how long they were waiting for treatment.

Mr DEPUTY SPEAKER (Mr Shine): Order! The honourable member will restrict his remarks to the confidentiality provisions of the bill.

Mr PURCELL: I will not say who these people were.

Mr DEPUTY SPEAKER: That was not quite what I meant.

Mr PURCELL: After some consultation with another doctor, they were very pleased that their treatment was very speedy—it occurred within days—and had a satisfactory result. I will not go into the details. Thank you, Mr Deputy Speaker, for your guidance.

I would like to mention the nurses who are employed in our health system and our health workers. We really do owe them a debt for the work they do for us in the community. They are very hardworking people. They do shiftwork. They work overtime. Their family life suffers. They are dedicated people who, in a lot of cases, work unpaid overtime to make sure their patients are looked after. I support the bill.

Mr MALONE (Mirani—NPA) (5.18 pm): I rise with pleasure to speak to the Health Legislation Amendment Bill 2004. I reflect on the words of the previous speaker in complimenting our health professionals throughout Queensland. They do a great job. They commit a lot of their personal time to the work they do in our hospitals and in our communities. I think too often we do not understand or even realise the work that they do and the pressures on their life and family as they do that work. The shadow minister for health raised quite a number of issues with regard to this bill. Obviously the National Party opposition is supporting the bill with some reservations.

The main policy objectives of the bill are to amend the Health Services Act 1991 in relation to the duty of confidentiality to identify more clearly to whom the duty applies, to provide for variations to the existing exceptions to the duty, to provide for three new exceptions to the duty, to clarify the duty and exceptions that apply to former officers and employees, to incorporate investigation and enforcement provisions, and to improve the general wording of the section. I think that all members of the House would be supportive of the provisions within the bill to enable confidentiality for health patients. Indeed, that is becoming a bigger and bigger issue every day.

The bill also amends the Mental Health Act 2000 to address operational matters concerning the operation of the Mental Health Court, the operation of the Mental Health Review Tribunal and the treatment of interstate mental health patients. It amends the Nursing Act 1992 to implement the recommendations of the national competition policy review of nursing and midwifery practice restrictions, including creating offences for unauthorised use of a nursing or midwifery title, falsely claiming to be a nurse or a midwife, practising nursing without appropriate registration, enrolment or authorisation, and assisting a woman during childbirth without the appropriate authorisation. It implements the outcomes of a review of the Nursing By-law 1993, including updating the course accreditation provisions in the act.

It amends the Pharmacists Registration Act 2001 to give effect to NCP reviews of pharmacy ownership and restricted core practices of the health practitioner registration acts, and it amends various acts to make minor operational changes, update cross-references and make consequential amendments to reflect those made in the bill.

The bill amends the Health Services Act 1991. It replaces section 63 of the Health Services Act 1991 with provisions that clarify the duty of confidentiality and the exceptions to the duty. These amendments resulted from a significant review of the operation of the section. Amendments to section 63 include clarifying to whom the duty of confidentiality applies and amending the existing exceptions to the duty of confidentiality in order to provide for a child or young person who has sufficient maturity to consent to the disclosure of their own information. Other members have already raised this matter in terms of who actually judges that young person to have that maturity. I have to raise the fact, as other members have, that there are a lot of young people whose family backgrounds are such that they may

present as very mature but, indeed, are certainly not in that class when it comes right down to it. In fact, their support may come only from friends et cetera rather than from a situation, as we normally know it, where they have both a mother and a father. In a lot of cases they may have only one parent and, indeed, in some cases they may have no paternal links at all. There is certainly an issue in my mind in respect to that matter.

The bill allows a parent to consent to disclosure of information where a child or young person is not mature enough to make a decision. I guess that is reasonably clear cut, because we are actually talking about a parent. I wonder who makes that decision where there is no parent involved. That certainly needs to be clarified. If a patient is not of sufficient maturity to give consent, who actually gives consent, if it is not a parent?

The bill allows designated persons such as switchboard operators to give general information—for example, that a patient's condition is stable. I have some concerns about that because most of the switchboard operators in my health district are pretty overloaded with calls. I find it difficult to believe that they would realistically have any reasonably up-to-date information on the condition of patients throughout the hospital.

In my electorate, the health district covers a substantial area. We draw patients from as far out as Clermont and probably as far down as St Lawrence. People who have difficulty actually getting to a hospital to find out how their relative or husband is will frequently make a phone call and ask to be given information by the switchboard operator. I know that that happens on a fairly regular basis. However, one wonders if some system could be put in place so that they could obtain information in a more personal way rather than from the switchboard operator. This bill provides the power for a designated person, who could be a switchboard operator, to give out information. I just wonder how relevant that information would be in the longer term.

The bill also allows a health professional to disclose information to a person with sufficient personal interest, such as a family member or a close friend. That raises some concern that a person may present themselves to the hospital and claim to be a close friend of the patient. We all know of circumstances where that could be abused; for example, where there is a de facto relationship. I wonder if there are any safeguards in place to enable that provision to be reasonably dealt with, because situations could arise where information is given out that is not necessarily within the context of the legislation as it is now written.

The bill permits disclosure of information required for the care or treatment of a person. Obviously that is clear cut. Indeed, it is a necessary outcome of treatment that others within the community—either their doctor or other people with a medical background—will need that information to enable them to treat the patient on a continuing basis.

In general terms, over many years, I have written to many health ministers about different issues in my electorate. The biggest complaint in my electorate relates to waiting times for specialist appointments, operations and other treatments across a lot of specialties, including renal, cardiovascular, ear, nose and throat, dental and radiation therapy, to name just a few. Recently, however, the problem of actually getting your name onto a waiting list seems to be more prevalent. In fact, to get that first appointment with a specialist and to then be placed on a waiting list seems to be a problem. I understand that right throughout Queensland, particularly in my electorate, there is a crying need for more specialists and, unfortunately, that is becoming a more serious situation. All members have made comments about the amount of time it takes to actually get a name onto a waiting list.

This past December, I received a call from a family whose son had presented to the Mackay Base Hospital on 22 December—

Mr DEPUTY SPEAKER (Mr Shine): Order! I pulled up other members for straying from relevance to the bill, which is to do with confidentiality provisions, not waiting lists.

Mr MALONE: I understand that, Mr Deputy Speaker. I guess the confidentiality in this case is that he was unable to get an appointment. If that is your ruling, Mr Deputy Speaker, it makes it very difficult for me to actually raise an issue of some significance, I believe, when we are discussing a health bill. In fact, it then took a very considerable time for this young person, who had a broken jaw, to obtain some sort of treatment in a Townsville hospital. With those few words, I recommend the bill to the House. I support the bill with the exceptions outlined by the shadow minister.

Ms MALE (Glass House—ALP) (5.29 pm): I rise to support the Health Legislation Amendment Bill 2004. This bill amends the Health Services Act 1991, the Mental Health Act 2000, the Pharmacists Registration Act 2001 and the Nursing Act 1992.

Over the past couple of years, the community has been discussing the issue of privacy and confidentiality as it relates to their personal information as well as to their interactions with government departments. This bill replaces section 63 of the Health Services Act with a new part 7 and 7A to more clearly articulate the duty of confidentiality for Queensland Health staff. The duty of confidentiality has not changed. It still means that officers must not disclose information that may identify a person who has received a public sector health service. The new part clearly clarifies who those officers are, using a new

term ‘designated person’. A designated person includes anyone who would have access to confidential health information in the normal course of working for Queensland Health. This includes health professionals, administrative staff, corporate office staff, health professionals working on a temporary basis for the department and volunteers engaged by the hospital.

The new part also provides a number of exceptions to the duty that will allow disclosure of confidential information to facilitate the delivery of health services. Most of the exceptions reflect existing exceptions. For instance, information may be disclosed if the patient consents to the disclosure or if it is required or permitted by another act or law. Other exceptions enable disclosure for the purposes of managing a funding arrangement or if the director-general determines it to be in the public interest to disclose this information.

Some of the exceptions have been updated to better reflect contemporary health care practices. For example, a child who is of sufficient age and emotional and mental maturity will now be able to consent to the disclosure of his or her own information. Where a child is not of sufficient age or emotional or mental maturity to understand the nature of the disclosure a parent or guardian may consent.

The health practitioner will have the discretion to do what is in the best interests of the child. For example, if a teenager who has the capacity to consent and who suffers a chronic condition decides to stop taking their medication the doctor may decide that it is in the teenager's best interests to tell the parents even though the child has not consented to this disclosure.

