



WEEKLY HANSARD

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51ST PARLIAMENT

Subject

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TUESDAY, 22 NOVEMBER 2005

Mr SPEAKER (Hon. T McGrady, Mount Isa) read prayers and took the chair at 9.30 am.

ASSENT TO BILLS

14 November 2005

The Honourable A. McGrady, MP
Speaker of the Legislative Assembly
Parliament House
George Street
BRISBANE QLD 4000

I hereby acquaint the Legislative Assembly that the following Bill, having been passed by the Legislative Assembly and having been presented for the Royal Assent, was assented to in the name of Her Majesty The Queen on the date shown:

Date of Assent: 10 November 2005

"A Bill for An Act to provide for the establishment and operation of a Service Delivery and Performance Commission, and for other purposes."

The Bill is 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

Governor

18 November 2005

The Honourable A. McGrady, MP
Speaker of the Legislative Assembly
Parliament House
George Street
BRISBANE QLD 4000

I hereby acquaint 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 the date shown:

Date of Assent: 18 November 2005

"A Bill for An Act to amend the Environmental Protection Act 1994, and for other purposes."

"A Bill for An Act to amend the Water Act 2000."

"A Bill for An Act to amend local government legislation, and for other purposes."

"A Bill for An Act to provide in Queensland provisions promoting uniform laws of defamation in Australia, to repeal the Defamation Act 1889, and to amend legislation administered by the Minister for Justice and Attorney-General."

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

Governor

ROSES ON SPEAKER'S DAIS

Mr SPEAKER: Honourable members, the member for Bundaberg has graciously donated these roses which are at the front of the chamber. They come from Bundaberg and the company which grows these roses sells some two million each year to the local market, to Brisbane and to the Sydney market.

PETITIONS

The following honourable members have lodged paper petitions for presentation and sponsored e-petitions which are now closed and presented—

Motorcycle Permits

Miss Roberts from 85 petitioners requesting the House to stop the Queensland Parks and Wildlife Service from issuing permits to any group of motorcyclists in the future.

Traffic Lights, Whitsunday

Ms Jarratt one paper petition from 1,403 petitioners and one e-petition from 107 petitioners requesting the House to obtain the Department of Main Road's commitment to run a comprehensive community consultation process on each future occasion that traffic lights are to be proposed as a traffic management option for the Whitsunday Division, including additional locations currently under consideration.

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—
11 November 2005—

- Response from the Minister for Employment, Training and Industrial Relations (Mr Barton) to a paper petition presented by Mr Lingard from 145 petitioners requesting the House to immediately dismantle the nine Yeronga TAFE metal trade stacks
- Response from the Minister for Education and the Arts (Mr Welford) to (a) an e-petition sponsored by Dr Flegg from 3701 petitioners and a paper petition presented by Mr Foley from 44 petitioners requesting the House to immediately withdraw all financial support provided to the Big Brother television program and commit to not funding Big Brother or similar ventures in the future; immediately cease the promotion of sexually explicit and highly graphic material to children and young people; withdraw all previous public statements of support for Big Brother; and take all practical measures to ensure inappropriate material is not made available to children through another medium including internet, mobiles or any other new media, in particular where the alternative medium is promoted to children on television or radio and (b) an e-petition sponsored by Mr Choi from 581 petitioners requesting the House to withdraw all funding provided to the Big Brother program; instigate an immediate review of television censorship guidelines to be undertaken by the appropriate authorities; that Channel 10 remove the uncut version or at the very least reschedule the uncut and daily timeslots to ensure the program is not aired when there is the remotest chance that our communities younger viewers will be exposed to its content
- Report on an overseas visit by the Minister for Energy and Aboriginal and Torres Strait Islander Policy (Mr Mickel) to Papua New Guinea from 12 to 14 October 2005
- Department of Energy—Annual Report 2004-05
- Anti-Discrimination Commission Queensland—Annual Report 2004-05 and Financial Statements 2004-05
- Department of Local Government, Planning, Sport and Recreation—Annual Report 2004-05
- Department of Child Safety—Annual Report 2004-05
- Safe Food Production Queensland—Annual Report 2004-05
- Department of Primary Industries and Fisheries—Annual Report 2004-05
- QRAA (formerly the Queensland Rural Adjustment Authority)—Annual Report 2004-05
- Queensland Grain Research Foundation—Annual Report 2004-05
- Queensland Transport—Annual Report and Financial Report (Volumes 1 and 2)
- Department of Main Roads—Annual Report and Financial Report (Volumes 1 and 2)
- Queensland Rail—Annual Report 2004-05 and Statement of Corporate Intent 2004-05
- Bundaberg Port Authority—Annual Report 2004-05 and Statement of Corporate Intent 2004-05
- Cairns Port Authority—Annual Report 2004-05 and Statement of Corporate Intent 2004-05
- Mackay Port Authority—Annual Report 2004-05 and Statement of Corporate Intent 2004-05
- Queensland Motorways—Annual Report 2004-05
- Port of Brisbane—Annual Report 2004-05 and Statement of Corporate Intent 2004-05
- The Gateway Bridge Company Limited—Annual Report 2004-05
- Logan Motorway Company Limited—Annual Report 2004-05
- Port Motorway Limited—Annual Report 2004-05
- Central Queensland Ports Authority—Annual Report 2004-05
- Gladstone Port Authority—Statement of Corporate Intent 2004-05
- Port of Townsville—Annual Report 2004-05 and Statement of Corporate Intent 2004-05
- Ports Corporation of Queensland—Annual Report 2004-05 and Statement of Corporate Intent 2004-05
- The National Trust of Queensland—Annual Report 2004-05

14 November 2005—

- Response from the Minister for Health (Mr Robertson) to a paper petition presented by Mrs E Cunningham from 252 petitioners requesting the House to increase the financial allocation to the Gladstone Hospital, increase staff at the hospital (nurses, doctors and specialists) and re-open closed wards to ensure adequate bed space
- Response from the Minister for Emergency Services (Mr Purcell) to a paper petition presented by Mr English from 628 petitioners requesting the House to urgently consider placing a Fire Station in the southern part of the Redland Shire
- Department of Emergency Services—Annual Report 2004-05
- Department of Tourism, Fair Trading and Wine Industry Development—Annual Report 2004-05
- Department of Communities—Annual Report 2004-05
- Disability Services Queensland—Annual Report 2004-05
- Department of Aboriginal and Torres Strait Islander Policy—Annual Report 2004-05
- Department of Justice and Attorney-General—Annual Report 2004-05 and Financial Report 2004-05
- Children Services Tribunal—Annual Report 2004-05
- Crime and Misconduct Commission—Annual Report 2004-05
- Reports on the Operations of the Land Tribunals established under the Aboriginal Land Act 1991 and the Torres Strait Islander Land Act 1991 for the year ended 30 June 2005
- Legal Aid Queensland—Annual Report 2004-05

- The Public Trustee of Queensland—Annual Report 2004-05
- Queensland Law Reform Commission—Annual Report and Statement of Affairs 2004-05
- Queensland Ombudsman—Annual Report 2004-05
- Mount Isa Water Board—Annual Report 2004-05
- Response from the Minister for Environment, Local Government, Planning and Women (Ms Boyle) to a paper petition presented by Mr Wellington from 172 petitioners requesting the House to set aside the area identified on this petition as Conservation Park with a provision for dog walking within the identified area
- South Bank Corporation—Annual Report 2004-05

16 November 2005—

- Response from the Minister for Environment, Local Government, Planning and Women (Ms Boyle) to an e-petition sponsored by Ms Stone from 623 petitioners requesting the House to prevent development of 180 residential lots planned for 113-131 Daisy Hill Road, Daisy Hill and remove Chatswood Road Reserve from the road gazette to prevent a dramatic increase in traffic to an already highly congested area and maintain one of the two main koala corridors between Venman Bushland Reserve, Daisy Hill State Forest Reserve and Springwood Conservation Park

21 November 2005—

- Response from the Deputy Premier and Minister for Finance, State Development, Trade and Innovation (Ms Bligh) to a paper petition presented by Mr Beattie from 5235 petitioners requesting the House to refuse any applications made to build a cruise liner terminal in the Broadwater and any supporting residential and commercial development on the public open space on the Spit or other Broadwater foreshore and to seek a commitment from the House to retain and manage the public open space areas of the Spit and other Broadwater foreshores as natural areas for the benefit of residents now and in the future
- Response from the Deputy Premier and Minister for Finance, State Development, Trade and Innovation (Ms Bligh) to a paper petition presented by Mr Beattie from 1098 petitioners requesting the House to refuse any applications made to build a cruise liner terminal in the Broadwater and any supporting residential and commercial development on the public open space on the Spit or other Broadwater foreshore and to seek a commitment from the House to retain and manage the public open space areas of the Spit and other Broadwater foreshores as natural areas for the benefit of residents now and in the future

STATUTORY INSTRUMENTS

The following statutory instruments were tabled by the Clerk—

State Development and Public Works Organisation Act 1971—

- State Development and Public Works Organisation (State Development Areas) Amendment Regulation (No. 2) 2005, No. 267

Agricultural Chemicals Distribution Control Act 1966, Animal Care and Protection Act 2001, Apiaries Act 1982, Brands Act 1915, Chemical Usage (Agricultural and Veterinary) Control Act 1988, Drugs Misuse Act 1986, Stock Act 1915, Veterinary Surgeons Act 1936—

- Primary Industries Legislation Amendment Regulation (No. 1) 2005, No. 268

Statutory Bodies Financial Arrangements Act 1982—

- Statutory Bodies Financial Arrangements Amendment Regulation (No. 4) 2005, No. 269

Police Powers and Responsibilities Act 2000—

- Police Powers and Responsibilities Amendment Regulation (No. 7) 2005, No. 270

Police Service Administration Act 1990—

- Police Service Administration Amendment Regulation (No. 1) 2005, No. 271

Water and Other Legislation Amendment Act 2005—

- Proclamation commencing certain provisions, No. 272

Aboriginal Land Act 1991—

- Aboriginal Land Amendment Regulation (No. 5) 2005, No. 273

Fair Trading Act 1989—

- Fair Trading Amendment Regulation (No. 2) 2005, No. 274

Coastal Protection and Management Act 1995, Integrated Planning Act 1997—

- Coastal Protection and Management and Other Legislation Amendment Regulation (No. 1) 2005, No. 275

Building Act 1975—

- Standard Building Amendment Regulation (No. 3) 2005, No. 276

Vexatious Proceedings Act 2005—

- Proclamation commencing remaining provisions, No. 277

Nature Conservation Act 1992—

- Nature Conservation (2006 Macropod Harvest Period) Notice 2005, No. 278

MINISTERIAL PAPER TABLED BY THE CLERK

The following ministerial paper was tabled by the Clerk—

Minister for Transport and Main Roads (Mr Lucas)—

- Report on an overseas visit by the Minister for Transport and Main Roads (Mr Lucas) to Stuttgart, Paris and London from 10 to 21 October 2005—Overseas delegation to examine transport security and public transport initiatives and developments

MINISTERIAL STATEMENT

Bird Flu

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.34 am): As part of ensuring that Queensland is as prepared as possible to deal with a human pandemic of bird flu, I formed a working group of six staff across government to work full time on planning. This group is involved in developing far-reaching and comprehensive plans that will incorporate all levels of government and the private sector. A major part of this planning involves asking service providers in both the public and private sectors to assess how badly they are likely to be affected by a pandemic. The group has developed some worst-case scenarios to provide an opportunity for government and the private sector to assess the potential impact of a pandemic on their services so that they can plan how to keep services running in such circumstances. Because the scenarios sound grim and may alarm some people I wanted to make it very clear today in parliament that these scenarios deliberately represent extremes and are not in any way predictions of what will happen.

I am making this exercise public to avoid the risk of people learning of these scenarios by accident and believing that they are predictions. This could have led to unnecessary alarm. I emphasise that we are planning realistically for the worst but, of course, this may—and hopefully never will—happen.

There are three scenarios at different stages in the influenza pandemic. The first is when pandemic disease is recognised overseas and deals with a situation where flights from the identified countries are already on their way to Queensland. The second is when there have been clusters of pandemic disease within Queensland in localised areas. The third is when there is severe pandemic disease occurring within Australia.

The scenario document also gives the potential population impact, in terms of deaths and hospitalisations, of a pandemic at a worst-case level in which the rate of deaths and hospitalisations is based on the experience of the 1918-19 pandemic. We will also be contacting the suppliers of masks, gowns and gloves so that we can make sure that we will have enough supplies of these items for all staff providing essential services who will need this protection in the event of a pandemic. I emphasise that the scenarios are not predictions of what will happen; they have been created only to help us plan.

Against advice I am going to table for the information of the House the scenarios, and I do so. I just appeal to representatives of the media to be sensible and balanced in the reporting of these matters. This is a serious issue facing the world. The Queensland government wants to be prepared. We are deeply concerned about it, but alarmist and sensational reporting of these matters will not assist. As I have indicated, against advice, I am tabling those scenarios for the information of the House. I urge the responsible reporting of the material contained therein.

MINISTERIAL STATEMENT

Queensland's Population

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.37 am): As members would know, we are the growth engine of Australia. The Office of Economic and Statistical Research estimates that on Friday, 9 December Queensland will achieve a population of four million people. Our population is growing at the rate of one person every six minutes and 42 seconds. That is 215 people each day. On this basis, our four millionth Queenslander should arrive early on 9 December. There is a counter on the Office of Economic and Statistical Research web site which, as I am speaking, will be hovering at about 3,996,400. Another 3,600 will join our population as we approach 9 December.

We are growing at more than double the rate of the rest of Australia. The latest official Australian Bureau of Statistics figures for the year to March this year show our population grew by 76,861 over the previous 12 months—a rate of two per cent. The rest of Australia grew by 0.9 per cent for the same period. With 19.5 per cent of the population, we account for more than a third of the nation's population growth. That growth of 76,861 is coming from three sources: natural increase, that is births less deaths, which accounted for 24,792 for the year to March this year; net overseas migration, which was 18,789; and net interstate migration, which was the largest source of growth at 33,280.

Queensland achieved its first million people in 1938. From there, it took us 36 years to reach a population of two million in 1974. It then took only half that—18 years—to reach three million in 1992. The four million mark will be reached only 13 years later—again, another sign that we are the growth state of Australia. The Queensland government has a strategy and program to celebrate the four millionth Queenslander and I will be having a bit more to say about that as the days pass.

MINISTERIAL STATEMENT

Road Funding

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.39 am): I want to deal with the serious issue of road funding. The \$620 million shortfall in funding for the Ipswich Motorway is just the latest example of the Howard government ignoring the needs of the fastest growing region in the country. It has short-changed Queenslanders billions of dollars for desperately needed new or upgraded roads. Previously the Commonwealth government fully funded roads under the National Highway system. Under AusLink, the Howard government changed that system and now expects states and territories to make up the shortfall for construction and maintenance at the expense of other state roads and infrastructure.

Ms Spence: It's a disgrace.

Mr BEATTIE: It is a disgrace—I take that interjection—that they walked away from their responsibility to fully fund these roads but now they have gone further and are even failing to meet their fair share. Commonwealth funding for roads in south-east Queensland over the next eight to 10 years is estimated to be \$6.2 billion. Yet they have committed only about \$940 million, leaving a shortfall of at least \$5.3 billion.

There are a number of key road projects in south-east Queensland which the Commonwealth government has an obligation to help fund. For example, approximately \$1 billion is required for the Gateway Motorway upgrade, yet we have not received one cent from the Howard government for construction work. At least \$1 billion is required for the Pacific Motorway upgrades. We have set aside \$392 million and are ready to go, yet the Howard government has provided nothing for construction. At least \$680 million is required for the Toowoomba bypass and \$200 million for the western Ipswich bypass—but once again Queenslanders have received nothing. In addition, the cost of all of these projects is in 2005 dollars, so the longer the Commonwealth government waits the higher the total cost will grow.

Funding for infrastructure is essential to meet the challenges of a growing population in Queensland, which I have just talked to the House about. We are playing our part through initiatives such as the South East Queensland Infrastructure Plan—a massive \$55 billion infrastructure commitment including at least \$24.5 billion for road and transport projects. In addition we have a record capital program of \$8 billion this financial year plus another \$2 billion over four years announced in the mini budget last month. Yet, despite being the highest-taxing government in the history of this country, the Howard government cannot even find the money to fund one road properly. It is a disgrace and we intend to pursue it.

MINISTERIAL STATEMENT

Schoolies Week

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.41 am): I have been receiving regular updates, as have my ministers, from the Queensland Police Service, Queensland Ambulance Service and from Queensland Health in relation to schoolies week. Can I start by reiterating that the key message police want to get out to young people is simple: 'Party safe but don't graduate with a criminal record.'

Since Friday night, 156 people have been arrested by police in the Gold Coast crowds that reached 30,000 on the weekend. Twenty-four of these people were schoolies. The arrests have been mostly for public nuisance offences. Since Friday, 327 liquor infringement notices have been issued, 151 of these were to schoolies and the bulk of these are for drinking in a public place, and three people have also been prosecuted for supplying alcohol to people who are underage.

The Queensland government has tried to work with the council and the local community to ensure that schoolies is as safe as possible. It is never going to be a perfect event. I say to the people of Queensland that the alternative is to let these schoolie celebrations roll out into suburban streets, with all the associated problems. We are committed to making schoolies work. Flawed as it may be, it is better than the alternative. I seek leave to have more details incorporated in *Hansard*.