References to ‘next of kin’ have been replaced with ‘a person with sufficient personal interest in the health and welfare of the patient’. This recognises that the people with the most involvement with the patient are not necessarily the next of kin. For example, this will enable a doctor to give information to a de facto spouse or to a guardian.

Three new exceptions have been added. These will permit disclosure of information to avert a serious risk to life, health or safety of a person or to public safety, to provide information to an inspector investigating a breach of the duty and if the disclosure is for the activities necessary or incidental to other exceptions. I was pleased to note that the new inspection and enforceable provisions are added by the bill to enable breaches of the duty of confidentiality to be fully investigated.

The amendments to the Nursing Act 1992 are being made to implement the recommendations of the national competition policy review of the nursing and midwifery practice restrictions. Firstly, the bill will create an offence for unauthorised use of a nursing or midwifery title, falsely holding out to be a nurse or midwife and practising nursing without appropriate registration. Secondly, a person will only be able to provide professional midwifery care for a woman in childbirth if the person is trained and authorised to practise. Thirdly, the bill will amend the Nursing Act to give effect to provisions from the Nursing By-law which will expire on 1 September 2005. These particular provisions are very important. They provide safety and security for a woman and support for her birthing choices, which I think is an important part of that.

It should also be noted that volunteers, family members and others who care for a woman in childbirth for no fee or reward or in an emergency would not commit an offence. These exceptions recognise that a woman has the right to choose to give birth without professional health care. They also recognise that occasionally women will give birth unexpectedly or in emergency situations. In both examples, people should be able to assist without fear of committing an offence. These are very sensible provisions and I commend the minister for them.

The bill also changes the ownership provisions in the Pharmacists Registration Act 2001 and makes a number of minor operational amendments to the Mental Health Act 2000. I take this opportunity to commend the minister and the department for the work that they have done on this particular bill. I commend the bill to the House.

Mr WELLINGTON (Nicklin—Ind) (5.33 pm): I rise to speak in the debate of the Health Legislation Amendment Bill 2004. At the outset, I point out that this bill has certainly generated a lot of interest in the community. As far back as 9 November 2004, I received a lengthy letter from Sue Pitman, the branch secretary of the Nurses Union based at Nambour Hospital. I will to read into *Hansard* the letter that Sue wrote to me on behalf of her branch. The letter states—

Dear Peter

Members have asked that I write to ask for your support in rejecting Health Legislation Amendment Bill 2004 and to keep you advised about car parking issues at the Nambour General Hospital.

The Government's Health Legislation Amendment Bill 2004 contains proposed amendments to the Nursing Act 1992 in respect to qualifications for personnel who provide care for women in child birth.

We agree with the Australian College of Midwives that if the current draft of the legislation is enacted adequate care and protection will not be afforded to child bearing mothers and their babies.

There is at present a Review of Maternity Services in Queensland being conducted by the Queensland Nursing Council and QHealth, with participants from the community, politicians (Joan Sheldon) and members of the midwifery and obstetrics professions. We strongly believe that the Legislation should be postponed until completion of this Review.

We are aware that the Department has said it does not intend that midwives be replaced by less specialized medical assistants. But there is provision in the Bill for non-midwife qualified nurses and other medical personnel to care for women in child birth. It appears that this clause was to cover the situation where no doctor or midwife was immediately available. We have an opinion which holds that at Common Law, the defence of necessity caters for these circumstances. It is unnecessary to have a legislative clause that covers people for doing that which must be done. Do you agree?

I will be interested to hear the minister's response when he replies to the contributions made by members in this debate. The letter continues—

We believe that the Health Department should seek legal advice on this provision.

I enclose for your perusal, a copy of the response to the Bill from the Australian College of Midwives which gives a detailed account of the flaws in the Bill. We would appreciate your support in reject the Part 4 Amendment to the Nursing Act 1992.

The second issue is the ongoing saga of car parking for patients, visitors and staff. Here is an update of the present situation.

I realise that the chair has made various rulings about relevance, so I will simply say that car parking is a matter of critical importance to both staff and visitors to the Nambour General Hospital. It continues to be a major issue of concern. I hope that in this year's budget additional funding can be allocated to the Nambour hospital so that we can take the next step of expanding the very important car parking facilities.

I will read into *Hansard* the detailed submission that I have received from the Australian College of Midwives' Queensland branch. It states—

The College of Midwives has a number concerns regarding Part 4 Amendment to the Nursing Act 1992 in the Health Legislation Amendment Bill 2004. The proposed amendments also impact on wider issues relating to the provision of midwifery care to Queensland families and our submission identifies these other issues. We have made a number of recommendations for resolving these concerns and ensuring child bearing women receive safe and competent care.

Broad Issues

Midwifery as a Distinct Profession from Nursing

There is recognition internationally, and increasingly in Australia, that midwifery is a distinct profession from nursing, and that the best outcomes for women are achieved through women having access to skilled and competent midwives. Making provision for non-midwives to provide midwifery care runs counter to international evidence on best-practice, weakens the midwifery profession and undermines the ability of midwives to achieve high standards of care provision.

Recruitment and Retention

Recruitment and retention of experienced midwives continues to be a problem for Queensland Health, but making provision for registered nurses, or any other person, to replace midwives in the day-to-day care of child bearing women, including labouring women is not the solution. This approach jeopardises the safety of women and their babies and compromises the ability of medical specialists to provide appropriate care to women who develop complications. Only midwives are educationally prepared to provide comprehensive primary maternity, including identification of when women may need a medical specialist to be involved in their care. The requirement that midwives provide midwifery care is standard practice in the developed countries worldwide. Indeed other countries educate their midwives without the pre-requisite of a nursing degree and this is the direction that midwifery education is also taking in Australia.

Increasing Risk of Adverse Outcome and Liability

Using non-midwives to provide day-to-day maternity care that is normally the remit of the midwife not only reduces the quality of care available to child bearing women but increases the risk of adverse outcome and liability. Queensland already has a wide range of skill mix amongst midwives and significant difficulty in retaining qualified and experienced registered midwives in many places. Introducing RNs, ENs or other non-midwife care providers to care for women in child birth may increase the risk of adverse outcome for women and their babies and of associated liabilities for hospitals, obstetricians and midwives.

The next heading that I raise for the benefit of members and the minister is the Lack of Evidence to Support the Proposed Approach. It states—

To erode the requirement that registered midwives provide midwifery care and attempt to substitute them with non-midwives would be a dangerous approach to maternity service provision. There is certainly no research evidence to support this approach rather the reverse is true. Research in both Australia and overseas has confirmed that women who receive continuity of care by a known midwife experience the same safety in outcomes for their baby, with a reduced need for medical interventions in their birth. The College would be more than happy to brief your Department on this evidence and provide copies of relevant studies. If anything, the Queensland Government should be moving to extend women's access to continuity of care by midwives, not legislating to effectively prevent women in childbirth from having guaranteed access to care by midwives.

The next heading I raise is the Consultation Process. It states—

The consultation process over the development of this legislation has been inadequate. Consumers of maternity care were not consulted at the draft amendment stage, draft consultation documents were sent out as confidential documents and therefore not widely circulated, no background was provided as to why the changes were made or how they would impact on midwifery practice or the provision of maternity care. Importantly, none of the concerns raised by groups providing feedback on midwifery practice have been included in subsequent draft of the legislation.

Again, I would be interested to hear the minister's response to these very serious concerns about the process that the government has used in this matter.

The next heading titled Specific Concerns states—

The most problematic parts of the proposed amendments are detailed below.

Definition of Childbirth states—

The definition of childbirth is too narrow and therefore inadequate. Women require care for the maternity episode which includes pregnancy, labour and birth and postpartum to six weeks after the birth. This is an internationally accepted understanding of the childbearing period and a midwife or medical practitioner should provide care during this time. To restrict practice according to the narrow definition of childbirth (just labour) in the proposed legislation incorrectly assumes that non-midwives are educationally prepared and/or competent to provide appropriately quality care.

The next subheading is the Nurses and Midwives Act. It states—

The best outcomes for women and their babies occur in countries where midwifery is separately regulated from nursing. Many of the problems in the draft legislation result from an assumption that midwifery is a specialty of nursing and, as such, that nurses can perform maternity care in certain circumstances. A clear identity for midwifery should be reflected in the amended Nursing Act, which should be re-named the Nursing and Midwifery Act. Flowing on from this the Queensland Nursing Council should become the Queensland Nursing and Midwifery Council. Three other Australian states/territories have already legislated in this direction in the interests of their communities, and several other states are considering doing so.