Leave granted.

The police investigation is continuing into the assault on John Miller's son. Police advise he was king hit by one male at the intersection of the Esplanade and Clifford Street, in Surfers. He had been walking home alone and approached by a group of 4-5 males, one of them hit him on the nose. I understand he will be undergoing facial surgery later this week. Gold Coast detectives have had their sketch artist compile a comfit image of the offender and they have circulated this to the media.

Police are using the same policing model from the last two years which has been highly successful—numbers on the Gold Coast have been significantly increased throughout the Schoolies Festival with police from all over Queensland, and in the schoolies precinct there will also be around 1200 volunteers, volunteer chaplains plus private security by the event organisers.

Police on the Gold Coast also have the use of move-on powers for the duration of schoolies, and I am told they are using these powers appropriately.

Police are focusing on public drunkenness, public disorder and public violence. Last year more than 1200 tickets were issued for drinking in a public place. Police focus on this type of offence because it reduces anti-social behaviour. Police are also focusing on fake ids, drugs, alcohol, and inappropriate behaviour on hotel balconies.

Police are also running drink-driving operations throughout the event—about 15% of schoolies have admitted in research conducted by Drug Arm that they get into cars with a drink driver.

Queensland Health reports that the Gold Coast Hospital was busy overnight but not extraordinarily busy for this time of year. Services ran normally and the hospital continued to take patients in as usual throughout the night.

I want to take this opportunity to offer my thanks to the marvellous work of the police, ambulance and medical staff on the Gold Coast. In particular, can I pay tribute to the Ambulance officers, who, in many cases are looking out for young people who might otherwise end up needing hospital treatment.

MINISTERIAL STATEMENT

Federal Industrial Relations Legislation, High Court Challenge

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.42 am): I inform the House that the Queensland government will go ahead with a High Court challenge to the Howard government's proposed changes to industrial relations laws. When the federal workplace relations amendment bills 2005 are enacted, we will issue an immediate challenge. These new laws will hurt Queensland workers and Queensland families and we will leave no stone unturned to try to stop them. The Howard government has left us with no choice.

Queensland has the best industrial relations system in the country, and with the stroke of a pen the Howard government intends to wipe that out and put in place a system that jeopardises the rights of all workers. We believe it is exceeding its powers under the Constitution and threatening the foundation of Commonwealth-state relations. We have received legal advice that we are able to proceed, and when the legislation is enacted we will launch a challenge against one of greatest attacks on Australia's constitutional arrangements since Federation.

Queensland workers confused about the federal government's WorkChoices reforms will also soon be able to get some straight answers through a new state government advisory service being established by the minister for industrial relations, Tom Barton in his industrial relations department. The service will provide Queensland workers and their families with up-to-the-minute information about the Howard government's radical industrial reforms. We will fight this every step of the way. I seek leave to have more details incorporated in *Hansard*.

Leave granted.

It will provide support for community groups to help vulnerable workers who have been sacked or robbed of their entitlements under this legislation.

Now that basic worker entitlements are being stripped away by the Howard Government, there is a desperate need for fair and balanced information for both employees and employers.

The service will also help employers interpret the proposed legislation and how its provisions compared with the state's fair and balanced industrial laws.

The new service will also help workplaces develop co-operative industrial relations practices that support productivity, employment security, skilling and innovation.

It is proposed that the first element of the service will be a hotline to be established early next month.

Young workers, women, casuals and anyone else who has traditionally been exploited at the workplace will find themselves confused and open to being ripped off under the Howard's Government's assault on employee rights.

Our state system is fair and balanced and has generated massive economic development and jobs growth, with rock bottom industrial disputation.

We don't need Canberra's divisiveness and we certainly don't need its disregard for workers and their families.

There is no evidence from the OECD or the economic experts that open slather labour market deregulation will boost productivity one little bit. Instead, these radical changes lead to increased inequality and industrial confrontation.

The advisory service will offer advice on all industrial entitlements and specific information to employees under pressure to sign exploitative AWAs.

MINISTERIAL STATEMENT

Premiers' Remuneration

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.43 am): Recently the *Australian Financial Review* ran a series of articles on remunerations for the Prime Minister, chief ministers and premiers. Unfortunately it was wrong. In dollar terms the Queensland Premier receives some \$20,000 less than the premiers of New South Wales, Victoria and Western Australia due to allowances. I will seek leave to have the details incorporated in *Hansard*, together with a chart, only

because this article in the *Financial Review* led to my favourite columnist in the *Gold Coast Bulletin* writing an article about it that was tragically based on wrong information. I am a fan of hers and I hated to see her in that position. I seek leave to have more details incorporated in *Hansard*.

Leave granted.

I correct an inaccuracy in The Australian Financial Review on 16 November 2005, in which the remuneration of the Prime Minister, Chief Ministers and Premiers was compared.

The article claimed to compare the annual salaries of first ministers but failed to include ministerial duties remuneration and expense allowances for each leader where applicable.

It makes a big difference.

For instance, when you compare the true salaries of each of the State, Territory and Federal leaders, including their base salary as a parliamentarian and the additional annual salary awarded to them for performing ministerial duties a Queensland Premier comes in at fourth on the list.

In dollar figures, a Queensland Premier receives some \$20,000 less than a Premier's of New South Wales, Victoria, or Western Australia.

Based on the Australian Financial Review figures, it could be falsely construed that a Premier of either Western Australia or Queensland could expect to receive an annual salary above that of other state or federal first ministers.

I table a comparison of the annual remuneration for first Ministers of all Australian jurisdictions and in so doing correct the inaccuracies put forward by the Australian Financial Review.

Comparison of Commonwealth, and State/Territory Heads of Government Annual Aggregate Salaries (as at 16 November 2005)

State/Territory	Annual Base Salary (\$)	Annual Additional Salary (\$)	Annual Aggregate Salary including expense allowance where provided(\$)	Annual Aggregate Salary excluding expense allowance(\$)
Australian Capital Territory	99,937	109,931 (110% base salary)	209,868	209,868
Australian Government	111,150	177,840 (160% of base salary)	288,990	288,990
New South Wales	110,650	105,118 (95% of base salary) 45,858 (expense allowance)	261,626	215,768
Northern Territory	108,150	103,422	211,572	211,572
Queensland	110,650	115,773 (104% of base salary) 15,561 (expense allowance)	241,984	226,423
South Australia	109,150	109,150 (100% of base salary) 8,310 (expense allowance)	226,610	218,300
Tasmania	90,957	104,601 (115% base salary)	195,558	195,558
Victoria	109,708	109,708 (100% of base salary) 46,077 (expense allowance)	265,493	219,416
Western Australia	113,769	150,175 (132% of base salary)	263,944	263,944

Note 1. Annual aggregate salaries do not include electoral and other administrative allowances paid to all Members of Parliament.

Note 2. The figure for Queensland excluding expense allowance in the Australian Financial Review article, reported as \$226,399, is marginally wrong. The correct figure is \$226,423, as published in the Members' Entitlement Handbook.

MINISTERIAL STATEMENT

Westgate

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.44 am): I am calling for public comment on options for the redevelopment of the Westgate site, which incorporates about six kilometres of riverfront land and has prime land for residential and mixed use at the entrance to Brisbane's western corridor. The minister for public works and I have gone through a program for it. The site is bounded by the Ipswich Motorway, Centenary Highway, Wolston Creek, Brisbane River and Woogaroo Creek and contains former Department of Defence land. I seek leave to have the details incorporated in *Hansard*.

Leave granted.

The area also includes Wolston Park and Gables Golf Clubs, as well as the Sir David Longland Correctional Centre, Brisbane Women's Correctional Centre and the Brisbane Youth Detention Centre.

The government wants the help of the public in formulating a strategic plan to make the best long-term use of the land in this area.

We are inviting people to provide us with feedback on preferred uses for the area drawing on ideas in four redevelopment concepts developed for the Government.

We want to create a new residential community along a scenic stretch of the Brisbane River that has up until now been closed to the public, an area that will help cope with the forecast population influx of the next 20 years.

Westgate will be a high quality development that also opens up opportunities for mixed-used development.

Transport to, from and through the site will also be considered as part of the Westgate Strategy.

Two community information days will be held at the Westgate Project Office, Anderson House, Ellerton Drive, Wacol, to provide the public with an opportunity to learn more about the Westgate options.

The information days are on Saturday between 9am and 1pm and Wednesday November 30 between 5pm and 9pm.

Submissions from the public will remain open until the end of this year so that we can complete the planning process next year, with work on a 10-year staged development of Westgate starting as early as a year from now.

MINISTERIAL STATEMENT

Telstra, Job Losses

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.44 am): Last week the Telstra CEO announced at an investors' briefing that Telstra will cut 6,000 to 8,000 jobs over three years and up to 12,000 over five years. I want to raise this issue because services to regional Queensland and to the bush are important. I notice that Senator Barnaby Joyce makes a big noise about these things. What he says is, 'I don't support it but I'll vote for it.' That is what he says. It is the same with industrial relations. He says, 'I don't support it but I'll vote for it.' What we are seeing is a coalition government in Canberra destroying the basic fundamental services to Queenslanders. We are going to fight to do what we can to maintain them. I seek leave to have more details incorporated in *Hansard*.

Leave granted.

That is close to a third of Telstra's entire workforce.

The Howard Government asked us to trust them on Telstra.

They said privatisation would not reduce services.

With these massive job cuts how can the same level of services possibly be maintained especially in regional and rural areas?

And now with Christmas just around the corner, thousands of Australian working families have the threat of the sack hanging over their heads.

It is the Howard Government that gave the green light to these job cuts.

They pushed ahead with the sale of Telstra despite the objections of more than 70% of Australians.

They put profits before people and the Queensland Nationals willingly supported them.

In fact the Member for Callide went so far as to say that Senator Barnaby Joyce would be cheered across rural and regional Queensland wherever he went for giving the go-ahead to the sale.

Mr Speaker, I bet the thousands of Australian working families who have now lost their jobs won't feel like cheering.

MINISTERIAL STATEMENT

Van Tuong Nguyen

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.45 am): In 10 days time a young Australian man will face the death penalty in Singapore. This House has passed a resolution in relation to that matter. I again call for the Singapore government to show mercy on this young man, and I would urge all members of parliament to convey their views to the Singapore government. I seek leave to have more details incorporated in *Hansard*.

Leave granted.

Mr Speaker, in ten days time a young Australian man will face the death penalty in Singapore. There is no doubt he broke the law and deserves to be punished.

However, while we certainly condemn drug trafficking we believe that in this case the punishment does not fit the crime and that compassion is required.

This young man's full confession, his demonstrable remorse for his actions and his full cooperation with both the Singapore authorities and the Australian Federal Police should be taken into consideration.

Last month we moved a motion in Parliament reaffirming our opposition to the death penalty.

The United Nations Commission on Human Rights has urged States which still maintain the death penalty not to impose it as a mandatory sentence or for crimes without lethal or extremely grave consequences.

In a motion that enjoyed bi-partisan support we expressed deep concern that clemency had not been shown to this young Australian citizen.

Mr Speaker, It is not too late.

I call again for the Singapore Government to show mercy on this young man.

MINISTERIAL STATEMENT

Young Bravehearts Awards

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.45 am): Tomorrow at Movieworld six courageous Australian youngsters will be honoured by *Take 5* magazine for their bravery. They are nice young Australians and I want to honour them by incorporating more details in *Hansard*.

Leave granted.

Tomorrow at Movieworld six courageous Australian youngsters will be honoured by *Take 5* magazine for their bravery.

Olympic gold medallist Jodie Henry, former Test captain Steve Waugh, Channel Nine Today host Karl Stefanovic and Ron Delezio, father of burns survivor Sophie Delezio, had the difficult task of selecting the winners.

The six young Bravehearts will spend five nights at SeaWorld Nara Resort on the Gold Coast as part of their awards.

I was invited to be part of the ceremony but because I had to be in Parliament for Question Time I had to decline.

However, I was delighted to send my congratulations to the winners on a video clip.

As Queensland Premier, I do hear stories about great courage, but for it to be displayed among those so young, gives me heart that the future of our country is in good hands.

I would also like to applaud *Take 5* magazine for drawing attention to their courageous acts.

There seems to be so much bad news these days that it's vital that we take time to highlight the good things that happen and praise those people who do good things.

These examples of young, real-life heroes—everyday kids facing enormous challenges with such bravery—gives us all the inspiration to carry on, and to better ourselves.

MINISTERIAL STATEMENT

Australian Conservation Foundation

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.46 am): Some of Victoria's most influential business people and philanthropic organisations attended a luncheon that I addressed last Thursday in Melbourne. I accepted the invitation from the Australian Conservation Foundation because it has just received a \$2 million donation to operate a northern Australia office at Cairns. I seek leave to have more details incorporated in *Hansard*.

Leave granted.

The Foundation asked me to acknowledge what is thought to be the largest donation ever made to a conservation organisation in Australia.

They also wanted me to attend in order to explain what we are doing and what more needs to be done to look after the special needs of Cape York.

The \$2 million was donated by the Poola Foundation from the Tom Kantor Fund, which has a strong focus on environmental issues.

Each year, at BIO conferences in the US, I take pride in saying that in just one hectare of the Daintree Rainforest, there are more flowering tree species than in all of North America!

It is home to the largest range of plants and animals on earth.

Around 430 species of birds live among its trees, including 13 species that are found nowhere else in the world.

There are plenty of reasons to protect Cape York.

But for too many years, the problems of the 11,000 Indigenous people of Cape York have been put in the too hard basket.

At the last election, I renewed my government's commitment to providing better opportunities in relation to health, education and employment for Indigenous people.

We have committed more than \$10 million to assisting Cape York—including \$7.5 million for voluntary land purchase and \$1.5 million for Indigenous land and sea management.

We have allocated \$8.1 million over two years for additional visitor infrastructure, park management base facilities, new park staff and tourism development initiatives.

There will be at least 7 new staff on Cape York Peninsula parks in 12 months, and we have funded 5 traineeships.

MINISTERIAL STATEMENT

Office of Urban Management

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.46 am): I am happy to say that our government has done more than any other to help plan for future growth and development of our state. I am pleased to announce that recently the vision and the hard work of the Office of Urban Management was recognised with two major awards at the Planning Institute of Australia's Queensland Awards night. I seek leave to have the details incorporated in *Hansard*.

Leave granted.

Our Government has done more than any other before to help plan for future growth and development in our State.

Here in south east Queensland we have established an Office of Urban Management.

They have been charged with helping to develop and implement our ground breaking South East Queensland Regional Plan and South East Queensland Infrastructure Plan.

I am pleased to announce that recently the vision and the hard work of the Office of Urban Management was recognised with two major awards at the Planning Institute of Australia Queensland Awards night.

Now in their 19th year, these prestigious awards, recognise excellence in planning across the state, as judged by planning peers. Our team took out the overall Award of Excellence, as well as an Award of Excellence in rural and regional planning.

The judges noted that both the SEQ Regional Plan and Infrastructure Plan were outstanding achievements for regional planning both in Queensland and across Australia.

They also noted that the plans achieved 'a high level of buy-in by local governments, state agencies, the community, professional and industry organisations'.

I draw this to the attention of the Member for Moggill.

I do this because I noted that in the most recent November edition of 'Moggill Matters' in the Local Bulletin newsletter he is critical of our lack of consultation.

To be more precise he laments the fact that a draft South East Queensland regional plan was not produced.

Obviously the member for Moggill was not one of the 8,500 people who took time to make a submission on the draft plan when it was open for public comment between October 2004 and February this year.

Nor was he one of the 100,000 people to visit the website.

And I can only assume he was not among the thousands of people who attended more than 140 different public forums or information sessions.

The member for Moggill goes on to state in his column that he will be letting local residents know when the draft regional plan is produced.

Given this happened more than 12 months ago I am sure local residents already know.

They probably also know that the final South East Regional Plan was released in June.

It appears the member for Moggill does not—despite the fact he actually voted to ratify its regulatory provisions in Parliament.

I am sure people in the Moggill electorate appreciate their local Member being so up-to-date and top of the issues and I bet they can't wait for his next timely and informative newsletter.

MINISTERIAL STATEMENT

Asia-Pacific Business Transformation Service Centre

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.46 am): IBM announced last week that the Asia-Pacific business transformation service centre in Brisbane has been charged by the Help Desk Institute to be the best contact centre service in Japan. This is the first time the award has been won by a centre based outside of Japan. I seek leave to have the details incorporated in *Hansard*.

Leave granted.

The annual HDI Japan Team Excellence Award honours the contact centre with the highest standard of customer support and excellence in the categories of people, process and technology.

IBM's Business Transformation Services Centre serves a range of clients across Asia Pacific with contact centre and help desk services.

These range from customer care processes, post-sales technical support, outbound business to business telephone sales, and human resources services.

It incorporates IBM's Business Transformation Outsourcing centre, which I launched in July.

Client demand for IBM's Business Transformation Outsourcing services has lead to the centre more than doubling its growth projection of 100 new roles in 2005.

The centre's team includes almost 300 Japanese speaking employees.

MINISTERIAL STATEMENT

Ephraim Island

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.47 am): I had the pleasure last Wednesday of officially opening stage 1 of the \$545 million Ephraim Island residential development on the Gold Coast, which is in the electorate of PK Croft, the member for Broadwater. I know that she shares my view about this development. I seek leave to have the details incorporated in *Hansard*.

Leave granted.