It then goes on to refer to section 771(2)(b) and states—

Under section 771(2)(b) the restriction for attending a women in childbirth 'does not apply to a person under the supervision of the midwife or a medical practitioner'. Effectively this paves the way for Registered Nurses ... enrolled nurses ... or anybody else, to work in labour wards as midwives with a midwife providing supervision. No mention is made of the level of supervision. The 'supervising' midwife might be in charge of the whole labour ward and the RN's providing day-to-day midwifery care to labouring women for which they are not educationally prepared or accredited. Similarly, in the private sector, a medical practitioner such as a private obstetrician or GP could be off-site in his/her rooms and still be considered as the supervising medical practitioner. Without change, the Health Legislation Amendment Bill 2004 creates further problems in trying to establish skilled workforce to provide quality midwifery care to women and their families.

Then it goes on to refer to section 771(2)(d) and states—

Section 771(2)(d) provides for student nurses to care for women in childbirth as part of the accredited nursing course and under supervision from a registered nurse. This section fails to identify that midwifery is a distinct profession from nursing and that education and registration as a midwife is essential to ensuring women receive high quality maternity care. This section should be deleted. It is inappropriate for student nurses to be acquiring nursing skills (as distinct from midwifery skills) on women in labour. It would be a rare case that a woman needed nursing care while labouring and would mean that she had multiple complications and would be critically ill. In these circumstances, it would not be suitable to include a student who was not yet a registered care provider in the woman's care. The sort of circumstances that may involve a registered nurse as well as a registered midwife would be if the woman was in intensive care. It is unlikely in these circumstances that she would labour and give birth and is definitely not a suitable client to involve in the education of student nurses.

It then goes on to give a range of recommendations. In view of the time in which I have left to speak, I seek to include that in *Hansard*. Could I also touch on one of the other issues in the bill which deals with the amendment to the Health Services Act in relation to the duty of confidentiality. I note that it relates to the need to identify more clearly to whom the duty applies. It provides for variations to the existing exception to the duties, provides for three new exceptions to the duty and clarifies the duty and exceptions that apply to former officers and employees. It also incorporates investigation enforcement provisions and improves the general wording of that section.

I put on the record that I certainly have some concerns about the ambit of this duty of confidentiality in that it could be used as a technique to prevent information becoming available to the public and also to this parliament. I certainly echo the sentiments that a number of other members have raised in this House and how it may be used to prevent certain information being available and accessible to members of the family, to the public and to this House. I am certainly looking forward to the consideration of these issues in the consideration in detail stage and also to the debate on the various amendments that have been flagged already. I will be waiting to hear the minister's response to some of the issues that I and other members have raised during this debate before indicating how I will be voting on this bill.

Ms JARRATT (Whitsunday—ALP) (5.46 pm): It is with pleasure that I rise to speak in support of the Health Legislation Amendment Bill. This amendment bill seeks to address a range of issues and amend a number of acts. We have heard a fair bit about that, so I do not intend to labour the details. Indeed, the amendment bill aims, among other things, to increase patient protection by defining issues of confidentiality and addressing the issue of qualifications in the nursing industry.

In listening to the debate, I have noticed from the opposition benches a tendency to seek out and highlight only those negative aspects of the health system. They were very, very reluctant to give credit where credit is due for the health system that we have in this state. People would not need to travel to very many countries—in fact, some of our neighbouring countries would probably be a good place to start—to realise what a fine health system we have in this state. It is one that I think that we can be immensely proud of. We can hold our heads up anywhere in this world in terms of our ability to address health needs. People do not necessarily need to have a back pocket full of money to receive treatment from our health system. I think that is overlooked by those on the opposition benches. Primary health care and other forms of health care are provided to anybody in this state. We have a very equitable system at that public health level.

In terms of illustrating that point, I want to refer to a couple of the health institutions in my electorate. I mention the Proserpine Hospital. People would go a long way to find a better hospital—one that services its community as well as the Proserpine Hospital. It is a wonderful public hospital that is a great asset to its community. The community has embraced the hospital with open arms. In fact, service groups within the community have each taken an interest in a particular section of the Proserpine Hospital and have donated all sorts of technical equipment, beds, chairs, blankets, toys—a whole range of items that make a person's stay at that hospital very comfortable indeed. It is a first-class hospital not only because of its equipment but also because the people who staff the hospital are wonderful, dedicated people. We have great nursing staff there. More than that, we have great cooperation from

the GPs in our local community who step up and do their bit within the community for the public hospital patients at the Proserpine Hospital. It is really good to see that.

One of the issues in regional centres right throughout the state and indeed the country is the difficulty we have in filling allied health staff positions. The Whitsunday is no different from many other places. According to the model, in recent years we were allocated a 0.5 speech pathologist position. However, it is very difficult to fill a position like that because people want full-time jobs. When the minister came to the hospital he announced the appointment of a full-time speech pathologist, and I am very pleased to report to the House that that position has now been filled.

In the near future the other country hospital in my electorate, Bowen Hospital, which is an old hospital, will undergo fairly significant refurbishment. That refurbishment will seek to increase and improve security and efficiency at the hospital. Again, I thank the staff for their dedication and attention to the details that they provide in a small community such as Bowen.

One of the issues that Proserpine, Bowen and many other regional centres experience is filling the position of public dentist at the hospital. We have been very fortunate—

Mr DEPUTY SPEAKER (Mr O'Brien): Order! Previous deputy speakers have made rulings on relevance and to ensure the debate is relevant to the bill. I ask the member to comment on the provisions of the bill.

Ms JARRATT: With respect, when I was in the chair I gave a great deal of leniency. In fact, I allowed a member of the opposition a good 10 minutes to speak on topics not relating directly to the bill. Of course, with respect, I accept your ruling on my very short contribution which has to do with aspects relating to the bill. It is a shame that I cannot go on to tell the House about the difficulties we have in placing dentists in our hospitals.

The minister and his department have done a great job in bringing these amendments before the House. In addition to the great job they have done in drawing up these amendments, I congratulate them for being very cognisant of the difficulties that we face in providing medical services in regional areas. I fully support the moves that they are currently making to try to fill positions like that of dentist in our regional hospitals. I commend the bill to the House.

Mr HORAN (Toowoomba South—NPA) (5.52 pm): The Health Legislation Amendment Bill is an important bill covering four issues: confidentiality, pharmacy, certain aspects of the nursing profession relating to midwifery and some issues relating to mental health. I have heard other speakers read into the record correspondence relating to midwifery. Obviously there is very serious concern within the midwifery profession about certain issues. I have been given some detail by a nurse who is heavily involved in midwifery. Whilst I note that some comments are the same as those read by other speakers, probably the vast bulk of what this nurse provided me with is from her own experience. I do wish to bring some of that before the House.

Substantial efforts have been made by the midwifery section of the nursing profession to bring issues of concern before the parliament. It is important that the minister seriously thinks about some of these issues and some of the changes and amendments that are needed. We must bear in mind that midwifery is a very dedicated part of the nursing profession. All people who undertake nursing are highly dedicated. As a former health minister I am in awe at the care and the professionalism that nurses exhibit when looking after their patients. Whether it is in aged care, paediatrics, intensive care, accident or emergency, medical, surgical or midwifery, they provide a marvellous and wonderful service. Extra and additional training is required to become a midwife. I would like to think that the minister will take very serious note of their concerns and make some necessary adjustments to this legislation. The letter of the nurse who wrote to me states—

There is real potential for the amendments to be used to replace skilled licensed midwives with underqualified staff. ***If*** the intent of the Bill is not to permit this then it needs to be made ***much*** clearer and not be left open to interpretation.

My issues, like so many in my profession, are

Issue 1: Introducing RN's, EN's or other non-midwife care providers to care for women in childbirth may increase the risk of adverse outcome for women and their babies and of associated liability for hospitals, obstetricians and midwives. Please review the alarming American literature around the problem of 'failure to rescue' associated with the employment of underqualified health workers/practitioners in given practice settings and results in large numbers of preventable medical injuries within hospital settings each year. This is not an insubstantial danger but one that is already well recognised and documented. Escalation of litigation should be a real concern.

Issue 2: Making provision for non-midwives to provide midwifery care runs counter to international evidence on best-practice, weakens the midwifery profession and undermines the ability of midwives to achieve high standards of care provision. This will be reflected in clinical outcomes.

Issue 3: Issues surrounding shortages of qualified midwives will not be solved by making provision for registered nurses, or any other person, to replace midwives in the day-to-day care of childbearing women, including labouring women. Such an approach continues to jeopardise the safety of women and their babies. Additionally medical staff will find their practice is also being compromised because of the absence of skilled, appropriate staffing caring for women who potentially could develop complications (failure to rescue). Only midwives are educationally prepared to provide comprehensive primary maternity, including identification of when women may need a medical specialist to be involved in their care. Implementing legislative changes that allow direct-entry courses (3 year Bachelor of Midwifery Program) would result in shaving 1-2 years off the education and preparation time for midwives and would substantially reduce the cost of this education. This is a better way to meet future shortages in the profession.

Issue 4: The proposed amendment has ramifications in the clinical practice setting. Best practice and evidence based care should guide clinical practice. The use of non-midwives to provide specialised maternity care is not supported by any known research or other forms of evidence—bluntly **it is not best practice**. Thus non-midwives should be prohibited from practicing in this clinical area unless doing so under concepts of 'necessity' or 'emergency'. With the appropriate legislative provisions rural, remote or isolated practitioners could be covered by a concept of necessity enabling them to practice lawfully until such time referral or transfer to specialised care givers can be arranged.

Issue 5: The consultation process over the development of this legislation has been inadequate. Consumers of maternity care were not consulted at the draft amendment stage, draft consultation documents were sent out as confidential documents and therefore not widely circulated, ***no background was provided as to why the changes were made*** or how they would impact on midwifery practice or the provision of maternity care. Most alarmingly, none of the concerns raised by the groups providing feedback on midwifery practice have been included in the subsequent draft of the legislation.

The letter goes on to outline some specific concerns. It continues—

The definition of childbirth is too narrow and therefore inadequate. Problems in labour can be circumvented with appropriate antenatal care and antenatal, intrapartum and postnatal care can impact upon postnatal outcomes. Thus childbirth should include all the care leading up to labour and the care following labour until such time the woman and baby have adapted to the non-pregnant and extra-uterine life.

Under the heading 'Nurses and Midwives Act', the letter states—

The best outcomes for women and their babies occur in countries where midwifery is separately regulated from nursing. The problems in the draft legislation result from an assumption that midwifery is a speciality of nursing and, as such, that nurses can perform maternity care in certain circumstances, which is not the case. Many Queensland University Nursing Undergraduate Programs offer no midwifery or obstetric theory or practice in their curricular ... I suggest that legislation regulating midwifery practice be clearly separated from legislation regulating nursing practice so that this error is no longer made.

Remember that this is coming from an experienced academic in midwifery. She continues—

Section 77 I (2)(b)

Under section 77 I (2)(b) the restriction for attending a woman in childbirth "does not apply to a person under the supervision of the midwife or a medical practitioner". Effectively this paves the way for Registered Nurses (RNs) and Enrolled Nurses (ENs) or anybody else, to work in labour wards as midwives with a midwife providing supervision. No attempt is made to legally clarify what is meant by the term 'supervision' which could be a level provided via telephone or from another location (e.g. another building or ward) or could mean a ratio of 1 midwife to 10 non-midwives. The potential for error and poor outcomes for women and their babies is frightening. The current Independent Review into Maternity Services in Queensland will find such a clause in the Health Legislation Amendment Bill 2004 a major obstacle to the establishment of best practice models of care for women and their families.

This nurse goes on to provide specific concerns about section 77 I (2)(d). She states—

This section provides for student nurses to care for women in childbirth as part of an accredited nursing course and under supervision from a registered nurse. This section fails to identify that midwifery is a distinct profession from nursing and that education and registration as a midwife is essential to ensuring women receive high quality maternity care. Midwives undertake QNC-Accredited Midwifery Programs that licence them to practice midwifery safely—registered nurses and student nurses have no such qualifications which means they should have no access to women in childbirth, thus, this section should be deleted.

Her recommendations are as follows—

1. Part 4 Amendment to the Nursing Act 1992 be excluded from the current proposed Health Legislation Amendment Bill 2004 until:

1) completion of the Independent Review of Maternity Services in Queensland, and

2) completion of the Australian Nursing and Midwifery Council's ... National Project on Defining the Role and Scope of Midwifery, and

3) appropriate, wide ranging public consultation has been conducted.

This nurse goes on to say that a separate midwives act needs to be developed to protect Queensland women in pregnancy, during labour and birth, and in the postpartum period by ensuring safe and competent midwifery care is provided. This nurse says that under no circumstances should the Health Legislation Amendment Bill be progressed in its current form. Changes needed to ensure safe maternity care to Queensland women and their families should be undertaken via a consultative process incorporating professional and consumer bodies.

The bill is before the House so what we have to look at tonight, particularly in the consideration in detail stage, is these particular concerns which have been brought up consistently by so many members of this House. There are very real and very serious concerns held by the professional midwives of this state. I would ask the minister not only to address these issues when summing up but also to give consideration to these issues because we are talking about the best possible professional care that can be provided to mothers having babies. It is surely one of the most important and responsible things that we provide in our hospital services—the bringing of new life safely and securely into the world—and I think we have to do it to the best of our abilities. I hope these issues can be addressed satisfactorily, particularly at the consideration in detail stage.

The issue of pharmacies is something that has been long discussed. I have always been a very strong supporter of the fact that we need to have pharmacies owned by people who are pharmacists. Too often in this nation we are seeing massive corporations gobble up one small business operation after another. We see these massive organisations that want to have not only the groceries but the fruit, the vegetables, the white goods, the clothes, the service stations and everything else they can possibly have. The dream in Australia of families and people being able to own a small business and providing a first-hand, over-the-counter, personalised service and a community being made up of all these people who aspire to do that—people who work extra hard, involve their families and take risks—is becoming

more and more difficult. More and more people are becoming managers or submanagers in these big conglomerates.

It is also very important that the particular expertise of some of these business operations be preserved. There would be none more relevant than the area of pharmacy. People go in to seek advice. They like to speak to the person who owns the pharmacy. They want to speak to someone who is a pharmacist. They do not want to go to a row of shelves in a major supermarket and have to look at themselves. Speak to any pharmacist or any person who works in a pharmacy and they will all tell you about the number of people who come in for advice. They are almost like the parish priest of health in the help and service they provide to people who come in. Very often it is young mothers and their babies. The baby is unsettled and the mother runs down to the after-hours pharmacy or to the pharmacy during the day. Very often it is older people. Often it is families with children. A child might have a cut or something happens urgently, they need something straightaway and they are not in the position to get to an after-hours surgery.

The pharmacy is a very important part of our community. If we understand that principle, then I think it is very important to abide by the principle that pharmacy ownership should be limited. We should always work to the principle that to own a pharmacy you should be a pharmacist. In this legislation there are certain restrictions on the number of pharmacies that can be owned by particular pharmacists. I know that this has been a difficult issue for the minister, particularly the issue of where we stand on friendly society pharmacies. I have to declare some interest. My family and I have always been a member of the Toowoomba friendly society's pharmacy. It has been a wonderful pharmacy. My wife swears by it. Throughout the raising of our kids we have always used the friendly society's pharmacy and the medicines have been cheap. We have also used other pharmacies where we have had to, but we are a member of the friendly societies. I cannot speak highly enough in my town of the service that has been provided by the friendly society's pharmacy. In other towns in rural Queensland I think there are about 12 friendly societies throughout the state. Mostly they are in rural areas. I know there is a very good one in Warwick. I cannot talk highly enough of the service that they provide—

Mr Nuttall: The Pharmacy Guild? Which one? You cannot have it both ways. You either support one or the other.

Mr HORAN: I am saying to the minister that this is a very difficult issue. I think the minister agrees with the principle that pharmacists should own pharmacies.

Mr Nuttall: Yes. We have put amendments through.

Mr HORAN: It is in this bill; I recognise that. I think in the process he has provided just a small increase, but it is limited and I do not have any problem with that. At the same time I think the minister—I am being quite fair here—has recognised that friendly societies have a role.

Mr Copeland: As do we.