I had the pleasure last Wednesday of officially opening stage one of the \$545 million Ephraim Island residential development on the Gold Coast.

The Lewis Land Group and Mirvac teamed up in 2001 to develop 383 dwellings and other amenities on the 9.6 hectares of freehold land available on the 12 hectare site.

315 dwellings have been released for sale, to date, and 259 have been sold or contracted to sell.

Most of these are apartments. When the project is completed in 2007, there will be 348 apartments, along with 21 villas and 14 houses.

Residential development is welcomed in South Queensland because we know that between now and 2026, the population of the region is projected to increase by one million people.

The South East Queensland Regional Plan and the South East Queensland Infrastructure Plan and Program set out a framework that will accommodate those extra people.

We've identified \$55 billion worth of infrastructure projects including:

- \$24.5 billion on road and transport projects

- \$3.3 billion on 63 new schools, new & upgraded hospitals & community facilities.

- \$2.3 billion worth of new dams, weirs and water recycling projects.

- \$3.4 billion on energy transmission and distribution projects over the next 5 years alone.

In addition, we'll need 575,000 more dwellings in South East Queensland and that is why I was pleased to be involved in the official opening last week.

The Regional Plan recognises the importance of maintaining our natural environment and about 80% of the region covered by the plan will be protected from urban development.

Similarly, more than 77% of Ephraim Island will be dedicated to parks, plazas and water features.

MINISTERIAL STATEMENT

Jones, Ms L

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.47 am): I also want to pay tribute to Leisel Jones, who won the Peter Lacey Award for Sporting Excellence—the Athlete of the Year Award. She is a great Queenslander. I seek leave to have the details incorporated in *Hansard*.

Leave granted.

For many Queensland athletes, 2005 has been a very good year. For swimmer Leisel Jones, it's been rolled gold!

At the Queensland Academy of Sport awards lunch on November 15, I presented Leisel with the 2005 Peter Lacey Award for Sporting Excellence—the Athlete of the Year award.

Just four days earlier, I had presented her with the Queensland Sports Woman of the Year Award for 2005.

Past winners of the Peter Lacey Award have included Keiren Perkins, Vikki Wilson, Kerrie Meares and Jodie Henry.

We have had many spectacular performances by Queensland athletes this year, but certainly Leisel stands out as having come into her own in 2005.

At the FINA World Championships in Montreal in July, Leisel came away with six gold medals.

In addition to Leisel, I would like to pay tribute to Chris Scott, Grant Hackett, Jessica Schipper and Libby Lenton—who, like Leisel, have this year not only won gold medals, but set new world records on their path to success.

I would also like to mention Emma Snowsill. This year, she won her second world triathlon title.

MINISTERIAL STATEMENT

Kelvin Grove Urban Village

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.47 am): I would encourage everyone to take advantage of the open day being held at the Kelvin Grove Urban Village on Monday. It is an excellent development. It is one of the visionary projects that we have. Robert Schwarten played a key role in that, for which I thank him. I seek leave to incorporate details of the open day in *Hansard*.

Leave granted.

I would encourage everyone to take advantage of the Open Day being held at the Kelvin Grove Urban Village on November 27 and come along to see this excellent development.

It's the project's fifth anniversary and many Brisbane residents will be surprised by what has been achieved and what more is being done at the Urban Village.

In its first five years, the Urban Village had grown into a world-class example of "brownfields" revitalisation showcasing the best ideas of the private and public sectors.

This partnership between the Department of Housing, the Queensland University of Technology and private developers is producing an \$800 million master-planned community on 16 hectares of land just 2km from the CBD.

More than 50% of the Department's land in the Village is already under development, under contract or subject to negotiation with developers.

The Open Day will run from 10am to 3pm and feature:

- information booths on private residential developments at the Urban Village;

- entertainment;

- painting of a community mural;

- art displays;

- activities for children including a jumping castle, face painting, story telling and balloons;

- refreshments and food stalls;

- dance and musical acts;

- history walks including those covering the site's military history; and,

- competitions.

A centre stage will be the venue for an impressive line-up of local entertainers.

MINISTERIAL STATEMENT

Coalition Agreement

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (9.47 am): I want to address a matter of importance to the future of Queensland. There is already clear evidence that the Liberals and the Nationals cannot make agreements work in opposition and therefore will be unable to govern Queensland. Governments have to make tough decisions every day but over the weekend the Nationals and Liberals failed in the simple business of choosing a single coalition candidate for Redlands. They cannot even get the basics right.

A major priority of the coalition agreement is that there should be only one coalition candidate in each electorate so that they avoid three-cornered contests. The Liberals and Nationals went to great lengths to work out a system to ensure that they would not have two candidates fighting one another in any seat. That system failed spectacularly on its first weekend in operation.

In Springwood, National Party delegates decided that their candidate was not as good as the Liberal candidate and voted accordingly, but in Redlands National Party delegates say that the Liberals' candidate was clearly not as good as the Nationals' candidate. The Nationals expected the Liberals to do the right thing and vote for the Nationals' candidate but they failed to honour the coalition agreement.

Despite a coalition agreement which took months to thrash out, the selection panel was unable to decide on which candidate should be selected. So in Redlands there will be two coalition candidates fighting one another—in other words, a three-cornered contest.

Ms Bligh: A coalition of the unwilling.

Mr BEATTIE: That is right—the coalition of the unwilling. I emphasise that, if they cannot reach agreement on a simple matter like selecting a candidate, they cannot govern Queensland. It is a coalition of indecision. But there is more. The Leader of the Opposition deserves no sympathy or comfort for the farce that the joint preselections have become. I warned the National and Liberal parties that this charade would not work. It was always a set-up—nothing more than a stunt—and it has come unstuck the very first time it was tried in the seat of Redlands at the weekend.

The deal was done weeks ago—members ought to listen to the history of this—that the Liberals would win in Broadwater, Springwood and Hervey Bay, and the Nationals in Gaven, Mudgeeraba and Redlands. The deal was that a couple of executive members from one party would vote for the other party's candidate to ensure the deal was achieved. But it came unstuck in Redlands because a couple of Liberal executives did vote for the Nationals but a couple of National Party members were not in on the deal and voted for the Liberals. That produced a tied vote—not as the result of any Liberal doublecross, but as a result of a couple of Nats not being in on the charade which was negotiated in secret by the two party organisations.

So the joint preselections are just like the rest of the coalition agreement—a front to cover up for the fact that the Nationals and the Liberals agree on very little and disagree on just about everything. Rank and file members of both parties and candidates have been deceived into believing that the joint selection would be a fair and an open contest. Nothing could be further from the truth. The outcomes were decided weeks ago.

I congratulate the two or three rank and file Nats in Redlands for exposing the whole deal for the fraud that it is, and I congratulate the member for Redlands for being the first person to be involved in a three-party contest against him. All I can say is: we are with the member for Redlands.

MINISTERIAL STATEMENT

Visy Industries

Hon. AM BLIGH (South Brisbane—ALP) (Deputy Premier, Minister for Finance and Minister for State Development, Trade and Innovation) (9.50 am): We are the one-candidate party, Mr Speaker.

I am very pleased today to advise the House that Visy Industries Australia will construct a new \$74 million factory in the Brisbane-Gold Coast corridor near Beenleigh. Visy is Australia's largest packaging and recycling company, and its plan to build a corrugated board plant at Stapylton is a major boost to the south-east Queensland economy. This construction positions Queensland for a new export market, a new direction in environmental advances and—most importantly—for jobs, jobs, jobs.

The new factory will employ 84 full-time workers, is set to be operating by the end of 2006 and will complement Visy's existing facility at Carole Park, west of Brisbane, which is at capacity due to the company's strong growth in the Queensland market. The new Stapylton facility is the fourth box plant to be built by Visy in Australasia over the past 10 years. It will feature the highest level of automation robotics and process control systems available to the corrugated packaging industry worldwide. It will have the capacity to manufacture 50,000 tonnes of corrugated cardboard each year.

This is great news for Queensland, and it comes on top of the recent announcement by Boral that it has chosen Brisbane's Australia Trade Coast precinct for its new \$106 million plant, creating 100 full-time jobs.

With our increasing population, landfill is emerging as a big issue in Queensland and the more we do to decrease the amount of rubbish ending up in landfill the better. For every tonne of paper and cardboard that is recycled, four cubic metres of landfill is saved, so the fact that the new Visy factory will use recycled product to make packages is very significant.

As members of this House will know, Visy is renowned for its commitment to recycling and the environment. The company is a great corporate citizen and recently was voted Australia's leading company for environmental performance in the *Sydney Morning Herald* and *The Age* newspapers' annual corporate reputation index for four consecutive years. Visy is equally renowned for its donations to charity and its philanthropic arm, the Pratt Foundation, donates in excess of \$10 million a year to a broad range of charities in Australia and overseas. Pratt Philanthropy has donated more than \$2.5 million to Queensland charities alone including the Great Barrier Reef Research Foundation, the Queensland Society for Crippled Children, the Brisbane Powerhouse and the Queensland Institute for Medical Research.

The evacuation sirens having been sounded—

Sitting suspended from 9.53 am to 10.06 am.

Ms BLIGH: I don't know that one of my ministerials has ever cleared the House so effectively before. As I was saying, discussions are now well advanced between Pratt Philanthropy and the Queensland Department of Communities, Brisbane City Council and the Commonwealth Government to establish a one-stop shop centre for the provision of services and information to refugees and migrants. I look forward to welcoming Mr Richard Pratt to the public announcement later today.

The fact that Visy is setting up shop here did not just happen. It has come about because this government is proactive in attracting major businesses to Queensland. The company could have chosen to go anywhere in Australia but the simple fact is that state development departmental officers negotiated closely with company directors and were able to offer an incentive package consistent with our government's investment attraction scheme.

It is very important that, as a government, we continue to attract investment by companies like Visy to Queensland. By attracting these major investors we create sustainable, long-term jobs and, importantly, we see an increase in the skills base of Queenslanders.

MINISTERIAL STATEMENT

Highway Patrol Vehicles

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police and Corrective Services) (10.08 am): After question time today I will be joining the police commissioner to unveil our latest initiative in the battle against the road toll. This is very timely today with the shocking news that 10 people have been killed on Queensland's roads in seven accidents over the past 27 hours. This is a devastating loss of life, and it comes just weeks ahead of the annual Christmas road safety campaign.

Today I will be unveiling a fleet of 10 highly visible red Holden Monaros which police will be using on every major highway across Queensland. These cars, which also will have flashing lights and reflective markings so that they can be seen easily at night, will provide a visual reminder to motorists to obey the road rules or face the consequences. The cars are also equipped with a range of modern technology including secure digital radios, a mobile radar and a data terminal that links to Queensland Transport records.

Sadly, over the past five years 55 people have died on our roads during the Christmas holiday period. I am sure many people remember the Christmas holidays of 2003-04 when 19 people lost their lives. Last year the death toll was reduced to six. However, one death remains one death too many. We want Queenslanders to enjoy not just this Christmas but many more to come.

Two bright blue Holden Commodores were trialled by police as highway patrol cars over Easter. They were a big success, and during the 4½ day trial the vehicles travelled 9,173 kilometres and were used to conduct more than 1,000 random breath tests. The public reaction was positive, as motorists said at the time that the cars were easy to see and they reminded them not to speed. One Monaro will be assigned to each of the eight police regions across the state and two vehicles will be used by State Traffic Support. They will be used in traffic enforcement operations, together with marked and unmarked police cars, RBTs, speed cameras and motorcycle police.

We are now just five weeks from Christmas. However, it is never too early to start reminding motorists of the need to be aware of the dangers of the end-of-year holiday period. Police expect to provide more than 45,000 officer hours on the roads during this period, including an extra 500 officer

hours each day of non-camera traffic enforcement. During this campaign, motorists can expect to see more on-road patrols over the holidays. If people speed it's not a matter of if, but when they will be caught.

Queensland has a rapidly growing population which is leading to more cars on our roads each year. However, the state's road toll has fallen from 456 deaths in 1995 to 312 deaths last year. Our targeted approach to road safety—combining speed cameras, radars and a visible police presence—is working.

The government is committed to reducing Queensland's road toll, but, ultimately, drivers must also take responsibility when they get behind the wheel. The deaths of 10 people over the past 27 hours further highlights that it is not just Christmas time to which this message applies; it is every day and every time someone puts their key in the ignition. I urge all drivers to keep to the speed limit, avoid alcohol, make sure everyone buckles up and, if they are tired, take a break.

MINISTERIAL STATEMENT

Federal Industrial Relations Legislation

Hon. TA BARTON (Waterford—ALP) (Minister for Employment, Training and Industrial Relations) (10.11 am): First of all today I congratulate Queensland's Labor women's caucus, who have organised today's day of action on the Howard government's industrial relations reforms. Clearly, Australia's women have a lot to lose from this attack on the hard-won benefits of working people.

Last week I went to Canberra as part of a joint states team to put the case against the extreme Howard government's industrial laws to the Senate inquiry. We told the Senate that workers do not want the new laws, families do not want the new laws and communities, the churches, charities, family associations and many small businesses do not want the new laws.

Also voicing her concern to the Senate inquiry was the head of our national sex discrimination office, Pru Goward. People would hardly call Pru Goward an anti-Howard type. She was appointed by John Howard to her present position and has been described as a friend of the Prime Minister and his wife. Pru Goward told the inquiry that, despite the assurances of the government about WorkChoices, there is already significant concern in the community about the impact on family life of increasing casualisation of the work force and long, irregular and extended working hours. She said—

I have met a lot of people who say, 'A job is better than no job, even if it's not fair.' I guess that is what this whole bill is about—the trade-off between having a job at all and having a job with decent conditions or with some certainty.

Further on Pru Goward said—

As our submission points out, many AWAs already increase ordinary working hours and allow averaging of wages over an extended period.

Pru Goward further said—

I repeat: it will certainly mean the end of employer funded paid maternity leave.

Pru Goward made the excellent point that without penalty rates there will be reduced discipline on employers to manage workloads while low-paid workers will have less return on excess hours and need to work more hours to maintain the same standard of living and family arrangements. Her submission continued—

If the Work Choices bill does not regulate their hours, then the Child Support Act, the Family Court Act and, arguably, family taxation arrangements will also need to change to compensate men in particular for what could well be reduced access to family time.

I think that could also apply to women in the work force. Without such arrangements the very social fabric of Australia was compromised.

Last week we also heard from the National Farmers Federation, the Australian Industry Group, Restaurant and Catering Australia, Uniting Church, Housing Industry Association, Victorian Automobile Chamber of Commerce, ACTU, ACCI and others for or against the legislation. But where was the Queensland opposition, and what is its position? Well may we wonder.

MINISTERIAL STATEMENT

Smoke Alarms

Hon. PD PURCELL (Bulimba—ALP) (Minister for Emergency Services) (10.14 am): Yesterday the Premier and I announced that all homes and units throughout Queensland will be required to be fitted with smoke alarms when sold after 1 July 2007. This decision follows an extensive review of building fire safety. I thank the Premier and the previous emergency services ministers from this government for their work.

All homes built after 1997 already have to have mains-wired smoke alarms installed. This change to the legislation means that from 1 July 2007 all homes built before 1997 will have to have at least one battery powered smoke alarm, which can cost as little as \$10. Some 19.2 per cent of Queensland homes currently do not have smoke alarms installed, and another 8.8 per cent of homes have alarms installed that are not working, usually because the battery is dead or someone has borrowed the battery. Each year we have over 1,100 house fires in Queensland and, tragically, an average of 16 deaths and 145 injuries.

The risk of a fire death in homes without a smoke alarm is up to three times higher than for homes with alarms. These house fires happen because someone left the Christmas lights on, someone forgot cooking on the stove or someone left a candle burning in the bedroom. Queensland Fire and Rescue Service figures also show that automatic clothes dryers cause a large number of house fires each year.

What most people do not realise is how little time there is to evacuate. Without working smoke alarms, people and their children may not wake up to the fact that the house is on fire. This is the biggest danger. The fire service has a campaign titled 'Wake up—install a smoke alarm' because a lot of house fire victims are asleep at the time of a fire and simply never wake up again. Toxic smoke can fill a room very quickly, and the results can be deadly. The fire service also has a program called Safehome, where residents can get firefighters to visit their home to advise them on fire safety, including the installation of smoke alarms.

I urge all home owners not to wait for this legislation. They should act now, as their life and their family's lives are too important to take a chance on. They should not delay. They should get in touch with their local fire station now to arrange a Safehome visit by firefighters. This is all about saving lives. When lives can be saved, as little as \$10 is a small price to pay.

Mr SPEAKER: Honourable members, it is my intention to commence question time at 10.45 am and have questions until 11.45 am.

MINISTERIAL STATEMENT

Road Funding

Hon. PT LUCAS (Lytton—ALP) (Minister for Transport and Main Roads) (10.17 am): I would like to inform the parliament of yet another betrayal of the people of Queensland by the Howard government and local federal Liberals.

On 12 November Mr Howard announced that his government would allocate \$320 million over 3½ years to upgrade the Ipswich Motorway from Wacol to Darra. The Prime Minister also said that he would spend \$10 million for yet another study into the proposed half northern bypass. Whilst I welcome any funding for work on this dangerous road, Mr Howard's pledge is clearly not enough. The Ipswich Motorway is National Highway, and the federal government has a responsibility to fund it—every single kilometre of it, not just part of it.

Since 2001 there has been an average of 236 reported traffic accidents per year on the Ipswich Motorway. They occur almost daily. Only a full upgrade will deliver the safe, efficient motorway that we need.

The worst part of the motorway is Dinmore to Gailles, and Mr Howard is not even giving us a half northern bypass let alone the preferable upgrade of the existing motorway there. The independent Commonwealth study, finished earlier this year, showed that the half northern bypass, even if feasible—and the member for Moggill is absolutely thrilled to bits with it—would cost the same amount as upgrading the entire motorway from Dinmore to Rocklea—a total of \$1.1 billion.

Who would want to waste another \$10 million on a further study of the half northern bypass? This motorway has been studied to death. No doubt this study will take another three years to complete and will mean that, even if the half northern bypass were built—it is three times more expensive than the same section of the Ipswich Motorway—motorists would not get any relief on that section until 2012 at the earliest.

Calling this federal government's plan half-baked is being generous. Calling it half-baked might risk me misleading parliament, and I will not do that. This federal government's plan is a betrayal. It is a betrayal of the residents of Ipswich. It is a betrayal of the motorists using this vital road link every day.

Why is it that all south-east Queensland mayors, including Campbell Newman, the state government, the RACQ, most members of the state Liberal Party in this House and the people of Ipswich want the full motorway upgrade, but Mr Howard continues to stubbornly push for further studies of the half northern bypass while the Ipswich Motorway remains in gridlock?

Blame for the Ipswich Motorway fiasco must be squarely laid at the feet of the Prime Minister and federal Liberal member for Blair, Cameron Thompson, who campaigned for this decision. Queensland is not asking the federal government to do anything that it is not prepared to do—that is, invest in transport infrastructure in the region.

Earlier this month, Brisbane Lord Mayor Campbell Newman and I visited the \$30.5 million Boundary-Kelliher roads project. The project is being jointly funded—two-thirds by state government and one-third by council. Also in the region, the state government is putting \$270 million into extending the Centenary Highway from Springfield to the Cunningham Highway at Yamanto which will be completed in 2009. The state government is investing \$300 million in a passenger rail line to Springfield. Under SEQIPP, we have also committed \$440 million to upgrade and provide four-laning of the Centenary Highway between the Ipswich Motorway and Springfield.

Clearly, the Queensland government is doing its bit. I welcome the criticism of this decision from a number of prominent Liberals—including Lord Mayor Campbell Newman. The Leader of the state Liberal Party is having a bit both ways, saying on 13 November that the state should not have to take on responsibility for projects that are rightly the responsibility of the Commonwealth. Then three days later he was saying that the half northern bypass was okay as long as it was federally funded. I wonder what the member for Moggill thought about that. The people on the other side of this House who remain silent on this issue are, one, the Leader of the Opposition and, two, the member for Chatsworth. It is time they stood up for the people of Ipswich and the drivers who use this motorway.

MINISTERIAL STATEMENT

Asbestos in Schools

Hon. RJ WELFORD (Everton—ALP) (Minister for Education and Minister for the Arts) (10.20 am): Six months ago our government announced an ambitious capital works program in our schools—the \$120 million Asbestos Roof Replacement Program. Our government was the first in the state's history to address this issue in such a comprehensive manner and provide the funding to replace every asbestos roof in every state school across the state.

When the Premier announced this new program in this place on 25 May this year it was estimated that around 70 roofs could be replaced in the 2005-06 financial year, the first year of the program. This was based on the availability of skilled tradespeople, the need to build industry capacity and the fact that the removal of roofs could only be done when students were not at school.

Over the past six months my ministerial colleague the minister for public works has been working with his department to grow industry capacity. This has been successful and enabled us to accelerate the program. It has included weekend work. I can now advise members that, as a result of the work undertaken during the June and September school holidays and our weekend schedule, it is anticipated that, weather permitting, over 100 roofs will have been replaced by Christmas. In addition, I am last pleased to announce today that a schedule has been prepared to commence the replacement of a further 81 roofs in 29 schools over the December-January school holidays. I seek leave to have the list of these schools incorporated in *Hansard*.

Leave granted.

List of asbestos roofs in state schools scheduled for replacement in the December-January school holidays (2005-06)

In south-east Queensland:

Coolum State School (one roof)
 Cooroy State School (one roof)
 Coorparoo Secondary College (six roofs plus one covered link roof)
 Holland Park State High School (nine roofs)
 Kedron State High School (seven roofs)
 Kippa Ring State School (five roofs)
 Moggill State School (one roof)
 Noosa District State High School (four roofs and one workshop)
 Pomona State School (one roof), Rocklea State School (one roof)
 Tewantin State School (two roofs)
 Woodridge North State School (two roofs)
 Woodridge State School (two roofs)
 Zillmere State School (one roof).

Outside south-east Queensland:

Aldridge State High School (four roofs)
 Atherton State High School (four roofs)
 Ayr State High School (two roofs)
 Bohlevale State School (one roof)
 Greenvale State School (one roof plus one amenities/covered play area roof)
 Haden State School (one mower shed roof)
 Mackay North State High School (five roofs)
 Malanda State High School (three roofs plus one agricultural shed roof)
 Mareeba State High School (three roofs)
 Mareeba State School (two roofs)
 North Rockhampton State High School (three roofs)
 Proserpine State School (three roofs)
 Spinifex State College—Mount Isa (one roof)
 Taabinga State School (three roofs plus one janitor shed roof)
 Yeppoon State High School (three roofs).

Mr WELFORD: This latest schedule means that by the end of the summer school holidays, weather permitting, 195 asbestos roofs in 85 schools will have been replaced since the Asbestos Roof Replacement Program began in June 2005. This is an outstanding result, well ahead of the original schedule of merely 70 roofs. I want to thank the officers from my department and the departments of public works and housing who are making this happen. We will continue to press ahead with this replacement work and get the job done as quickly as possible.

MINISTERIAL STATEMENT

Patient Safety Centre

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (10.22 am): As part of the Beattie government's commitment to provide Queensland with the best public health system we can, improving the safety of patients in our hospitals is paramount. The vast majority of our patients have excellent outcomes after being cared for and treated by well-trained, dedicated and hardworking medical professionals under often difficult circumstances. However, evidence accumulated from modern health care systems around the world suggests that up to one in 10 patients are inadvertently harmed as a result of treatment provided in a hospital. Evidence also suggests that half of these cases could have been avoided.

Queensland is no better or worse than any other system because all humans make mistakes. Nevertheless, the Beattie government is committed to minimising as much as possible the number of cases of unintended harm in our health facilities. That is why I was more than pleased to officially launch the statewide Patient Safety Centre at the Royal Brisbane and Women's Hospital last week. The Patient Safety Centre has been created to take a lead role in implementing patient safety initiatives and nurture a culture of safety within Queensland Health. It has brought together significant expertise, including an international patient safety expert, and resources to support our doctors, nurses and allied health professionals to deliver safe care at all times at the bedside. Since it was established at the start of the year, it has been driven towards risk management and risk reduction.

A good clinical example of its good work thus far has been that carried out by the Safe Medication Practice Unit to introduce standardised prescribing systems and charts across the state. This reduces the risk of prescribing a drug to which a patient is allergic and provides support for prescribing high-risk medicines. Previously, there were over 100 different medication charts in Queensland. As many of our staff work in multiple hospitals, a standardised chart has delivered clear benefits and is already resulting in significantly fewer medication errors occurring in our facilities.

The centre has also trained and is deploying over 27 full-time equivalent patient safety officers across the state to provide support and leadership at a local level to address patient harm. The centre has carried out several more programs and initiatives and will continue as a statewide facilitator in identifying and addressing risks and sharing lessons learnt in hospitals.

The centre is already capturing widespread interest in other jurisdictions. Through the Patient Safety Centre, Queensland is providing national leadership in areas such as medication safety, infection prevention and safer surgery. This is a comprehensive and coordinated approach to addressing and preventing patient harm and is an essential component of rebuilding our health system and restoring public confidence in Queensland Health. It is also an important component in changing workplace cultures to support and encourage staff to report incidents and use this information to learn and improve.

MINISTERIAL STATEMENT

Community Housing Reforms

Hon. RE SCHWARTEN (Rockhampton—ALP) (Minister for Public Works, Housing and Racing) (10.25 am): I recently released the new policy direction for an improved social housing system for Queenslanders in housing need. Under the one housing system model, which comes into operation in January next year, we are redefining the way social housing is provided to ensure those in greatest need get the most help.

Community housing organisations manage more than 6,500 properties across the state so will have a vital role to play under the new system. Community housing does not exist to mirror the assistance provided through public housing but offers a range of housing assistance options for people in crisis, those with special needs, those living in rural and remote areas and the homeless. Many of these not-for-profit organisations throughout Queensland deliver housing on behalf of the state government and are funded by the Department of Housing. In this year's budget more than \$114 million has been allocated for community housing.

Under the new system these community housing organisations will be required to have consistent eligibility and allocation policies to what is already in place in public housing. There will also be a more stringent assets test and one waiting list whereby all applicants, regardless of their need, register for housing assistance and will be matched with the most appropriate housing whether that is public or community housing.

At a time where there is far greater pressure than we have ever had on the housing system, we have to ensure decision-making processes in community housing are as transparent and accountable as in the public system. It will not matter whether one lives in Mackay, Mount Isa or Murgon; one will be housed according to needs based priority. For too long we have heard of cases where community housing organisations have favoured family or friends over those in genuine need.

I know this requirement for greater fairness and transparency has already upset at least one opposition member. The former shadow minister for housing, the member for Darling Downs, Mr Hopper, has voiced his disapproval at community housing organisations having to share the same needs based priority system as public housing. He wrote to me and said that to open community housing properties 'to all public housing tenants would be horrific'. He said, 'Elderly tenants in community housing have been able to live within close proximity to their families, many of whom still reside on the family property in the area.'

I want to assure the honourable member that this new direction is about the needs of people regardless of where they live. Quite simply, if the people to whom he refers are entitled to subsidised housing then they will be eligible to place their name on a waiting list. Might I remind the honourable member that social housing exists to help those who are unable to access private housing in either home ownership or private rental. Surely not even the honourable member could suggest that it is fair to have a family camped in a tent while someone else can hand down the family farm to other family members and move into what is effectively public housing.

The Howard government is determined to continue down the path of privatising community and public housing by stealth. The fallout of this is hitting places like the Darling Downs electorate probably harder than it does some other places, yet there has not been a peep of protest from the opposition.

The Howard government believes that rental assistance, which effectively ends up in the pockets of landlords, is the way to go. While this system is also a needs based system, it is discriminatory. It only applies where there is a private and affordable rent market. We on this side of the House believe that where housing subsidies are concerned they should be directed to the neediest in our society and distributed in the most equitable way. This new policy reflects that. I encourage community housing organisations to support the reforms so that I can ensure that housing assistance is provided to those Queenslanders who are most in need.

POLICE POWERS AND RESPONSIBILITIES (DRUG DETECTION DOGS) AMENDMENT BILL POLICE POWERS AND RESPONSIBILITIES (MOTORBIKE NOISE) AMENDMENT BILL

Remaining Stages; Cognate Debate

Hon. RE SCHWARTEN (Rockhampton—ALP) (Leader of the House) (10.29 am), by leave, without notice: I move—

That, in accordance with standing order 129, the Police Powers and Responsibilities (Drug Detection Dogs) Amendment Bill and the Police Powers and Responsibilities (Motorbike Noise) Amendment Bill be treated as cognate bills for their remaining stages—

- (a) one question being put in regard to the second readings;
- (b) the consideration of the bills in detail together; and
- (c) one question being put for the third readings and long titles.

Motion agreed to.

PERSONAL EXPLANATION

***Sunday Mail* Article**

Hon. JC SPENCE (Mount Gravatt—ALP) (Minister for Police and Corrective Services) (10.30 am): This week the *Sunday Mail* printed uncorroborated and false statements from a man who is on bail for stalking and making menacing telephone calls and as part of his conditions he is to keep away from my husband, my electorate staff and myself. This man was a tenant in a rental property I owned. The property was managed by a community housing organisation. I did not place this man and his family in the house. I did not manage the tenancy. I did not make the decision to evict him, nor was I

aware of his eviction until I was informed of it after the event by the community housing organisation. The police did not evict this man and his family. They did, however, arrest him for the matter I have just referred to, which is currently before the courts.

In determining how many officers are present at an arrest, police make their decisions based on a number of criteria including, for example, age, previous criminal history and the nature of the circumstances surrounding the charges of the person they are arresting. I was informed after the event that these criteria were followed on this occasion and that the man had been arrested. The *Sunday Mail* did not mention that when this man fronted my electorate office he left the young lady, my electorate officer, in tears; nor did it mention that this man was instructed on several occasions not to come to me or my office but to deal with the community housing organisation although it was told these facts. The *Sunday Mail* also failed to mention that this man accosted my husband in the street when he was on business or that I had complaints from neighbours and shopkeepers about this man's behaviour.

Most of us in this parliament are aware of the unnecessary stress placed on our immediate family and the threats and occasional actual violence perpetrated against our electorate office staff. As police and corrective services minister, I expect to wear this more than most. One might expect some understanding from one's colleagues, but true to form the Leader of the Opposition, without any knowledge of the facts of the matter, throws out a few shallow political lines and reveals his increasingly desperate nastiness.

Mr SPEAKER: Minister, if this matter is before the courts, I ask you to be very careful please.

Ms SPENCE: Sure. He suggests I influenced a police operational decision in this arrest. This is not true and he will not find one police officer in Queensland to support his despicable allegation which impugns not only me but all police involved in this arrest. He suggests I should not allow my property to be managed by a government funded organisation. I table a letter I sent to the Integrity Commissioner with regard to engaging MATCH to manage my property and the Integrity Commissioner's reply that clearly notes that there is no conflict of interest in this arrangement.

We have all had bad tenants or bad neighbours, or at least we have heard about them. I note we even have a bill before the House suggesting some solutions. These matters are never easy to resolve, even if one is a government minister. Every member of this House knows that we are prime targets for someone who has an axe to grind. Many members of this House have dealt with someone who is prepared to make up a story about them and threatens to go to the media with it. Good, fair-minded and ethical journalists would turn away from such uncorroborated and easily dismissed allegations. Sadly, there are some journalists and at least one newspaper in this state which are only too willing to give them a forum.

PARLIAMENTARY CRIME AND MISCONDUCT COMMITTEE

Report

Mr WILSON (Ferry Grove—ALP) (10.33 am): I lay upon the table of the House a report of the Parliamentary Crime and Misconduct Committee on audits of the records of the Crime and Misconduct Commission for the years 2003-04 and 2004-05. The audits were conducted by the Parliamentary Crime and Misconduct Commissioner at the requests of the committee. On 13 November 2003 the committee requested that the then Parliamentary Commissioner, Mr Robert Needham, conduct an audit for the 2003-04 year and in March 2005 the committee requested that the Parliamentary Commissioner, Mr Alan MacSporran, conduct an audit for the year 2004-05.

Both reports on the audits are in generally positive terms. However, in the first report Mr Needham identified concerns relating to relatively minor cases of noncompliance with statutory requirements and procedural guidelines and noted that further improvements were possible to facilitate timeliness in misconduct assessments. In the second report, Mr MacSporran found some procedural deficiencies and made recommendations for improvement of commission processes. The CMC has responded by implementing recommendations for improvement and by making appropriate changes to internal policies and procedures. For reasons of confidentiality, the committee is unable to table the actual audit reports themselves. However, the committee believes it is appropriate that the parliament be informed of the general outcome of the audits, and I commend the report to the House.

SCRUTINY OF LEGISLATION COMMITTEE

Report

Hon. KW HAYWARD (Kallangur—ALP) (10.35 am): I lay upon the table of the House the Scrutiny of Legislation Committee's *Alert Digest No. 13 of 2005*.

PRIVATE MEMBERS' STATEMENTS

Road Funding

Mr CALTABIANO (Chatsworth—Lib) (10.35 am): Members of the House would be aware of the \$330 million announcement made by the Prime Minister almost two weeks ago. That is \$330 million more into Queensland's road networks to fund the upgrade of the Ipswich Motorway. This brings the total commitment to this motorway to more than \$1.5 billion at its conclusion. Of course the Premier earlier today demonstrated his lack of understanding of the change from the National Highway system to the road funding called AusLink. AusLink is a program that has massively expanded the road network that the federal government can fund. The arrangement commits 80 per cent federal funding and 20 per cent state funding for these road network links. Of course, this is on top of the Roads to Recovery and the Black Spot funding programs that continue to contribute \$50 million a year to Queensland roads.

On the Ipswich Motorway there has already been significant funding committed over the past few years. In particular, I refer to the \$160 million for the upgrade of the Logan Motorway interchange. What has become of that \$160 million given to the state almost two years ago? Is there any new asphalt on the ground at the Logan Motorway interchange? No, there is not. Has there been any preparatory works completed on the ground in readiness for construction? No, there has not. So the federal money is sitting in the bank waiting for the Queensland government to get on with the job of building the infrastructure. Yet again this infrastructure-phobic government will not get on with the job of building roads. The people of Queensland have a right to be very concerned that the \$320 million allocated for the motorway upgrade between Centenary Highway and the Logan Motorway will also sit in the bank and not be spent. The local residents want asphalt on the road—not excuses, not political rhetoric. It is time to get on with the job, not sit on \$480 million of federal money and deny people living in the Ipswich corridor the opportunity to travel on a better, safer road. The people of Queensland know that this government has a real phobia about building new infrastructure, and its record makes this clear.