Mr HORAN: And we have recognised that. I think what the Pharmacy Guild is concerned about, as is perhaps everybody here, is that if the friendly societies were used as a Trojan horse like we understand they have been in Victoria for a major corporation when they either demutualise, sell or are taken over by a major corporation they are used as a stalking horse for organisations to get into the pharmacy industry and destroy that ownership principle that we think is so strong. In looking at this issue, I think the minister has tried to abide by those two principles in Queensland. We probably have to watch demutualisation and those sorts of issues, but while they remain mutualised I think they deserve our support.

The issue of confidentiality in this bill is of concern to us. I think we all agree that in the operation of the health service the confidentiality of patients is very, very important so that people—whether they be nurses, doctors, allied health workers or administrators—all work in a very professional way with regard to the privacy of people's records et cetera.

What we have to watch very carefully with this legislation, which our shadow minister has spoken about, is this: is there a move here to absolutely hamstring anyone who works for Queensland Health, or is a volunteer for Queensland Health, from going to a member of parliament if they see major serious, unresolved problems in their workplace? That is the issue. I know there is protocol and a system where if people have a problem they go to those above them and work through that system, but very often things happen which alarm people who work in the health system and which actually plays on their conscience. For example, today the member for Burnett brought up a particular issue about a practitioner in Bundaberg.

People cannot live with themselves when they know something is unresolved; they have to endeavour to get it resolved. Members could imagine that if they were working in a system and they saw something going wrong and they were not able to get it fixed up through the normal channels or they felt that the system was letting people down—people were dying on waiting lists, people were suffering all sorts of pain and anguish simply because things were not being properly done—they would have to go to their member of parliament, and that is what we are all here for. We are here for the betterment of the system and the service, and to serve the people well. People may have to come to a member of

parliament about something and the member of parliament has a responsibility to act upon it. The member of parliament might decide to go straight to the minister, they might decide to go straight to the parliament and they might decide to go to the media, but they are the tools of trade; the member of parliament has to improve that system and overcome those particular mistakes.

We have to be very careful about confidentiality. The proviso is that people know someone is trying to get their particular matter fixed up and they have given them the approval to do it and they are able to do it. If someone works in the system and sees something dreadful, something wrong, something that they believe is not right—they see a standard of care that they believe is not right—and if they address it through the proper channels and it does not get fixed, they have to be able to do something about it. We will have to watch that the accountability remains in the system and that, ultimately, the parliament itself is not choked off from information because this confidentiality clause overtakes what these people are supposed to be. They are supposed to be about how to professionally care for people; they are not meant to keep people from bringing about improvements in the system.

There were a couple of further issues I wanted to bring up but I have run out of time. I wanted to thank the people in Toowoomba at the Health Department who are trying to maintain the swimming pool at Baillie Henderson Hospital for those who have traditionally used it for rehabilitation. I wanted to flag the serious problem we have with aged care beds, particularly for high-care patients who need them. I was going to talk about the fact that we do not have emergency dental services on the weekend, which is a problem.

Mrs CROFT (Broadwater—ALP) (6.13 pm): Queensland Health staff, including doctors, nurses, allied health professionals and administrative staff, employed in public hospitals and other public sector health services are bound by a strict duty of confidentiality. This duty prohibits the disclosure of identifying patient information. At present the legislation does not specifically provide for when health related information about a child may be disclosed other than in circumstances involving abuse or harm. It is important to the health and welfare of young people and children that their health information is kept confidential. However, this right to confidentiality needs to be balanced with the duty of Queensland Health to ensure that the health of a child or young person is not compromised because of confidentiality.

Changes to the duty of confidentiality in the Health Services Act 1991 are included in the Health Legislation Amendment Bill 2004. They include amendments to the exception to the duty that permits disclosure with the consent of the patient. Presently there is no allowance in the legislation for a health professional to discuss health and treatment information about a young child with the child's parent. The amendment reflects the commonsense approach taken by health professionals that if, for example, a parent brings a sick three-year-old in for treatment the health professional should be able to discuss the condition and treatment of the child with the parent. Consequently, the amendments provide that a parent or guardian may consent to the disclosure of confidential information on behalf of a child who is too young or not of sufficient maturity to understand the nature of the consent or the disclosure. This exemption to the duty of confidentiality recognises the common law position that parents are usually the natural guardians of their children until they attain sufficient maturity.

However, it is recognised that older children and young people have a right to participate in the management of their own health. Therefore, the amendments provide that the consent of a child or young person must be sought where, in the opinion of a relevant health professional, the child or young person is of a sufficient age and mental and emotional maturity to understand the nature of the consent for the disclosure. In forming this opinion a health professional will be required to use their professional judgment and will need to take into account factors such as the child's ability to communicate his or her decision and the child's understanding of the consent and the implications of disclosing their information.

While age plays an important role in determining the maturity of a child, the child's age is not necessarily the most important factor. For example, a five-year-old would not have sufficient maturity to understand the nature of disclosure, but a mature 13-year-old may have a strong grasp of the implications of consenting to the disclosure to their parents of confidential health information. Contrast this with a 16-year-old suffering from severe intellectual impairment who may not have sufficient maturity to understand the nature of the disclosure. It is for this reason that no minimum age has been prescribed by the amendments.

The ability of a parent or guardian to consent on behalf of a young or immature child is not intended to give the parent or guardian an absolute right to make decisions about access to a child or a young person's health information. There may be instances where disclosing a child's health information may be detrimental to a child. For example, where a child has informed a health professional that they are being sexually abused by a parent, the health professional may decide that disclosing that information to the parent may cause further harm to the child. There may also be instances where the interests of parents or guardians may not be the same as those of the child. For instance, where a parent seeks information about a child for a family law matter the health professional may decide not to disclose the information if the disclosure is not in the child's best interests.

Consequently, the amendments include a discretion for the health professional to act in the child's best interests regardless of the wishes or requests of the parents or guardians. This discretion will only apply where the child may have the requisite maturity but the health professional judges it to be in the child's best interests to disclose the information without the child's consent. Examples of this may be where a child is abusing drugs, has been diagnosed with depression or a mental illness or is refusing to take medication for a chronic condition. The amendments will enable the health professional to consider a child or young person's best interests as paramount. These best interests may also include consideration of the likelihood that any disclosure contrary to the child or the young person's wishes may affect the child's trust in the health professional.

Queensland Health guidelines will encourage health professionals to first seek a young person's consent before they consider exercising their discretion to disclose information under this exception. The duty of confidentiality in the Health Services Act and the exceptions as amended by this bill only apply to Queensland Health staff and not to private providers of health services. For example, a private GP or staff at a private hospital are not bound by this duty and are not subject to the exceptions. Such service providers are required to comply with the Commonwealth's privacy laws, common law duties of confidentiality and professional standards appropriate to their profession.

The amendments to the duty of confidentiality are consistent with the recent changes to child protection legislation and the outcomes of the CMC report into the abuse of children in foster care. The amendments do not affect the ability of health professionals to give information concerning possible abuse or neglect of a child to the Department of Child Safety under section 194 of the Child Protection Act. That section specifically excludes the duty of confidentiality in the Health Services Act to ensure that anyone normally bound by a health duty is not prohibited from providing information for the protection of a child. The duty of confidentiality in the Health Services Act will also not impede the duty of a doctor or registered nurse under the new mandatory reporting obligations recently passed by this parliament. Under the new provisions in the health act, all doctors and registered nurses will be required to report suspected harm or risk of harm to a child to the Department of Child Safety. Specific protections in the Health Act and the Child Protection Act ensure that doctors and registered nurses who report suspected abuse are not at risk of breaching the duty of confidentiality amended by the Health Legislation Amendment Bill. I take this opportunity to congratulate the minister and his staff, and I commend the bill to the House.

Debate, on Mrs Croft, adjourned.

LIQUOR AMENDMENT BILL

First Reading

Hon. MM KEECH (Albert—ALP) (Minister for Tourism, Fair Trading and Wine Industry Development) (6.20 pm): I present a bill for an act to amend the Liquor Act 1992. I present the explanatory notes, and I move—

That the bill be now read a first time.

Motion agreed to.

Second Reading

Hon. MM KEECH (Kawana—ALP) (Minister for Tourism, Fair Trading and Wine Industry Development) (6.20 pm): I move—

That the bill be now read a second time.

The bill contains two amendments to the Liquor Act 1992. Firstly, to introduce a 3 am lockout for all licensees and permittees in the Brisbane City Council area and, secondly, to prohibit the advertising of free drinks, multiple drinks and/or discounted liquor statewide. The amendments are recommendations from the 17-point Brisbane City Safety Action Plan and are aimed at curbing inappropriate behaviour associated with alcohol use in Brisbane.