Industrial Relations Reforms, Protests

Dr LESLEY CLARK (Barron River—ALP) (10.37 am): Last Tuesday, 15 November, more than half a million workers and their families from across Australia joined the national day of community protest coordinated by the ACTU. In some 300 centres from freezing Melbourne in the south to steamy Cairns in the far north, working men and women from diverse backgrounds and industries supported by their unions, churches, community services organisations and the Australian Labor Party came together to give John Howard a message—workers will fight for their hard-earned rights from now until the next election. They will fight until the coalition's proposed industrial relations laws are defeated and repealed by a federal Labor government.

In Cairns some 2,000 workers participated in the day of action. At the Brothers Leagues Club there was standing room only and hundreds were forced to rally outside. Later that afternoon, hundreds of teachers from both private and state schools held their own rally to pass motions condemning the federal government. I was proud to be invited to address our rallies alongside Senator Jan McLucas and our many comrades from the union movement. Today in the Queensland parliament women MPs will be speaking out because women have the most to lose from Howard's changes to Australia's industrial relations laws, which have evolved over the last 100 years to protect workers from oppression and exploitation. Women have the most to lose because they are concentrated in casual and low-paid jobs and will be amongst the most vulnerable when forced onto individual work agreements and unable to challenge unfair dismissal. Women have the most to lose because their employer-funded maternity leave could disappear, along with other family-friendly conditions in their current awards.

It is now clear that Howard and the Liberals have always been on the side of the rich and powerful. It is now clear that Howard is prepared to allow the market to set the price of labour, thereby sacrificing families and destroying the most fundamental of Australian values: a fair go for all.

Finally to Bonny Barry, who conceived the idea of this women's day of action, who is fighting her own battle against cancer, our thoughts are with you; we know that you will win.

Queensland Health, Retention Bonuses

Mr HOPPER (Darling Downs—NPA) (10.40 am): I would like to speak in relation to this government's recent announcement of the incentives for Queensland Health doctors serving in regional and remote communities. These highly commended retention bonuses are intended to reward staff and are likely to have great benefits in relation to staff retention. They range from around \$7,000 for a doctor in Gladstone to about \$50,000 for a doctor in Bamaga.

Unfortunately, in the haste to seal the deal, medical superintendents with the right of private practice have been overlooked. These doctors are a very dedicated and hardworking group and form the backbone of health care in rural and remote areas. They acknowledge that being in private practice

as well as holding the medical superintendent appointment allows access to federal incentives on a sliding scale. I have heard comments from a Queensland Health source that these doctors are raking in the dollars. In reality, most of the private practices are viable only because of the incentives.

These doctors have medical responsibility for approximately 60 hospitals, which represents 50 per cent of Queensland's public hospitals. Approximately 70 per cent to 80 per cent of patients in most MSRPP private practices are on some form of government concession and consequently bulk-bill. The cost of running a rural practice is usually in excess of 60 per cent. Most hospital in-patients are public, simply because most patients cannot afford private health insurance, and those who do elect not to use it see the same doctor anyway.

Most of the doctors who work in these premises are there because they like rural practices and enjoy the complexities of rural consultations. They are highly skilled doctors who are aware that they could relocate to more desirable locations and earn more, and they are bitterly disappointed that Queensland Health has seen fit to ignore their contribution to the health care of Queensland's rural and remote patients and are beginning to seriously consider relocating. If these doctors relocate, towns like Jandowae and other western towns will be left in dire straits.

These doctors are on call 24 hours a day. Some of them do 44 hours straight. This situation is simply not on. Towns like Jandowae are growing. Jandowae's population has nearly doubled in the last three or four years due to the \$1 blocks and mining that is going on in that electorate. Queensland needs country hospitals.

Federal Industrial Relations Legislation

Ms LIDDY CLARK (Clayfield—ALP) (10.41 am): It is ironic that we celebrate our centenary of women in parliament at the same time as all workers are faced with the prospect of returning to the Dickensian work conditions of 100 years ago. We have seen the federal government's legislation for what it is: a blatant attempt to club the union movement into the dark ages and hand the country over to corporate interests whose lust for profit at the expense of human values is all too obvious.

Woe betide any woman who chooses to exercise her right to manage a family and career under this new regime. Woe betide any young woman entering a work force where conditions allow for no balance of her life's ambitions. In a sad way, one could say that women have achieved a measure of equality in the work force in that men and women alike stand to suffer equally under slave-like conditions. But people should not doubt that women will be at the forefront of the fight against these alleged reforms.

Although the media, for whatever masters they are serving, still choose to portray the union movement as full of workers in stubbies and singlets, people should not doubt that women feel the call to action with every fibre of their being. Our sisters in the unions are as passionate in their determined opposition as any of the men. Women like Grace Grace and Sharan Burrow are our modern Chisholms and Pankhursts, but every woman who earns a wage that is under threat will be no less worthy of a claim by the time this fight is resolved.

We will not accept this. We will not answer fear with meekness. The fight is not for suffrage rights but for rights that are even closer to our hearts: human rights—the right for dignity and the opportunity to feel like our contributions in the workplace are given due value. I hope nobody is surprised that women will be at the vanguard of this battle. We women have struggled for years beyond counting over issues of dignity. We know this fight. We have never once believed that victory was beyond our grasp. It is that determination, that instinctual courage, that we women bring to the fight against this ludicrous federal legislation.

What the federal government may not have realised is that it has succeeded only in adding fuel to the fire that women have kept burning in their hearts for generations. I promise that it is a fire that will not be quenched. For Bonny.

Land Valuations

Mr HOBBS (Warrego—NPA) (10.43 am): I bring to the attention of the House the situation in relation to the valuation system here in Queensland and the problems that local councils will have as they have not been able to hear objections. This is a serious situation as councils may have to give refunds.

New valuations were issued in March 2005 to take effect on 1 July 2005. Councils adopted their budgets in mid August and no objections to valuations would have been determined at that stage. It could be 18 months to two years before a situation is reached where those objections to valuations have been heard. Therefore, many councils could face huge rebates.

The average increase in valuations was around 250 per cent. That is quite a serious increase. This issue was raised by the Tara Shire Council, which faces the possibility of having to make

substantial refunds if there is an across-the-board reduction in valuations. That is possible, because in many instances valuations have not been undertaken properly; proper assessments have not been done. There is hardly anyone left in the valuation department. All they can really do is a desk audit, and in many instances the valuations that have been arrived at are wrong.

We think the best solution would be a deferral for another year. That would be preferable to councils giving refunds to ratepayers. Then, of course, there is uncertainty in relation to budgeting. Councils are trying to do their absolute best to manage their budgets and to plan for the future, yet the whole valuation system has collapsed. I do not think this situation is satisfactory for any council.

Mr SPEAKER: Can I report to honourable members that the faulty detector was outside the media gallery. There was no apparent reason for the alarm to go off, but officers are still checking.

I take this opportunity to welcome to the public gallery teachers and students of Clontarf State School in the electorate of Redcliffe, which is represented in this parliament by Mr Terry Rogers. I also welcome to the public gallery staff and students of the Talara Primary School in the electorate of Caloundra, which is represented by Mr McArdle.

QUESTIONS WITHOUT NOTICE

Schoolies Week

Mr SPRINGBORG (10.45 am): My question without notice is to the Minister for Communities, Disability Services and Seniors. Can the minister tell this House why staff of his office have been intimidating staff at radio station 4BC demanding that they drop their programming relating to violence being experienced at schoolies? Would it not be better if the minister directed his resources at the schoolies thugs rather than the victims and the families who just want the violence to stop?

Mr PITT: This is a very difficult question to answer, because it is basically untrue. I do not know what to say to the Leader of the Opposition, except to affirm that my office has contacted 4BC and asked if it wanted me to go on the program. It refused the offer. As far as I know, there is no substance to the Leader of the Opposition's question.

Let us go to the issue of schoolies itself. I notice that the Leader of the Opposition has been quite vocal in saying that schoolies is not something that he would like his children to go to and that he has great reservations about it. I think he needs to be put back into the picture. There has been 12 months of planning for this particular event. The safety and security of students at schoolies are of paramount importance to the government.

I was on the Gold Coast again last night—the second visit I have made this week. Last night I was talking to the police, the volunteers, the young people themselves and anyone else who wanted to talk. The value of the diversionary programs being put in place is receiving wide acclaim. The police quite clearly indicate to me that they are very pleased with the way things are going, because this schoolies is running as well as, if not better than, last year, even though we have had one or two unfortunate incidents.

There are 250 police on duty at the Gold Coast. Other people involved are from the Fire and Rescue Service, QAS, SES, Liquor Licensing and Fair Trading. There are over 1,400 volunteers on the ground. These people are highly visible and interacting with the students. Drug-Arm is involved, as are Hotel Chaplaincy, 400 locals, Rosie's and the Red Cross—and the list goes on.

The Leader of the Opposition is intent on downgrading this particular event. In 2003 he said in relation to schoolies—

Banning it would be silly. The reality is there is nothing wrong with schoolies week so long as Mr Beattie is prepared to work with council and the police and the authorities to make sure it is controlled.

That is exactly what we have done. If the Leader of the Opposition had only taken time in the last couple of days to look at the media clips and the interviews with young people and those associated with them, he would find that the vast majority are having a fantastic time doing the right thing. There will always be a small number of young people, or anyone else, who are not prepared to shape up.

Schoolies week is going to happen whether the Leader of the Opposition likes it or not. A policeman told me that he has been attending it for the past 25 years. The police are very pleased that the government has stepped up to the mark, along with SPM. The Gold Coast City Council has put in place mechanisms to ensure that young people can go to an event that is probably the safest event for end-of-year celebrations for people making their rite of passage. I congratulate the officers of my department for the work they are doing, along with everyone else. I urge the member to get on board and support this event rather than knock it.

Drug-Driving

Mr SPRINGBORG: My second question without notice is to the Minister for Police and Corrective Services. Last night nine people died on our roads and we read that 21 per cent of drivers under 25 admit to driving under the influence of illegal drugs. In 1999, the all-party parliamentary Travelsafe Committee held inquiry No. 29 into drug-driving in Queensland and recommended a trial of roadside drug testing. Why is it that six years later the minister's government tells us that it is concerned about drug-driving but still does nothing to implement Travelsafe's recommendations? Will the minister tell this parliament today when those recommendations—those drug roadside tests—are going to start?

Ms SPENCE: I note that Victoria has done a drug-driving trial, which the rest of the nation has been watching. The statistics to which the Leader of the Opposition refers I think mainly come from that trial. We indeed have been watching what has been happening with the trial in Victoria. I understand their trial is going to finish this month and then they will evaluate the trial and they will have the results of the evaluation in the new year. I agree that drug driving is a huge problem. The police would agree with the Leader of the Opposition. The minister for transport, who has the responsibility of decision making in this area, will be taking a submission to cabinet in the very near future about this issue.

Ipswich Motorway

Ms NOLAN: My question without notice is directed to the Premier. Traffic delays are a source of great frustration for motorists on the Ipswich Motorway. Is the Premier aware of what commitment the Howard government has made to upgrade this vital road?

Mr BEATTIE: I thank the honourable member for her question. I want to welcome Cameron Thompson, who I notice is in the gallery today. I am really delighted to see him here. Anyone stuck in traffic on the Ipswich Motorway—

Ms Nolan: He was lucky to get here.

Mr BEATTIE: He was lucky to get here, based on federal government's funding. He was very lucky to get here. It is good to see that Cameron made it.

Anyone stuck in traffic on the Ipswich Motorway can blame a number of people: John Howard, Cameron Thompson and Gary Hardgrave. They can blame them if they are late getting their kids to school, they can blame them if they are late getting to work and they can blame them if they are late getting home for dinner. They can blame those people because it is the Prime Minister and his local Liberal members who have sentenced motorists to years of traffic hassles and delays on this very vital road.

Is it any wonder that we are concerned about what is happening? This is a federal road which the federal government will not fund. It does not matter how many excuses the member for Chatsworth—or anyone else in this parliament—tries to make, this road is a federal government responsibility and it is about time it assumed its responsibility for it. The federal government is supposed to fund our major highways and motorways, yet it has walked away from its responsibility to upgrade one of the most dangerous and congested roads in Queensland. The federal government has made only a half-baked commitment to upgrade one section of the motorway. A full upgrade of the Ipswich Motorway would cost \$1.1 billion. The federal government has committed to only less than one-third of that amount. It is a sell-out in anybody's language and it is nothing short of a disgrace.

Two independent feasibility studies released in May this year showed clearly that the best solution was to upgrade the motorway. Since 2001, there has been an average of 236 reported traffic accidents per year on the Ipswich Motorway. The member for Bundamba, the member for Ipswich, the member for Ipswich West, the member for Inala and the member for Mount Ommaney have lobbied hard on behalf of their communities for a fair go from the Howard government. I am sure the local residents appreciate their efforts. I certainly do. It is a pity that the Prime Minister does not. They have fought hard for an upgrade because the local federal Liberal members have done absolutely nothing—absolutely nothing—in that region. I encourage motorists and local residents to contact Mr Thompson and Mr Hardgrave and let them know that only a full upgrade will deliver the safe and efficient motorway that they need.

The irony is that the worst part of the motorway—from Dinmore to Gailles, which is in the electorate of the honourable member for Bundamba—has been left out of the funding equation. How can the federal government possibly come up with a solution when it leaves out the worst part of the road? It does not matter what the member for Chatsworth says. He actually has to get the Prime Minister to fund the vital part of the road. How can he possibly do that?

Mr Mickel: You've got to have the ticker.

Mr BEATTIE: The member for Chatsworth has to have the ticker to stand up for Queensland. When a member is in this place, that member has to stand up for Queensland and not the Liberal Party.

Sunshine Coast Hospital

Mr QUINN: My question is directed to the Premier. In parliament on 24 May this year the Premier said that a contract was signed last Monday week for 5½ hectares of land at Sippy Downs for a new Sunshine Coast hospital, but last week he admitted that, in fact, there was no such signed contract to purchase land at the time he made the announcement. I ask: why did the Premier mislead the people of the Sunshine Coast and this parliament that there was a contract to purchase the land at Sippy Downs when he knew that no contract actually existed with the owner of the land?

Mr BEATTIE: Let me clarify the record. I say to the honourable member for Robina and the Leader of the Liberal Party that I will go back and check what I said on that occasion. My understanding of the position—and I am going on memory here—is that a heads of agreement was signed. If I used the word 'contract' I did it in that sense—a heads of agreement. A heads of agreement was signed on 16 May with the developer with an option on one significant part of the proposed site.

The heads of agreement effectively gives Queensland Health the first right of refusal to purchase an undisclosed area of the site. If I had said 'contract' in terms of a heads of agreement, let me clarify that for the record today so that everyone is very clear. What I meant then is what I am saying now. It was a heads of agreement. That is what I told the local paper. The heads of agreement also gives Queensland Health the ability to conduct comprehensive due diligence of the site to ensure that the growing needs of the Sunshine Coast are best met by locating the new hospital and health hub at Sippy Downs. That is basically what is going on.

There was a cabinet meeting on the Sunshine Coast at which the then health minister and I announced that the heads of agreement had been signed—I forget the wording now; I do not have with it with me and the member would understand that—and that we were keen to colocate on that site with the university. The reason for that heads of agreement is that, where you have a university that is teaching nursing, clearly there is a benefit in having a hospital located next to it.

With a heads of agreement, obviously we have to go through stages. There has to be an agreement reached in relation to the sale price. The way the government operates in these things normally—and I do not have all the details of each one of these matters before me and nor would I think the member would expect me to—is that we would get an independent evaluation and that would be the basis of the negotiations. Clearly, there need to be negotiations. Where you have a heads of agreement, you need to have negotiation. Government always acts on the basis of valuations. Hopefully, we will be able to reach agreement.

It is always possible for governments in these circumstances to resume land if we need to. But obviously this area of land is in a vital place because we have been consistent as a government in that we want to have, similar to what we have done on the Gold Coast, a hospital located next to a university. It makes good sense. That is what we want to do. There are private people who own the land. They could sell it on the open market and probably would do better than dealing with us, because we have to do it on the basis—

Miss SIMPSON: I rise to a point of order. Under standing order 30, I ask that the Premier table the document that he is quoting from.

Mr BEATTIE: I can do more than that. I do this—

Mr SPEAKER: Premier, just hold on a second. The standing orders state that if the speaker has the document in his hand it could be tabled at the request of the member. The Premier, as I understand it, is not holding that particular document in his hand.

Mr BEATTIE: Let there be no doubt about any of this. I do not have any difficulty whatsoever. Mr Speaker, with your permission I seek leave to have it incorporated in *Hansard*.

Leave granted.

In April 2005, the Office of Urban Management Published the South East Queensland Infrastructure Plan and Program 2005-2026.

This Plan included an indication that the Sunshine Coast Health Hub would be developed and completed in early 2007, and that a new hospital would be constructed on the Sunshine Coast in the 2009-10 to 2014-15 period.

On 16 May 2005, Sippy Downs was announced as the proposed site for the planned Sunshine Coast health hub and new tertiary hospital.

This proposed site for the hospital does involve various land-owners.

A 'Heads of Agreement' was signed on May 16 with a developer with an option on one significant part of the proposed site.