The 3 am lockout will be a mandatory condition for all licensees in the Brisbane City Council area. It will enable businesses with extended hours permits to continue trading and to serve alcohol until 5 am. However, it does prevent patrons from entering or re-entering a nightclub after 3 am. A 3 am lockout has been imposed on Gold Coast nightclubs with very positive results. The Queensland Police Service has noticed a reduction in crime after the lockout condition was imposed on the Gold Coast. In particular, for the entire Gold Coast district, total assaults were down two per cent, with serious assaults—other than on police—down 18 per cent. There was a decrease of between two per cent and 14 per cent for non-police related assaults in the 3 am to 6 am period on the Gold Coast. Within the Surfers Paradise district, calls for police assistance at street disturbances were down 12.9 per cent in the period 3 am to 6 am. Total calls for assistance due to public drunkenness were down 14 per cent.

Lockouts have been introduced in Townsville and Cairns and a number of other centres. All are successful in reducing crime and antisocial behaviour in and around the licensed premises. The Brisbane city lockout, in conjunction with other initiatives in the 17-point Brisbane City Safety Action Plan, will help to curb alcohol related incidents and antisocial behaviour on or near licensed premises. The lockout will be trialled for a period of up to 12 months.

The second amendment will insert a new section into the Liquor Act to prohibit the external advertising of free drinks, multiple drinks and/or drink discounts for on-premises consumption. The prohibition on advertising does not apply inside the premises, except where the advertising is inside the premises and it is audible or visible outside. In order to avoid statutory interpretation issues later in relation to the definition of a 'discount', the bill bans the advertising of the sale price of liquor. This is because some licensees charge a different price for liquor at different times of the day on different days of the week. There is no set retail or 'normally charged' price for a drink. The prohibition does not apply to bottleshop advertising for takeaway sales, as advertising for takeaway liquor is not considered to promote excessive consumption of alcohol, unlike external advertising for on-premises consumption. If a bottleshop is attached to a hotel, the bottleshop cannot advertise the drinks for on-premises consumption.

Drinking promotions, such as happy hour and two-for-one offers, will not be banned, provided that they are conducted responsibly and do not lead to rapid or excessive consumption of alcohol. However, the advertising of such promotions will be banned. The bill captures all forms of advertising, including touting, SMS and all forms of signage on the outside of the premises. The definition of 'advertising' has been drafted broadly to allow for advances in technology. This amendment applies statewide.

With respect to breaches, if either amendment is breached, a licensee would be in breach of their licence and would potentially be subject to disciplinary proceedings and liable for a maximum fine of $7,500 for an individual or $37,500 for a corporation.

In summary, the amendments in this bill form part of a wider state government initiative aimed at providing a safer environment for patrons and the public on and near licensed premises. I commend the bill to the House.

Debate, on motion of Mr Lingard, adjourned.

ADJOURNMENT

Hon. MM KEECH (Albert—ALP) (Minister for Tourism, Fair Trading and Wine Industry Development) (6.25 pm): I move—

That the House do now adjourn.

Builder's Licences

Mr HOPPER (Darling Downs—NPA) (6.26 pm): I wish to make representations on behalf of a constituent of mine in relation to his application to renew his builder's licence. My constituent allowed his licence to lapse in 1998 when he decided to leave the industry, having completed his apprenticeship and operating his own construction company over a 13-year period. My constituent initially paid the required fee upon application for renewal of his licence. He was advised that he would need to undertake a business management course which would cost him $250. This would entitle him to work under the direction of another builder. Following the processing of my constituent's application, he was then advised that he would also be required to undertake an additional 18-week course at a cost of $3,000 before his licence could be reissued.

My major concern is in respect to the critical shortage of skilled tradesmen in Australia. I believe that it is becoming increasingly difficult for fully qualified tradespersons to return to their respective trades. This example is particularly concerning when the same industry is crying out for more tradespersons and is resorting to recruiting personnel from overseas. We have qualified people here who are being hampered by the numerous restrictions when they attempt to re-enter their chosen trade. It is my belief that the existing criteria will cripple this industry. The work is available but the trained personnel are not.

My constituent is of the opinion that his qualifications have not been recognised and that his service to the industry has not been taken into consideration. I am aware that this is a specialised industry and that we must protect its clients. However, we must not be seen to hamper the growth of this industry by overregulation. Commonsense must prevail. An applicant's existing qualifications and workplace experience should be considered when assessing them for re-entry into their chosen field. This is a skills based industry and members must be able to undertake their work without being hampered by overregulation.

My constituent believes that it is an expensive and unnecessarily time-consuming procedure to have his licence reissued when he has already completed his training and has vast experience in the

industry. I firmly believe that education and training is the key to overcoming our current skills crisis. However, I also believe that there should be recognition of the existing qualifications of persons who want to re-enter this industry.

Gold Coast, Cruise Ship Terminal

Mrs CROFT (Broadwater—ALP) (6.28 pm): Last week I was shocked and astounded to hear that the Liberal federal member for Moncrieff, Mr Steven Ciobo, called on the state government to say yes to a cruise ship terminal in the Broadwater, stating that it would be 'a far more feasible option'. It is clear to me that at the time of his speech—12.15—he must have been delerious.

In 2002, the member for Southport and I tabled a petition in this House on behalf of 4,000 Gold Coast residents who opposed any development on Wavebreak Island and the western foreshore of the Broadwater. During the 2004 state election campaign, we both made a commitment to our communities that there would be no development in these areas. Our commitment to ensuring that the natural beauty of this area remained for all to enjoy was clear and demonstrated to our electorates.

The Premier listened, ensuring that discussions and proposals for the cruise ship terminal and other development did not entertain a thought of developing in the Broadwater or on Wavebreak Island. Mr Ciobo states that he supports the concept of a cruise ship terminal for the Gold Coast. Indeed, a Gold Coast cruise ship terminal would create up to 100 jobs during construction and, once operational, would bring new tourism opportunities and spending to the region. However, Mr Ciobo states that he will only support it if it does not degrade the local environment. So he proposes that it be located in the Broadwater, where it places the depth drops to two metres, the dredging costs would run into the millions and the environmental damage would be great.

It is for this reason that the government is focusing its attention on the seaway, where the deeper water exists. The government's approach to this issue is far from being a knee-jerk reaction as claimed by the member for Moncrieff. Discussions regarding a proposed cruise ship terminal have been occurring for over three years, with the Beattie government taking the initiative of investigating the viability of the industry for the Gold Coast by beginning preliminary assessments and further commissioning a computer analysis at the Star Cruises Ship Simulation Centre in Malaysia.

There is still more work to be done. I understand and acknowledge that some Gold Coast residents still have concerns regarding the proposed location of the spit. I will continue to advocate for the residents that their concerns be heard and their questions answered. I have spoken directly with the Premier and the minister for state development to ensure that before any final decision is made the Gold Coast community has access to a full community consultation process and that a full environmental impact assessment is undertaken. It would be remiss of any government not to investigate opportunities such as this for the Gold Coast. I am pleased Mr Ciobo is supportive of a Gold Coast cruise ship terminal.

Gold Coast, Cruise Ship Terminal

Mr LANGBROEK (Surfers Paradise—Lib) (6.31 pm): I rise in the House this evening to express my utter dismay at the Labor government's constant and unrelenting lack of foresight with regard to the building of a cruise ship terminal on the Gold Coast. I say at the outset that the Gold Coast needs a cruise ship terminal. The Gold Coast is a tourist mecca and I will support any kind of infrastructure that can add to the value of our tourist market on the Gold Coast.

The problem I have with the current proposal for the cruise ship terminal is the proposed position in the Southport seaway section of the Broadwater. The northern part of the Spit is sacrosanct and there has been this consensus on the Gold Coast for many years that, after the development of the Sheraton Mirage, there would be no more development north of that site.

The member for Southport and the member for Broadwater can say all they like that they campaigned on the basis that there would be no terminal in the Broadwater, but they cannot escape the fact that putting the terminal in the seaway mouth is putting the terminal in the Broadwater. If it is not the ocean it is the Broadwater. Putting the terminal on the Spit flies in the face of what Gold Coasters want. This is not a case of nimby—not in my backyard. I do want it in my backyard. That backyard is on the Southport bank of the western side of the Broadwater.

I also do not understand why this government is prepared to pay top dollar for a substandard option. We have had study after simulation after report into the viability of the seaway option, only to find out what commonsense would tell members if they visited the proposed site—that is, the seaway is not entirely suitable. In last week's *Gold Coast Bulletin* we read about a cruise ship captain, Attilio Guerrini, who lives on the Gold Coast. He was saying that it would be advisable for the government to consult cruise ship captains, the people who steer these ships, on the viability of the proposed cruise ship terminal site. He stated—

I'd like to answer their questions and then put my ideas forward because you have to think about ... space and the draught and wind and weather conditions.

Members should remember that this man drives the largest cruise ship ever to sail to Australia. I guarantee the Premier, the relevant ministers and the members for Southport and Broadwater that if they were to receive advice from captains they would be told that the seaway is not the most suitable site for this project and that putting it there to half-fulfil a local election promise is dangerous and irresponsible.

I would also like to address the comments of the Premier and his unfounded and childish attack on the federal member for Moncrieff, Steven Ciobo. To claim that Mr Ciobo's comments were breathtakingly stupid does not contribute to the debate in any manner, shape or form. Moreover, for the Premier to state that Mr Ciobo is on an illegal substance is downright ridiculous. Mr Ciobo is a fine federal member of parliament and deserves an apology from the Premier for such malicious, scurrilous and slanderous remarks. I urge the Premier to stand up in this place and say on the record why exactly it is such a bad idea to put the cruise ship terminal on the Broadwater.

Time expired.

Queensland Girl Guides

Ms LIDDY CLARK (Clayfield—ALP) (6.34 pm): Last Friday evening I had the privilege to speak to the 2004 Guides Queensland annual report given by the state commissioner, Lynne Price. At a time when there seems to be a focus on difficulties and conflict in the world, it was both refreshing and exciting to hear such a positive and affirming report. We heard that the Guides began from proactive origins, with young women refusing to be left out. I think the small group of women who confronted Lord Baden Powell almost a century ago would be both thrilled and proud of their sisters in this new millennium.

The roles and activities available to women in 2005 which were simply not an option 100 years ago are an indication that progress has been made but that the road continues. It is just such an organisation as Guides that prepares young women to participate fully in the development of more opportunities for women in today's world.

Participation in Guides can teach many things. Firstly, there are the tangible skills, both physical and mental, that are a part of Guides' life. But there are also deeper lessons to be learnt. There is a strong sense of community and the notion of progress and achievement through cooperation. In a world in danger of losing its sense of a community spirit, the Guides remind us what can be achieved through honest, open communication and feeling part of a group. Guides know the importance and sense of self that can be reinforced through realising that we are not alone but can draw on the strength of genuine friends.

Leadership for women is another important facet of the Guides philosophy. Guides help a young women to embrace her own strengths and talents and use them proactively for the benefit of all. Guides teach women to lead not only by example but also through inclusion and counsel.

I congratulate the state commissioner, Lynne Price, for her 2004 annual report. I also pay tribute to the branch leaders in my electorate. For the Hamilton-Clayfield branch area the Gum Nuts leaders are Jennifer Keyt and Elaine Pettigrow, the Brownie leaders are Dorami Keyt, Michelle Lane and Julie Lindeburg and the Guide leaders are Elizabeth Francis, Peta Fray, Kam-Lung Ho and Rhonda Hughes. In the Nundah-Wavell Heights branch the leader is Carmel Archer. It was an exciting evening. I shared that evening with my colleague the member for Springwood. I congratulate the Guides on their annual report.

Broadband Internet Services, Rural Queensland

Mr HOBBS (Warrego—NPA) (6.37 pm): This morning in this House I asked the minister for state development a question relating to why this state government had not rolled out its share of $8 million—$16 million with the federal contribution—of broadband infrastructure to regional communities. Unfortunately, the minister was not able to explain why it had not done that.

Tonight I will explain to members a little about what should be done and what has not been done. In July 2002 the Australian government pledged $8 million from the Australian government's $50 million national communications fund to roll out a broadband network to 70 regional communities in Queensland, including broadband to schools, TAFEs and hospitals—particularly the hospital in Longreach.

Overall, this project will improve access to broadband for 70,000 residents, including more than 17,000 students in rural and remote Queensland. More than 2½ years later the Queensland government has only partially rolled out this network. Queensland residents should be very disappointed by the delay in providing this critical infrastructure to improve delivery of health and education services.

Every other state in Australia given federal funding is either well progressed or has completed the roll-out of this infrastructure under this program. The sorts of things that it will deliver are sophisticated telehealth services such as teleradiology, opthalmology, orthopaedic and pre and post admission consultations to 30 hospitals, and seven community health centres. It would deliver high-speed broadband to 83 primary and secondary schools serving 11,400 students and 1,040 teachers. Thirteen

TAFE colleges encompassing 6,000 students will have access to video streamlining and video on demand.

This is a magnificent program. Unfortunately, it has not been rolled out. This is meant to be the Smart State, but we are in fact the very slow state. It is so disappointing because the money is there for it to be rolled out. Other states have done it. Western Australia, the Northern Territory, New South Wales and Victoria are able to do it. Why can't Queensland? To me, it is just quite extraordinary when we think that overall the federal government received $60 million in matching contributions from state and territory governments, making the total infrastructure worth more than $110 million to improve communications in Australia. Yet here we are in Queensland—in the Smart State—and we cannot even get this structure rolled out.

Lumascape Lighting Industries; Shave for a Cure

Mr BRISKEY (Cleveland—ALP) (6.39 pm): I rise to speak about a world-class manufacturing company that operates in my electorate. Recently, Lumascape Lighting Industries, based in Cleveland, was one of eight winners of the inaugural Manufacturing Excellence Recognition Scheme. This scheme recognises Queensland manufacturers for their achievements in a variety of fields, including export performance, technology adoption and environmental sustainability. It is also a part of the state government's Making Queensland's Future Industry—a Manufacturing Development Plan, which is designed to encourage the manufacturing sector to embrace innovation and to pursue new export markets. The award recognises Lumascape Lighting Industries for innovation, technology diffusion and process improvement. The company is Australia's premier manufacturer of exterior, in-ground and underwater light fixtures and accessories.

As I said, Lumascape Lighting Industries is a Cleveland based company. It was established in 1989 and now employs 65 staff and has outlets in New South Wales, Victoria and Canada. Lumascape Lighting Industries' manufacturing facility is equipped with the latest computer numerically controlled technology, robotics, in-house powder coating and a fully capable tool room. Currently, Lumascape exports one-third of its production and has seen that double in value over the past five years. Recently, I was very pleased to be able to present their award, which recognised the company as a world-class manufacturer. I presented that award to Bradley Cadwallader, the general manager, and Roger MacKnish, the marketing officer, of the company. I take this opportunity to say congratulations to Bradley, Roger and their staff on their important achievement.

I take this opportunity to also advise the House about my latest hairstyle. It is not, as the honourable member for Southport suggested, that I had it shaved because I had head lice or that I had accepted a part in *Lock, Stock and Barrel Reloaded*—

Mr Lawlor: *Two Smoking Barrels*.

Mr BRISKEY: I take the honourable member's interjection. I shaved my head for Shave for a Cure for the Leukaemia Foundation. I take this opportunity to thank all of my friends and family who sponsored me to the tune of $5,000 for this very worthy cause. I also take this opportunity to thank two other friends of mine, Richard and Jane Deery, for allowing their hotel, the Story Bridge Hotel, to be the venue for that Shave for a Cure the Saturday before last.

Freeman, Mr L; Gladstone Harbour Festival

Mrs LIZ CUNNINGHAM (Gladstone—Ind) (6.42 pm): Lin Freeman, a resident of my electorate, continues his fight for a just conclusion to his battle with the National Australia Bank. Lin lost his farm to the bank several years ago, but continues in his efforts to highlight the inconsistencies in the process he was put through. In order to highlight some of these issues, I seek leave to table documents relevant to this issue.

Leave granted.

Mrs LIZ CUNNINGHAM: I wish Lin every success in his efforts to achieve a just outcome.

On perhaps a happier note, I would like to congratulate Judy Wicker, who runs Gladstone Festival and Events and who at this very moment will be up to her eyeballs in work as she organises the Gladstone Harbour Festival. Judy and her committee do an excellent job every year and the event continues to grow. It has a huge program running for an entire week, including fundraising for local charities, the festival queen, the fundraising queen, and then there is another section for junior queen, or junior princess. They do a wonderful job mentoring these young people as they go through their fundraising efforts.