This Heads of Agreement effectively gives, Queensland Health the first right of refusal to purchase an undisclosed area of the site. The Heads of Agreement also gives Queensland Health the ability to conduct comprehensive due diligence on this site to ensure that the growing needs of the Sunshine Coast are best met by locating the new hospital and health hub at Sippy Downs.

Consultations continue with stakeholders around the Sippy Downs site.

To ensure these future health facilities can cope with the rapid expansion of the Sunshine Coast region, Queensland Health has sensibly engaged a consultant to undertake a health services plan.

This will help refine the requirements for the Sunshine Coast Hospital and broader Health Service District.

This planning process is expected to be completed by early next year.

Careful planning will ensure that the best services are provided to the growing Sunshine Coast community, at the best site, and for the best price.

We have committed to delivering a health hub in 2007, and a state of the art tertiary hospital on the Sunshine Coast by around 2014-2015.

We stand by this commitment and make no apologies for following due process to ensure the projects deliver maximum benefit for the people of the Sunshine Coast region. But any suggestion that we are in any way backing away from our commitment to the people of the Sunshine Coast is without foundation.

Mr Speaker we will deliver.

BACKGROUND

The vision for the Sunshine Coast health hub is that the non-acute and ambulatory health needs of the people who live in the Caloundra and southern Maroochy shires will be met through the development of an integrated primary health care network of providers.

16 May 2005—the Premier and then Health Minister announced Sippy Downs as the site for the planned Sunshine Coast health hub and new tertiary hospital.

The current budget allocation is \$14.7M.

Negotiations continue with Maroochy Shire, Education Queensland and Main Roads on land matters.

Queensland Health currently has no land holdings at Sippy Downs.

Land needs to be acquired for the development. Negotiations continue with the current land holders. Education Queensland owns part of the proposed site with a further portion under the control of a private developer.

The recent appointment of a Health Service Planner will define the nature and extent of current and future health service demands across the Sunshine Coast Health Service District. This will include individual service plans for the health hub and tertiary hospital.

Mr BEATTIE: I do not want there to be any doubt about—

Mr Horan: The rest of it that you dropped back on the bench there as well.

Mr BEATTIE: Yes, all of these quotes—'Beattie wants hospital'. Does the member want that incorporated in *Hansard* as well?

Mr SPEAKER: Premier, your time has expired. Member for Maroochy, are you happy with that decision?

Miss SIMPSON: Yes.

National-Liberal Coalition

Mr TERRY SULLIVAN: My question is directed to the Premier. I refer to the Nationals and the Liberals and their so-called coalition of equals, and I ask: is there any sign that this happy couple is getting the basics right or is this relationship heading for separation, divorce or an annulment?

Mr BEATTIE: I had a look at the *Australian Concise Oxford Dictionary*, which defines a coalition as being a temporary alliance for combined action. It was temporary all right. It did not even last the weekend. It did not last five minutes before they were fighting like cats and dogs. They just cannot get the basics right. If you cannot get the basics of an agreement right, you have no hope.

Let us have a look at it. What a doozey. How could this group of individuals ever expect to form a government? If they cannot agree in opposition, they cannot govern Queensland. It is very simple.

How about this? I have with me a report from 4QR on Friday, 11 November. The Leader of the Opposition says that he was 'not invited to the Liberal Party state convention this weekend'. The Liberal Party has a convention and it does not invite the Leader of the National Party. But that is not all. It is the Liberal Party's first conference since the state coalition was re-formed. Lawrence Springborg says that he has not been asked but his 'schedule tomorrow is flexible'. He is like the bride still waiting to be invited. He is really saying, 'Listen, darling, I still love you. Would you please invite me? I am still in love with you. All I need is the wedding ring, darling. That is all I need.'

Ms Bligh: He's got the frock and the shoes.

Mr BEATTIE: Yes, he has the frock and he has the shoes. He is just waiting for the wedding ring. Mr Springborg says, 'I'm not sure that an invitation has actually appeared at this particular stage. I'm just saying that, even, you know, with our previous cuddly coalition, leaders haven't always necessarily attended.' So, in other words, you have not necessarily attended your own wedding. Lawrence, it is not working.

Mr SPEAKER: Premier, refer to the Leader of the Opposition, not Lawrence.

Mr BEATTIE: Of course, I will. I have to say that it gets even better. The report from 4QR, a very reliable organisation, states—

The State National Leader, Lawrence Springborg, has accused his coalition colleagues of an egotistical approach to the next election. The Liberal Leader, Bob Quinn, yesterday said the Liberals could win more seats than the Nationals for the first time.

Mr Springborg says that that is the 'wrong attitude'. Mr Springborg says, 'But can I just make the point: the next election is not about daydreaming and egos. For me it is not about egos—about who is going to be the biggest dog in the kennel.'

A government member: It's a little kennel.

Mr BEATTIE: It is a little kennel all right and all the dogs have got fleas. 'It's about getting things right,' he says. The great doozey I thought came from the Leader of the Liberal Party for whom we all know I have deep respect. He was on TV. They asked him about whether he would like to be Premier. He was asked whether he is starting to warm to the idea of being Premier. Bob giggles and says, 'Yes, I really am warming to the idea of becoming Premier. I really am.'

Mr SPEAKER: The Leader of the Liberal Party, Premier.

Mr BEATTIE: Yes, of course, the Leader of the Liberal Party. Forgive me, Mr Speaker. I am enjoying myself. I reckon the editorial in the *Chronicle Coast* says it all: 'Mr Quinn crowed like a fading cockatoo that the Liberals could pick up more seats than the Nationals at the next election.' I have to say that, if this is what a coalition is all about, God help all of us.

Time expired.

Mr SPEAKER: Order! Before I call the member for Maroochydore, I welcome to the gallery the staff and students of the Talara Primary College in the electorate of Caloundra, which is represented in this parliament by Mr McArdle.

Sunshine Coast Hospital

Miss SIMPSON: My question is to the Premier. In May of this year the Premier said that he had signed a contract for the land for the new hospital and health hub on the Sunshine Coast. That is in government press releases. It is also in an answer to a question in the parliament where the Premier again said—

A contract was signed last Monday week for the 5½ hectares of land at Sippy Downs. This hub and new hospital reinforce my government's commitment to this region and are yet another example of our planning carefully for the Sunshine Coast infrastructure.

Now in this House the Premier is saying, 'No, it is not really a contract. It is a heads of agreement.' I ask the Premier: was a price included in this heads of agreement that was signed by the government without valuation and planning?

Mr BEATTIE: Let me thank the opposition member for her question because clearly she did not listen to my last answer. She did not listen to what I said. I simply say to her that, if she is really serious about this issue, she should at least listen to the answer. What I said was that we have signed a heads of agreement, and I have clarified the record on that. For the member's benefit, a heads of agreement is actually a legal document. When one signs a heads of agreement one signs a legal document. That legal document requires the parties to do certain things. They are contracted, if you like, to do certain things.

The heads of agreement, as I said, was signed on 16 May with a developer with an option on one significant part of the proposed site—details of this is all incorporated in *Hansard* thanks to the member, and I am really delighted about that. The heads of agreement effectively gives Queensland Health the first right of refusal to purchase an undisclosed area of the site. That is a contractual right. It is a right at law to have the first right of refusal. That is a contractual right. So when one signs a heads of agreement, yes, there are rights that come with it and hence that is a contractual right.

The heads of agreement also gives Queensland Health the ability to conduct comprehensive due diligence on the site to ensure that the growing needs of the Sunshine Coast are best met by locating the new hospital and health hub at Sippy Downs. To ensure that these future facilities can cope with the rapid expansion there is sensible planning going on. This heads of agreement provides for negotiations for reaching an appropriate agreement, including an agreement on the price, and I said that before.

In the documents that I referred to, the vision for the Sunshine Coast health hub is that the non-acute and ambulatory health needs of the people who live in the Caloundra and southern Maroochy shires will be met through the development. We announced Sippy Downs as the site for the planned health hub. The current budget allocation for construction is \$14.7 million. Negotiations are continuing. It is all in there. As I have said, I have incorporated all of it in *Hansard* for the member to have a look. I make this point: there does need to be an agreement reached on the price. The heads of agreement provides for that. I make this point: I do not know why a member who supposedly represents the Sunshine Coast is trying to undermine the construction of a hospital there. I, for the life of me, cannot understand—

Miss SIMPSON: I rise to a point of order. That is untrue and offensive. I support new services. I want them planned properly.

Mr SPEAKER: Premier, will you withdraw the offending comment?

Mr BEATTIE: Mr Speaker, she has not asked for me to withdraw.

Mr SPEAKER: Do you want it withdrawn?

Miss SIMPSON: Mr Speaker, it is offensive and untrue. I ask that it be withdrawn.

Mr BEATTIE: I withdraw. Let me make the point that you actually have to ask. Let me make the point that there is no benefit in seeking to undermine the fact that this government is determined to build

a hospital on the Sunshine Coast. Of course there are going to be sensitive negotiations; of course there will be the usual argy-bargy about it; and, yes, of course we have to reach the right price.

Mr Copeland interjected.

Mr BEATTIE: All you do is whinge. You never come up with anything positive and constructive. We fund a hospital. We do some work and you whinge about it. One day you will say something positive.

Time expired.

Federal Industrial Relations Legislation

Mrs CARRYN SULLIVAN: My question without notice is to the Minister for Employment, Training and Industrial Relations, the Hon. Tom Barton. Opposition to the federal government's WorkChoices legislation continues to grow, as I know from concerns expressed in the Pumicestone electorate. Can the minister update us on the Beattie government's latest strategies in this matter, which certainly is not going to quietly disappear as the Prime Minister and his mates hope?

Mr BARTON: I thank the member for the question. This is very clearly one that is worrying an enormous number of people in this state and, indeed, the country. The state government is currently working on its High Court challenge, as detailed this morning by the Premier. The Attorney-General is working very closely with us, with a team of good constitutional lawyers, led by the Solicitor-General, putting together a very good opinion and very good background work on which we will base that challenge.

I want to make sure that we all understand that it is absolutely essential that we test this in the High Court because this is about the fundamental issues of the Howard government seeking to whittle away the living standards of workers and their families, amongst many other things. While I like many others am concerned, there will not be a mushroom cloud and a glow in the sky on 1 March once this legislation passes the Senate, which no doubt it will do. But it will mark the end of a fair go in this country which has taken such pride in that since Federation. They will whittle away standards and living conditions progressively over a period of years in a most unacceptable way.

I note that Senator Barnaby Joyce has raised some concerns about the proposed legislation. We heard that about Telstra. We continue to hear it from him about this legislation. I heard it from him last Monday in Canberra. But we have also heard from the Acting Prime Minister, Mark Vaile, that Queenslanders want the legislation. Santo Santoro was saying the same thing last Monday in Canberra and again on weekend TV.

I do not know who Mr Vaile has been talking to, because the demonstrations up and down the coast and inland of Queensland—some 34 or 36 different demonstrations—showed very clearly the views of the workers of this state and the people who support them. They do not want this new system, and neither do the majority of people phoning radio stations and flooding the letters to the editor pages. Could Mr Vaile have been speaking to Mr Springborg? Mr Springborg has been silent for the last month or so—ever since he came into this parliament in August and said, 'I support the Queensland legislation but I'm going to vote against it.' He has been silent; he has been very hard to find. But he showed up in my own electorate last week. My local newspaper, the *Albert and Logan News*, on Friday—if it is accurate—says, 'Mr Springborg supports the majority of the federal government's industrial relations reforms.' So exactly which bits does Mr Springborg support and which bits does he not support? I think it is time he came—

Mr SPEAKER: Will the minister refer to the Leader of the Opposition by his title, please.

Mr BARTON: I think it is time that the Leader of the Opposition came into this parliament and put his position squarely on the table on behalf of the opposition with regard to this proposed federal government legislation. It is time for him not to hide; it is time for him to come clean.

Sunshine Coast Hospital

Mr WELLINGTON: My question, which also concerns the new Sunshine Coast public hospital, is directed to the Minister for Health. In relation to government announcements of plans to build an additional public hospital on the Sunshine Coast to relieve pressure on the Nambour Hospital, I ask the minister: will he ensure that the site for the new hospital will have sufficient land set aside for free car parking for hospital staff and visitors? By way of comparison, I refer him to the Caboolture Hospital car-parking facility.

Mr ROBERTSON: I thank the honourable member for the question. As outlined earlier this morning by the Premier, that hospital is undergoing detailed planning in terms of its final design and the footprint on the land that will be secured for the purpose of building that new hospital. One of the things that we need to ensure for a fast-growing area like the Sunshine Coast is that we look ahead—not just 10 years ahead or 20 years ahead but indeed 30 years ahead. Because for too long we have been dealing with our health infrastructure where, with the benefit of hindsight, insufficient land was set aside

to allow for the expansion of hospitals taking into account the development of new technology and procedures that take place in our hospitals. So that is why we are undertaking this planning exercise.

We have learnt some lessons from Nambour, where parking is such a critical and very difficult issue for the staff of Nambour Hospital. I am not suggesting that there has been a lack of cooperation with the council—it would be unfair to say that—but in terms of meeting the needs of that growing hospital over the next number of years we really do need the local government to come on board and provide some relief for staff who have to park in streets et cetera. However, learning the lessons from Nambour, obviously we need to ensure that sufficient land is set aside for car parking. In terms of that Sippy Downs site, obviously with the further development of the university education precinct, transport corridors et cetera, we need to be extremely careful in how we coordinate all of that infrastructure in that general area.

In terms of whether that car parking will be free or not, that is not something to which we have turned our minds as yet. I would be sympathetic, of course, to the desire by the staff to have access to free car parking, but it needs to be acknowledged that in many hospitals throughout the state where car parking is provided in multilevel car parks those car parks are actually either owned or leased by that hospital's foundation and are actually used as a means to raise funds for equipment going into that hospital by its hospital foundation. As to whether a multilevel car park would be built on that site or whether it would be just a single ground-level car park, those decisions have not yet been made but that is what we do that planning for.

Unfortunately, I cannot give the member for Nicklin that commitment here today. I appreciate the question. I appreciate the desire by the staff currently at Nambour to resolve car parking problems in the longer term. It is certainly something that I would view sympathetically as further details become available.

Eastern Busway

Mr FENLON: My question is directed to the Minister for Transport and Main Roads. Could the minister please advise the House of claims made to the people of Brisbane's eastern suburbs regarding the planned eastern busway?

Mr LUCAS: I thank the honourable member for his question. He has been very active and assiduous in ensuring that the interests of his constituents and the people of eastern Brisbane are protected when it comes to this very important part of infrastructure that will deliver enormous benefits to people not only in the electorates of South Brisbane, Greenslopes, Chatsworth, Capalaba, Redlands and Cleveland but also more generally in Brisbane itself.

The state government announced the preferred corridor study area for the eastern busway on 10 November. Traffic in the Coorparoo section of Old Cleveland Road is expected to increase by more than 34 per cent by 2016. It equates to over 35,000 vehicles per day travelling through the section. That is an enormous level of traffic. The \$530 million eastern busway will cut average bus travel time between Capalaba and Buranda by more than half, saving each bus commuter over 3½ hours per week. This is part of our solution to dealing with the issue of eastside congestion. In fact, if there is going to be enormous population growth and if we are to deal with congestion issues, we need to deal with it one way or the other. This is about a carrot approach—an approach of helping the people of the eastern side of Brisbane to use public transport and indeed also to liberate road space for those who wish to be motorists. I welcome the representations by the honourable member. He has been very assiduous, as I said before, in ensuring that his constituents are properly informed.

On the same day we announced the preferred corridor study area, the member for Chatsworth produced his own map—the Caltabiano Google route. I will seek to table that. What he sought to do was to get a Google map and draw a line on it. That line bears no relationship whatsoever to any material that has been discussed in consultation with the public. In fact, it is ludicrous. If one were suspicious, one might think that one might have drawn a line to cause maximum confusion, angst and concern amongst people in that area. That is an outrageous, unfair and an unworthy tactic for people in this House to adopt.

On 8 November in this House—because the member for Chatsworth had previously said that he did not believe the eastern busway was something that was going to be delivered, rather just bus lanes—he criticised the previous BCC administration for using bus lanes. In fact, he said, 'We had bus lanes that took up road space, causing even more congestion.' So it is not what he says in this House that matters. Then last week he complained, because he said that residents believed they would be getting a bus lane along Old Cleveland Road. Obviously, in most parts of his electorate there is ample width in relation to the old tramway corridor and out past Chandler to have dedicated bus lanes. We want to talk to the community as a whole along that corridor.

On the south-east busway issue, in May 2001 he said in the *Times* at Springwood on behalf of the Brisbane City Council, 'Unless there is an integrated public transport service'—

Time expired.

Sunshine Coast Hospital

Mr McARDLE: My question is directed to the Minister for Health. Given the Premier's statement in May 2005 that land at Sippy Downs had been identified and was the subject of a phantom contract as the site to construct a public hospital, I ask the minister: could he please advise when the independent health service planner, referred to in his media release of 17 November 2005, was appointed to 'assess current and future health service delivery on the Sunshine Coast'? Did this person produce a study dealing with the Sippy Downs site on which to construct the hospital? If so, will he table a copy of that statement?

Mr ROBERTSON: I would be more than happy to oblige the member if, in fact, the work by that health service planner had been completed. It has not been, so I am unable to do so. I am advised that it will be completed early next year.

Let me make one thing clear, because I am quite aware of the nasty little campaign that the member has been running up in the Sunshine Coast—not just the member for Caloundra but also the member for Maroochydore and the Leader of the Opposition, who chimed in with his usual chest-puffing exercise the other day.