As I said, the festival occurs over the Easter weekend and includes the Brisbane to Gladstone yacht race. I can tell members that the yachties are really pleased to arrive at Gladstone at the end of that race. There is an incredible team of volunteers. An example of the sort of dedication that people have to this program is Judy's mum, who is in her senior years and who fronts up every year. She has cut up more onions than we would have seen in a lifetime. I congratulate her. Organisations such as Rotary, Lions and Apex use the festival as a platform for significant fundraising efforts that benefit the

community. The festival has a line-up of entertainment that is second to none. There is a lot of local talent—young people and adults—such as the youth choir, Dance Energy, and other groups of young people in the electorate who have great talent. They showcase those talents during the day and in the evening. Interstate talents and headline acts also come up to the festival. There are heaps of stalls. It is much like a minishow. There are rides and sideshow ally. In fact, a fellow called Jim has an intense interest in tea and scones. If he would like to go to the festival, I am sure he would be able to enjoy those pursuits.

At the conclusion of the festival there is a great fireworks display. This festival is supported by the state government. I can tell members that the government gets a great bang from its buck. The Gladstone Harbour Festival is a significant regional festival. I again congratulate Judy and the committee for all the hard work that they put into the event each year and also congratulate the community for their support of such a wonderful festival.

Rotary International Mental Health Forum

Mrs SMITH (Burleigh—ALP) (6.45 pm): Two weeks ago in this House I spoke about a forum which was being held on the Gold Coast. The forum was organised by members of Rotary International and focused on mental health. On 13 March I, the Rotary team and 100 very welcome guests got down to the issues facing those suffering from mental health and their families, friends and carers and the health care professionals who work so hard to assist them. The forum was a wonderful success. The guest speakers were outstanding and the discussions were frank and interesting. It would have been wonderful to see more people there, but it was a good enough beginning to encourage us to start planning for next year. We hope to make the Rotary International Mental Health Forum on the Gold Coast an annual event.

Most of my parliamentary colleagues are aware of my own personal situation which began my quest. Mental illness is difficult enough for families to cope with, but the way in which the system fails to care for suffers destroys families. It is time we began to listen to professionals in the mental health system, to patients and their families.

Recently, there has been a great deal of talk about the problem of homelessness on the Gold Coast and the way in which we assist those people who do not have a home. This is another issue that is far more complex than it appears. Many people who are homeless have a mental illness. In some circumstances, it is not that those people do not have a home or a family to return to, but that they are unable to cope with the emotional demands of dealing with society in a normal way. It is not as simple as providing a roof over their heads. Some of them refuse to take it.

The problem of homelessness is like that of hospital admissions. The difficulties begin a long time before they became apparent to anyone. The system did not first fail my son when he presented at the Gold Coast Hospital. It began 20 years ago when I was trying to tell teachers, doctors and counsellors that my son had a problem. But I was dismissed or ignored.

I believe that we need to change our attitude towards mental illness. All too often it is problem that is ignored because it is too hard to deal with. But it affects every area of government. Housing, Health, Police, Corrective Services, Education, Justice, Child Safety, Disabilities and Emergency Services all have to deal with mental health issues. The cost to the community both socially and financially is enormous. We need to begin to explore options for dealing better with mental health issues. Most of all, we need to consider those with a mental illness who do not get the help they need. These people are suffering and they are largely unheard. I think that it is time that we not only listened but also took action.

Public Housing

Mr HORAN (Toowoomba South—NPA) (6.48 pm): Tonight I want to thank sincerely the staff of the Department of Housing for the wonderful assistance that it has given my electorate office over many, many years. My office has to deal with extremely difficult issues and the department works so hard to try to fix them.

Tonight I want to talk about what I think could be a great way of helping those officers in their task and helping those neighbours in some of our suburbs who are so disadvantaged by the disgusting behaviour and habits of some people—and I say 'some'—who are in public housing and in some cases in private housing.

In one particular street in my electorate, the problems have been occurring non-stop for a couple of years. There is a large number of housing commission homes in that street. Tonight I bring up this issue on behalf of the good, hardworking, working-class people who pay their rent and look after their homes, whether it is their own home or a Department of Housing home. Their lives and the amenity of their neighbourhood are being destroyed by their neighbours who run wild. That is just not fair to those good people.

The Department of Housing should have a protocol in place whereby, if people keep the yard of their public housing home filthy, they will be charged and they are made aware of that charge up front. Once a month or a once a fortnight someone should come in and clean the yard, taking away the rubbish and filth, cutting the long grass and so on. Some people's misbehaviour is so bad and so continual that the police and the Department of Housing are called often. At the commencement of their tenancy those people should be made aware that there is a certain code of neighbourly behaviour required and if they continually transgress, they will have to leave the public housing system and make their own arrangements. Currently people know that they can stay and continue to cause havoc and they never get shifted. That is unfair on the good people around them. It is unfair on the staff who have to try to bring about some sort of resolution.

I brought this issue before the House because recently a lady came to me with a serious complaint. She had bought her home 11 years ago and the neighbourhood has since deteriorated due to the number of houses purchased by the Department of Housing. Many of those housing department houses have always been there. Children throw rocks and stones on her roof, there is swearing and abusive language, they take her mail out of the letterbox and throw it away, there are break-ins, the police are being called all the time, and some of the neighbours do not look after their homes or mow the yards. It is terrible when you do not want to live in your own home anymore and you cannot even go into your own yard, but you cannot get out of the place because of your financial circumstances.

Another constituent from the same area called me. I hope that the minister will take note of what I am saying—

Time expired.

Australian Finnish Rest Home Association; Finlandia

Mr ENGLISH (Redlands—ALP) (6,51 pm): On Saturday, 19 March I was pleased to represent the Premier, the Hon. Peter Beattie, at a celebration of 30 years of the Australian Finnish Rest Home Association. This celebration was honoured by the presence of the Speaker of the Finnish Parliament, His Excellency Mr Paavo Lipponen, a delegation from the Finnish Parliament and the Ambassador of Finland, Her Excellency Mrs Anneli Puura-Markala.

Guests also enjoyed a range of musical presentations from Pertti Kamppi and the Queensland Youth Choir. I have been asked to publicly compliment the Queensland Youth Choir on their performances. Everyone there appreciated the quality of their beautiful voices and I have it on good authority from His Excellency Mr Lipponen that the choir's pronunciation of the Finnish lyrics was impeccable.

In 1975 a group of Finnish immigrants from around Australia met to discuss establishing a nursing home for Finnish people that would provide a high level of care in culturally sensitive surroundings. In doing so they established the Australian Finnish Rest Home Association. During the speeches I learned that on that occasion they passed the hat around and raised about $50. In the next 12 months they raised a further $200. Whilst this may be seen as a difficult beginning, the final result is a testament to the Finns' resilience and dedication.

Finlandia is a beautiful facility located at Thornlands in my electorate. They provide a range of services on site and off site to care for elderly people, many of whom are of Finnish descent. Finlandia has forged links with training organisations in Finland such that student nurses from Finland travel to Australia and receive further skill development.

I would like to congratulate the President of the Australian Finnish Rest Home Association, Mr Eric Penttila, and his board for their ongoing commitment to high quality and culturally appropriate aged care for their clients. During the ceremony Mr Penttila and His Excellency Mr Lipponen spoke glowingly about the support they have received from both state and federal governments in developing the facilities at Finlandia. It should be noted that the former member for Bowman, the Hon. Con Sciacca, is an honorary member of the Australian Finnish Rest Home Association in recognition of his efforts on behalf of the elderly residents of Finlandia.

Whilst this was a happy event, it should be noted that some speakers mentioned the difficulty that Finlandia was having in obtaining nursing home beds from the federal government. I gave the residents my promise that I would raise this issue on their behalf. Finlandia and all aged care facilities in my electorate have my support in their efforts to obtain more nursing home beds.

It should be noted that the current member for Bowman was not at this event. It is disappointing that the federal member for Bowman, Andrew Laming, is not prepared to fight John Howard for the needs of residents of the Redlands. I regularly hear complaints from residents about the difficulty they have in finding nursing home beds for their loved ones within or close to the Redlands. Again I urge Andrew Laming to listen to his constituents, stand up for Finlandia and allocate more nursing home beds to the Redlands.

Motion agreed to.

The House adjourned at 6.54 pm.