Mr McArdle interjected.

Mr SPEAKER: Order! The member for Caloundra.

Mr ROBERTSON: Let there be no mistake: this government is committed to two major pieces of infrastructure for the Sunshine Coast—in fact, three, because the member is benefiting from No. 1: the \$50 million expansion to the Caloundra Hospital.

Mr McArdle interjected.

Mr SPEAKER: Order! The member for Caloundra.

Mr ROBERTSON: We are committed, and remain absolutely committed, to the people of the Gold Coast—

An opposition member: The Sunshine Coast.

Mr ROBERTSON: The Sunshine Coast.

Mr McArdle interjected.

Mr SPEAKER: Take a seat, Minister, please. Member for Caloundra, I have warned you formally on two occasions. You have asked your question. The minister is trying to answer. If you interject one more time I will ask you to leave the chamber.

Mr ROBERTSON: We are committed to providing for the people of the Sunshine Coast a major tertiary hospital. In addition to that, we are committed to a major health hub or a major community health facility. In terms of the time lines that we have committed to, that health hub will be constructed by the end of 2007.

In relation to our commitment to the major hospital—as the member would be aware, because it is contained in the South East Queensland Infrastructure Plan, that hospital would commence construction, based on our current knowledge, in 2009 over a five-year period to 2014. We have always said that. We have been up front from day one in terms of the South East Queensland Infrastructure Plan. Do not suggest for one moment, in terms of the planning that is under way, that we are backing away in any way from our commitment to the Sunshine Coast in terms of delivering 21st century health care facilities. To do otherwise would expose the member's own dishonesty.

Mr McARDLE: I take offence at that comment by the minister, and I ask that it be withdrawn forthwith.

Mr SPEAKER: Member for Caloundra, is it a point of order?

Mr McARDLE: Yes, it was. He referred to me as being 'dishonest'.

Mr SPEAKER: Member for Caloundra, is there a point of order?

Mr McARDLE: Yes, there is.

Mr SPEAKER: What is the point of order?

Mr McARDLE: I find the language used by the minister reprehensible, and I ask that it be withdrawn. It is offensive, and I ask that it be withdrawn.

Mr ROBERTSON: I withdraw.

Mr SPEAKER: Minister, withdraw it, please.

Mr ROBERTSON: I withdrew. We are committed to ensuring that the people on the Sunshine Coast have the best possible health system and services. That is why we have engaged this planner—to ensure that the decisions we make now will stand the test of time.

Health Funding

Mrs NITA CUNNINGHAM: My question is also to the Minister for Health. I note that the minister attended his first Australian health ministerial council meeting last week where, among several other issues, he was going to push Queensland's case for a better funding deal from the Commonwealth, and I ask: has the Commonwealth faced up to its responsibilities and agreed to address its underfunding of Queensland's public hospitals?

Mr ROBERTSON: I thank the member for Bundaberg for the question. Sadly, the answer is no. At last week's meeting of health ministers I was dismayed to discover the extent to which the federal government is completely unwilling to address the critical issues that directly impact on the health of Queenslanders and Australians. It smacks of a callous government, a complacent government and an arrogant government.

Whilst we were able to reach common ground on some decisions, sadly, on the major issue of health reform, federal minister Tony Abbott was found severely wanting, not least on the issue of Commonwealth funding. As members are aware, the Beattie government has committed \$6.4 billion over the next 5½ years to renew and rebuild Queensland's public health system. It will mean that our budget contribution to Queensland Health will increase by some 21 per cent this financial year compared to last year, while the Commonwealth will have increased its funding by a miserly seven per cent.

If the Australian Health Care Agreement required the Commonwealth to match the rate of growth of state funding, just as it requires the states to do for the Commonwealth, Mr Abbott would owe Queenslanders an additional \$1.6 billion over the life of the agreement which runs out in June 2008. That arrangement would only be fair. This has nothing to do with the GST agreement—the state GST payments. This is a separate funding arrangement for our public hospitals.

All we wanted the Commonwealth to do was what Queensland has done—that is, to commit its surplus to improving health care for our community, whether it be in Queensland or the rest of Australia. Sadly, all I got out of Mr Abbott last week were more excuses. First he said that if he granted our request then he would have to do the same for other states. Well, if that is what it takes, so be it. Underfunding is underfunding. It is either addressed or it is not. This is not about preferential treatment for Queensland; this is about properly funding health care in all states and territories.

Then Mr Abbott assured me that the Commonwealth would honour its commitments under the current agreement. That is part of the problem. The agreement does not require the Commonwealth to match state funding of our public hospitals. Mr Abbott also has the audacity to question our decision to have a look at copayments and other patient revenue measures to account for his own funding shortfall. Such measures are already in place in other jurisdictions. This is despite the fact that the independent health service review found that Queensland collects 60 per cent less per capita in patient revenue than the national average. That equates to around about \$115 million a year. If Mr Abbott is genuine and serious in not wanting Queensland to go down this path, the solution is simple—give Queenslanders a fair deal in the way he funds our public hospitals.

Delivering health care to Australians is supposed to be a partnership between the states and the Commonwealth. With the erosion of Commonwealth funding, the clear reluctance to lead any meaningful health reform and an unwillingness to significantly increase medical placements in our universities, we are seeing the Howard government throw this partnership out the window.

The Beattie government is using its surplus to improve funding and the delivery of health services to Queensland. It is about time that the Commonwealth did the same with its surplus rather than try to bribe its way out of electoral unpopularity with miserly tax cuts before the next election.

Minister for Primary Industries and Fisheries, Overseas Visit

Mr HORAN: My question without notice is to the Hon. Minister for Primary Industries and Fisheries. As a minister of the Crown under investigation by the CMC for an alleged criminal offence, will the minister now confirm that staff of his department have been directed to arrange a trip of about 10 days for him and at least three others to the Americas in December, costing taxpayers around \$80,000? Is it not true that the department considers this as nothing more than the minister's farewell junket?

Mr NUTTALL: There is a trip planned to Brazil and Texas from 4 to 12 December. The trip has been approved by the Premier. The cost of that trip is not in the vicinity of the figure that was spoken about by the honourable member. As with any overseas trip, a report will be tabled at the completion of the trip.

Wet Tropics Management Authority

Mr O'BRIEN: My question is to the Minister for Environment, Local Government, Planning and Women. During the last parliamentary sitting week the member for Burnett made certain comments and claims about the Wet Tropics Management Authority. Can the minister please correct the record as to what has happened in relation to funding of the Wet Tropics Management Authority?

Ms BOYLE: I thank the member for the question. The member for Burnett really kicked an own goal with this one. His mates in Canberra slashed funding to the Wet Tropics Management Authority. In the meantime, the state government—the Beattie government—has maintained funding, yet the member for Burnett attacks us.

In 2002-03 the Commonwealth government cut its funding for the Wet Tropics Management Authority by \$1 million a year—that is, from \$3.2 million down to \$2.2 million. That is a disgrace for as precious a World Heritage property as any in our nation. Following loud and angry protests, \$500,000 was returned by the Commonwealth, but that is still a cut of \$500,000 a year for the past three financial years now. So the Wet Tropics Management Authority is \$1.5 million out of pocket thanks to the member for Burnett's mates in Canberra.

By contrast, the Queensland government has not reduced its contribution to the Wet Tropics Management Authority—not by 1c! That was the original arrangement between the state and the Commonwealth, and we have stood by that arrangement.

Wet Tropics and the Queensland Parks and Wildlife Service jointly prioritise and agree on the projects and tasks to be undertaken. These tasks are then carried out by the QPWS as manager of more than 80 per cent of the land within the World Heritage area. In addition to the state contribution to the Wet Tropics Management Authority, we expend millions of dollars on national parks and state forests within the World Heritage area through works carried out by the QPWS. In one year alone—2003-04—that figure was in excess of \$8 million.

The member for Burnett's reference to the Wet Tropics Management Authority Community Consultative Committee was misdirected and dated. The chair of that committee recently wrote to me, as chair of the ministerial council, apologising for the motion being construed as a criticism of the QPWS and its on-ground work. Indeed, the letter reaffirmed the consultative committee's confidence in the QPWS's on-ground commitments.

If the member for Burnett intends to have any credibility in the Wet Tropics and with WETMA, then he needs to get his facts right. He needs to understand that the Wet Tropics Management Authority is doing excellent work and is, in fact, regarded as leading the world in natural heritage management.

I am very proud, as a member of the Beattie government, of the very substantial contribution that we make to WETMA and the additional extensive works done week in, week out in the World Heritage area by QPWS. I encourage the member for Burnett to get his facts right, to pat those hardworking people in the Wet Tropics area on the back to thank them and in the meantime to call on his mates in Canberra to do the right thing.

Poultry Industry

Mrs PRATT: My question is to the Minister for Primary Industries and Fisheries. Minister, there have been numerous concerns regarding the ferrying for disposal of dead chickens from intensive poultry sheds in the back of open trucks and often in open bins. With the fact that migratory birds do spread the H5N1 virus, which is now responsible for more than 60 deaths in Asia to date, have regulations been put in place to change the statement made by Queensland DPI's principal veterinary officer Ian Douglas who was reported on 4 November—that is, 18 days ago—as admitting that there were no state regulations governing the operation of chicken farms?

Mr NUTTALL: If the honourable member writes to me with the details we will investigate.

School Music Programs

Mr BRISKEY: My question is to the Minister for Education and Minister for the Arts. As the minister would be aware schools in the Redland shire provide the best music education in the state. I refer the minister to the federal government's national review of school music education which was released yesterday and I ask: how did Queensland school music programs fair in this report?

Mr WELFORD: I thank the honourable member for his question. I am aware of his intense interest in music education. Given he received a baby grand piano for his 50th birthday he is interested in his own music education. I am pleased to advise that the music program in Queensland schools has been given top marks by the national report published in the media yesterday.

Our state primary schools have long been recognised as leading the nation in music education, and this report supports that view. In a number of areas Queensland has been singled out for its comprehensive approach to music education. The national review points out that Queensland is the only state which provides a trained music specialist in most primary schools. It suggests this approach should be replicated in other states.

Queensland has also been praised for the resources provided to music teachers—that is, an extensive supply of written, Internet and CD support for all levels of music, including sample lesson plans. The report also highlights the fact that only Queensland, South Australia, Western Australia and the Northern Territory provide low cost instrument hire schemes and music libraries.

Music is part of the core curriculum in Queensland state primary schools, with more than 480 classroom teachers employed to teach music in schools across the state. Classroom music is mandatory for students in years 1 to 7—usually delivered by a specialist music teacher—and becomes an elective from years 8 to 12. We also offer the most extensive instrumental music program in Australia, supporting more than 45,000 students in 780 primary schools and secondary schools with more than 380 instrumentality music teachers employed.

Our schools have also been encouraged to develop strong relationships with professional and community music organisations to maximise opportunities for students outside of school and beyond their school years. Our government believes that music is an important part of children's education. We will continue to look at ways of improving the program.

Townsville Hospital, Radiation Therapy

Mrs MENKENS: My question without notice is to the honourable Minister for Health. Minister, the capacity of the Townsville Hospital to deliver timely radiation therapy for cancer patients has been plagued with equipment and staff problems for over three years. As well as cancer patients being deprived of urgent treatment programs, the wonderful oncology staff are being forced to work in a shameful and stressful workplace because they do not have the necessary equipment to treat their cancer patients. The Townsville Hospital is equipped with two radiation therapy machines but one machine is so totally unreliable that there has been the cancellation of urgent therapy and lengthy delays of up to eight months for one gentleman for radiation therapy.

Mr SPEAKER: Order! Member, could you ask the question, please.

Mrs MENKENS: Minister, when can north Queensland cancer patients receive their radiation therapy treatments without constant cancellations and when can the oncology staff at the hospital receive additional radiation therapy machines so that they can provide the care and treatment their patients need and deserve?

Mr ROBERTSON: I am happy to answer the question asked by the member. They will receive the funding that has been identified by the district as part of our \$6.4 billion injection of funds over five years into the Queensland public health system. Each district has been invited to put forward to me and the director-general their priorities to upgrade services or improve services to meet increasing demand where it is needed. If it is the case that the district identifies the issue that the member has mentioned and puts forward a case for funding, then that will obviously be viewed very sympathetically because we have put on the table \$6.4 billion extra.

As I understand it, the member is putting to me that we should increase funding and throw a lot of money at Townsville Hospital to pay for this new equipment, the increase in staff, the increase in the number of beds and getting the waiting lists down. The member does realise, of course, that that is in complete contradiction to her party's policy in terms of how public health should be reformed in this state. The members side of politics keeps telling anyone who unfortunately has to listen that it is not a problem of funding in our public health system but a problem of reform.

They have quite been critical of us for throwing a lot of money at these problems. If they do not want us to throw a lot of money at the problems then just say so. It seems to me that there is a very hypocritical position being shown not just by the member for Burdekin. That contradictory position has been shown by the Leader of the Liberal Party. On 29 September last year Mr Quinn, as Leader of the Liberal Party, in this House—and this is at page 2532 of *Hansard*—called on the government to spend more money on health. As early as 23 February this year the architect of the coalition's health policy—the one that says that all we need to do is sack 2,000 people—says on page 197 of *Hansard* that what we need is hundreds of million of dollars for health funding. We have listened to you, Dr Flegg, and that is exactly what you have got.

Mr SPEAKER: Order! Minister, refer to the member by his electorate.

Mr ROBERTSON: The member for Moggill has got what he asked for. In February he called for hundreds of millions of dollars to be injected into the health system and that is what he has got—\$6.4 billion of extra funds over the next five years. Once again the hypocrisy of those opposite is quite apparent to everyone.

Sunshine Coast Hospital

Ms MOLLOY: My question is to the Premier. In relation to questions about the land at Sippy Downs for a new Sunshine Coast Hospital, can the Premier advise the House about the details of the heads of agreement signed by the government and the owners of the land.

Mr BEATTIE: I am very happy to do that. It is important that we understand that the government has got nothing to hide here. A standard normal process is being followed. That is exactly what we will do. I will table the heads of agreement in a minute.

Let me go through some of the issues so we have no more dishonesty about it. The principles of the heads of agreement is that the buyer will buy the land from the seller on the following terms. The purchase price is to be agreed by the parties. Let us be clear that the purchase price is to be agreed by the parties. Contrary to what the member for Maroochydore said, there is no price in here, none at all. It is to be agreed by the parties. That is normal practise. That ends dishonesty one. The heads of agreement state—

- (ii) the Seller's reasonable expenses associated with obtaining the Approvals to create the Land and obtaining freehold title for the Land, such expenses to be agreed between the parties; and
- (iii) GST on the supply to be made under the Contract of Sale.

They are the usual things. If members are interested that is on page 2. Then we go over to consideration. Those members who know anything about law know that consideration is what is required to form a contract. It states—

In consideration of the Buyer paying to Seller \$1.00, which the Seller acknowledges receipt of, the parties agree to the terms of this Agreement.

In other words, they have a contract and a heads of agreement. That is absolutely consistent with everything that I have said. Next is due diligence, which states—

The Buyer will undertake, using its best endeavours, all necessary due diligence relating to the Land and the Development promptly after the Agreement Date.

The parties acknowledge that they have entered into this agreement in anticipation of the entry into the contract of sale. They have this heads of agreement to actually set in train a process to reach agreement. That is the normal process of government. Like anything else, agreement has to be reached. If agreement is not reached, then there are termination clauses. If agreement is not reached on the value of the land, then obviously we are not mugs. If we cannot reach agreement on the valuation of the land, then there is no finalisation of the agreement and there are termination clauses. In fact, clause 3.4 says—

On or before the Due Diligence Date—

Which, by the way, is 12 December, if the member wants to know the full details—

the Buyer must either:

- (1) give written notice to the Seller confirming that the Buyer is satisfied with the Due Diligence; or
- (2) give written notice to the Seller that the Buyer is not satisfied with the Due Diligence.

Then there is a termination clause—that is, clause 5—which states—

The parties obligations under this Agreement other than the obligations under 7.1 ... shall come to an end upon the first of the following to occur ...

The document then goes on to set them out. Page 5 sets out the seller giving notice to terminate under clauses 3.6 or 6.5 and the buyer giving notice to terminate under clause 3.5. With regard to exclusive dealings, clause 7.7 states—

Neither party shall prior to termination of this Agreement deal with any other person in relation to the Development or the sale of the Land.

I table the heads of agreement for the information of the House. In doing so, I highlight to the House that this is normal practice. Let us have no more dishonesty.

Disability Services

Mr LINGARD: My question is to the minister for disabilities. I understand that Queensland is the only state which has not signed a federal-state agreement on disabilities. If Queensland had signed this agreement, people with disabilities would have been able to access four weeks respite. Surely the minister is concerned that his delay has prevented people with a disability from accessing four weeks respite, which they could have enjoyed over the Christmas period.

Mr PITT: That is a very interesting question coming from the previous minister for disability services. I understand that when the member opposite was the minister holding this position he failed to pass on the growth money—

Mr Lingard interjected.

Mr PITT: He failed to pass on the growth money that denied people in this state—

Mr Lingard interjected.

Mr SPEAKER: Order! Member for Beaudesert, I warn you under 253.

Mr PITT: I have a responsibility as minister to make sure that I get the best deal for Queensland, and we have a very serious track record of obfuscation and manipulation by the federal government when it comes to issues regarding such things as SAAP and disability services in this state. It holds out the carrot and the stick all of the time. It tries to bully us into taking a no-win deal for Queensland. Unfortunately for the member opposite, I am not going to fall for that trick. It is my intention to make sure that at every turn people in this state who deserve the support of both state and federal funds get those funds and get them in the best possible way. So I reject the question and I will sign documents when Queensland has struck the best deal possible for our vulnerable citizens.

Wine Industry

Mr ENGLISH: My question is to the Minister for Tourism, Fair Trading and Wine Industry Development. Queensland is building a reputation as a great wine producer, particularly the spectacular Sirromet brand. This is helped by the Premier's establishment of the Wine Industry Development Division. Can the minister advise the House of the prospects for the industry and how Queensland is strengthening this reputation?

Ms KEECH: I thank the member for his question and acknowledge his strong support of not only the Queensland wine industry but also his local industry with Sirromet, which is one of Queensland's leading producers. I am very pleased to advise the House that Queensland's wine industry has experienced a sensational year in 2005. While many Australian producers face tough trading times, our industry is going from strength to strength. This has been a vintage year for us with the very best crush ever, excellent wine quality and a record number of international medals.

The industry's confidence is reflected in the record number of entries in the prestigious 22nd *Courier-Mail-Sofitel* Hotel Queensland Wine Awards. There are 380 entries from 72 Queensland wineries for this year's awards. That is up from 55 wineries and 303 wines last year. I will be on hand to help acknowledge winners at a function at the Brisbane Sofitel tonight. Wine tasting for trade and the public is on the table for tomorrow. I particularly want to thank the *Courier-Mail* and Brisbane Sofitel for their ongoing support of the Queensland wine industry and the Queensland Wine Awards.

The awards, with the strong support of the Beattie government, incorporate a range of events including wine judging, the awards dinner, Queensland winemakers cluster and wine-tasting events. The Beattie government is absolutely determined to help our wine industry reach its full potential. The winemakers cluster is one of a number of Queensland Wine Industry Development Strategy initiatives being coordinated by my department. It will focus on quality production techniques and technical innovations and will, importantly, provide an opportunity for local winemakers to network and mentor each other. There is no doubt that Queensland wines are being seen on more Queensland tables and on the wine lists of more and more of our restaurants, hotels and clubs.

Mr Lucas: QR.

Ms KEECH: Including QR. Thank you, Minister. But we do have a long way to go and I would particularly like to see more Queensland wines on more wine lists in our restaurants. Honourable members can help by requesting Queensland wines when they go to their local restaurants, hotels and clubs.

We can produce wines without equal in Australia. We have to make sure that the message gets out loud and clear. The Beattie government regularly serves Queensland wines at local and international functions and is a huge supporter of the Queensland wine industry. Recently, Brisbane Marketing used Queensland wines to tempt business heavy hitters in Sydney and Melbourne. The invitation-only roadshow involved over 100 business elite from each state. Speakers included the Premier and Brisbane Lord Mayor, Campbell Newman. I am advised that businesspeople were extremely impressed by the quality of the Queensland wine and asked for more.

Time expired.

Mr SPEAKER: The time allocated for question time has expired. Before I call the Leader of the Opposition for the matters of public interest debate, I welcome to the public gallery teachers and student leaders from Groves Christian College in the electorate of Woodridge, which is represented in the House by Mrs Desley Scott.

MATTERS OF PUBLIC INTEREST

Drug-Driving

Mr SPRINGBORG (Southern Downs—NPA) (Leader of the Opposition) (11.46 am): All Queenslanders would have been very concerned and very shocked this morning when they awoke to the news that so many young Queenslanders have lost their lives on our roads in the last 24 to 36 hours. The news this morning from the police minister that there have been some 10 deaths in the last 27 hours is of significant concern to us all. I think there have been nine deaths virtually overnight. That would have to go down as one of the darkest days on our roads in Queensland's history. It really goes to show that we have to be proactive in our policies to deal with that issue and that the government has to be very proactive.

There have been a lot of great gains made by governments of all political colours in Queensland over the last decade and a half in reducing the road toll in this state. But it behoves us to recognise that there are other moves that must be made in order to further address this problem of death and destruction on our roads, particularly amongst young people.

People do become blasé. There is no doubt that after a while people tend to tune out to road safety education messages. People become desensitised. I am amazed that that should be the case when one looks around Queensland and sees the graphic nature of the roadside advertising and warnings to drivers in this state which have been put up by the Queensland Police Service and the transport department. I am not saying that I do not support that approach. I do support that approach, and I commend those departments for it. However, that is not working and more needs to be done.

This morning in question time I raised with the minister for police the issue of roadside random drug testing for people who may be under the influence of drugs. This morning I was very concerned to read a survey which indicated that one in eight young people feels that there is no danger whatsoever from taking recreational drugs and driving. That is very disturbing, because members would know that recreational drugs are all illicit drugs. Not only that, prescription drugs can severely impair one's capacity behind the steering wheel. Anyone on medication—and we have all been on medication from time to time, whether they be antibiotics or whatever—knows that there are certain things that they do not do when taking those medications. There are certain compounding issues that can come from taking normal prescription medication, let alone illegal drugs or recreational drugs. Therefore, when about 13 per cent of young Queenslanders say that they feel there is no risk and no harm to be done from taking recreational drugs and driving, we have a significant and chronic problem on our hands. We also know that drugs severely impair a person's capacity to respond.

Much good work has been done over a number of decades in this state by governments in addressing the issue of drink-driving and we have seen a serious culture change in the way people view drink-driving. When I was a child it was common for people to get a skinful and then drive home or even farther. The introduction of random breath testing certainly changed that. Where am I leading with this? I am leading to the serious issue of random roadside drug testing in Queensland. The Travelsafe committee made that recommendation in 1999. The Travelsafe committee is an important bipartisan committee. It is a committee that does a lot of good work. It is a committee that is not necessarily recognised for the contribution that it has made. If members look at the very, many recommendations that it has made in a bipartisan and unanimous way over the years they would see that the committee deserves a lot more recognition, a lot more credence and a lot more weight than has been given to it. I am not sure whether I blame government ministers or bureaucrats for that. I was one of the inaugural members of the committee in the early 1990s and I must admit that I was absolutely dumbstruck sometimes. I could not believe the attitude of senior departmental officials when I would talk to them about recommendations that were being made. I would go in the room and talk to those senior officials from Transport and Main Roads about some of those earlier recommendations which we made—the compulsory wearing of bicycle helmets in Queensland, reviewing upwards the speed limit on open highways which were safe and other recommendations—and they would look at me as though I was from a different planet.

This is a challenging situation. We know that drug usage and driving leads to devastating consequences on our roads and something needs to be done about it. What is the point of having a bipartisan committee that concludes that this is an issue the government should seriously look at, that this is an issue that the government should seriously trial, and more than half a decade down the track no such progress has been made? I do not think that we should wait for the results of trials in places such as Victoria; we have to look at our dynamic here in Queensland. We know we have a problem, so let us do something about it.

The implementation of the Drug Court trial some five years ago was something that I was extremely passionate about. The government accepted political pressure on that occasion. Trials were happening in other Australian states at the same time. That did not stop the Queensland government, being pressured by the weight of argument and public demand, from implementing the Drug Court trial in Queensland. Why should we be any different when it comes to random roadside drug testing in Queensland? We do not know how many of those young Queenslanders who have lost their lives in the last 24 to 36 hours may have had drugs in their body. One would hope that there would be none, but we do not know. We do know that there are a large number of people who die on our roads who have recreational drugs in their system.

The Travelsafe committee is a very good committee of this parliament that has very, very strong bipartisan support. Regardless of who is in government—I have seen it when we were in government as well—a recommendation would be made and then there would be a process of lethargy and it would take two or three years before legislation would come through parliament. It is about time these good recommendations are dealt with. Six years is unacceptable. I say to the government: do not muck around with the legislation that is necessary to ensure that the good recommendation from the Travelsafe Committee for roadside drug testing is implemented. The lives of Queenslanders are far too important to have these sorts of important decisions hijacked by people who may have alternate agendas, or it goes against the grain of some of the people who would otherwise draw up the legislation, or people who are guarding an empire in some department somewhere. That should not be our major concern; our major concern should be saving lives.

I would also like to touch on the issue of schoolies. The Minister for Communities, Disability Services and Seniors responded to a question I raised about schoolies. Let me make it absolutely clear that I have no problem with the continuation of schoolies. I said that yesterday at my media conference. Schoolies cannot practically be banned and nor should we move that way. To ban it the government would have to run in here with particular legislation. How do you ban it? It is being organised by certain accommodation providers, people on the Gold Coast and other people around Queensland who want to provide some sort of organised environment for these young people. All we are talking about is a system to ensure that there is enough for these young people to do. The discipline, the supervision and the resources that are necessary to keep the so-called toolies, the gatecrashers, out are not necessarily being made available.

There will be reactions like there was on 4BC yesterday where some 85 per cent of respondents rang in and said it should be banned if people continue to see the sort of imagery that we saw on the Gold Coast the other day. We are not saying it should be banned; what we are saying is that there are some serious issues. The Premier put money into this a few years ago, then the money was taken out of it. The information that I have from talking to the people on the Gold Coast is that all they want is more resources to go into schools to conduct an education process to ensure appropriate activities and supervision are implemented. What is wrong with that? We cannot deny that there is a problem. It is a significant problem and it has to be dealt with. It is about making sure that there is an environment in which young people, the majority of whom want to enjoy the end of their school career, are able to enjoy themselves and our cities and do not have to be terrorised by the activities we saw the other day. It is about a supervised, proper environment. That is what we are calling for. If we go into a culture of denial then, frankly, this will not be addressed.

Federal Industrial Relations Legislation

Ms NELSON-CARR (Mundingburra—ALP) (11.56 am): Australian workers are heading into what may be the fight of their lives just to keep their basic rights at work. The federal government's proposed changes to the Australian industrial relations system will have a critical impact on workers and their families. Changes that unions have fought and won for workers to improve working conditions and entitlements are under serious threat. I am very proud today to rise in this place in support of the parliamentary day of action organised by female Labor parliamentarians. I join with my brothers and sisters to send love and best wishes to Bonny Barry whose passion and vision made this day possible. She may not be here in person but you can bet your bottom dollar that Bonny is with us all in spirit.

A government member: She is listening on the Internet.

Ms NELSON-CARR: Good on her. Hi, Bonny. Howard's IR reforms have awakened Australians to the harsh realities of what lies ahead. This is a very sad day for working families in Australia. The harsh and draconian attack on lower income earners can only bring down our standard of living and in so doing put enormous pressure on all the social consequences.

And who are the biggest losers in this fiasco? Women. Women in low-paid casual employment, women with children, women with children in child care. This means, of course, that families will go backwards. Many are already struggling just to keep their heads above water. Secure work, secure hours and secure wages will be a thing of the past. Women have fought so hard to get this far. Whilst women acknowledge how far we have come in 100 years, we realise we still have a long way to go. Well, I guess we will have to think again. Never before has there been such a backward step. Unfortunately, as I said, women will be the major losers with the changes.

Part-time or casual working women will be particularly vulnerable to this new system. Australia-wide, women make up 60 per cent of employees in highly award regulated industries such as tourism and hospitality, retail trade, health and community services. The changes are expected to have a disproportionate negative impact on women affecting advances in pay equity, employment rights, such as paid maternity leave, superannuation, penalty rates for casual employment and work and family entitlements, unfair dismissal rights and the loss of the independent setting of minimum award wages. It will be more difficult to juggle work and family if they are forced into lesser conditions and entitlements.

All the major gains made for women such as maternity leave, equal pay and parental leave have come through test cases before the Australian Industrial Relations Commission. When its powers are limited, such cases may not be heard in the future. Research shows that under AWAs there is a decline in maternity leave or paternity leave entitlements. In 2004 only 11 per cent of AWAs included maternity leave—paid or unpaid—and only 70 per cent referred to paid maternity leave at all, with an average length of leave at 6.1 weeks. There were no maternity leave provisions for casual workers under AWAs—the majority of which, of course, are held by women.

The changes to increase the use of AWAs would appear to compromise the Australian government's commitment to balancing work and family practice, which disadvantages working parents. I ask members to imagine what will happen when children are sick or, God forbid, the parent gets sick. What will happen to all of those many volunteer parents who work at children's sporting events on weekends but will now have to work?

The reforms will also have an impact on people receiving unemployment benefits. The federal government has confirmed that dole recipients who reject job offers that exclude penalty rates, holiday leave loading and other conditions will lose their payments. Why would someone want to take a job with no penalty rates, no pay for overtime, no redundancy pay, no parental leave and the threat of getting sacked if you do not comply? What is the state opposition's stance on the IR reforms? You can bet that it will be conflicting.

The Senate inquiry that is being held into the IR changes is one of the shortest on record, yet these are the biggest changes to Australia's workplace laws in 100 years. The Howard government is simply not listening, nor does it care. The 15 November national day of action was one of the biggest ever workers' meetings in Australia. To suggest that it was a meaningless protest only confirms what we all know: Howard misleads, tells untruths and does not care a jot for working families who are the backbone of our society. Today I urge women to take notice. The realities of these changes are ugly, unnecessary and dangerous.

Federal Industrial Relations Legislation

Mrs REILLY (Mudgeeraba—ALP) (12.01 pm): Women make up more than 60 per cent of the 1.6 million people on the minimum award wage. Prime Minister John Howard, through a multimillion-dollar advertising campaign, has been trying to dupe Australians on low wages and awards into believing that they will be better off under his sweeping IR changes. But his appalling record in this area speaks for itself. His government has opposed every minimum wage increase awarded by the Australian Industrial Relations Commission since 1996.

If John Howard had his way, today women on the minimum wage would be \$50 a week worse off. Unable to get what he wants from the independent umpire, the Prime Minister will just take the matter out of the hands of the IR commission and give responsibility for setting wage increases to his new hand-picked Fair Pay Commission. Never has an agency been so misnamed, because it will be the Howard government deciding when and by how much wages will increase for Australia's most disadvantaged and poorest workers.

Australian workers should not hold their breath and women should forget about trying to even fight for better pay equity and paid maternity leave. Women on the minimum award wages are already the most disadvantaged and marginalised in the country. They are migrant women who make up three-quarters of low-paid workers, Indigenous women, young women and older women re-entering the work force after maybe 20 years or so of child rearing and looking after a family. They are more likely to work for small businesses where they will lose their protection under unfair dismissal, in non-unionised work forces, in shiftwork and casual positions in industries such as hospitality, tourism and retail where overnight shifts and working on public holidays are the norm. These laws will clearly disadvantage women, families and particularly single mothers.

John Howard claims that these same women will be able to negotiate with their employers for a fairer and more generous contract, that they will be able to negotiate for the wages and conditions that they want through individual contracts and workplace agreements. What a joke! In the power base relationship that necessarily describes the employer and employee relationship, women are again far more vulnerable to exploitation and abuse. John Howard calls it a partnership, but it is really a union much like a 1950s marriage where one stronger partner calls all the shots and the other has to jump and look happy about it or risk being put out on the street.

I can just imagine migrant women with low-level English, young women straight out of school or TAFE, single mothers or women who have been at home raising a family for 20 years who have few qualifications and little workplace experience saying to the local supermarket chain manager or small business restaurant owner when applying for a job, 'Look, I have kids, study and other responsibilities so I will just work Monday to Friday until 3 pm if that is all right with you and have my weekends, school holidays, public holidays and nights off, if you don't mind. But if you do need me to work those, I will need overtime or penalty rates.' No, that is not going to happen.

Not only will women re-entering the work force or trying to change jobs have to agree to any working conditions offered to them, trading away their penalty rates, overtime, shift allowance, roster flexibility, sick leave and every other condition Australians have fought for 100 years to have but also those women who are already in jobs will lose these conditions or lose their jobs. More women than men work for small businesses employing fewer than 100 employees. These employers will no longer be subject to unfair dismissal laws. So if they decide that a particular employee is asking for too much or is trying to protect her rights and conditions, or if the boss's daughter returns from overseas and wants a job, then that employee will be out.

Women with partners going through the same process in their own workplace will consider themselves lucky and keep their partners no matter what, because the worst-affected women will be single mothers. Hit with the double whammy of the welfare-to-work policy, which will force them back into an unwelcoming work force when their youngest child turns six or they will have their benefits cut, they will take any job, fair or unfair, just to put food on the table. The main reasons single mothers are

unemployed are the lack of access to child care, especially after hours, on public holidays and weekends; the lack of flexibility and understanding of employers; and the lack of options other than casual or shiftwork and low wages which do not compensate for the added cost of getting to work and the cost of child care.

Single mothers—in fact, all single parents—are already struggling to raise families alone. I know because they have been calling me in their droves to tell me their stories. But not one employer has rung my office since I put the call out six months ago seeking anyone to give them a job. Employers can pick and choose, but women who have to put their kids first do not have a choice. Now, if they need even one day off from work because a child is sick, they will have to get a doctor's certificate. Members who try to see a doctor who does not bulk-bill on any particular day will know how difficult that is for a parent.

There is no need for these reforms on the back of a 14-year economic boom and unemployment being at its lowest level for 10 years. We are not going to create a better situation for small businesses. They will not be able to attract anyone who has half a qualification or a brain because they will just go off and work for the public sector or big business. These reforms will not help Australia compete against countries such as China or India. They will simply create an underclass, an underbelly of a society of working poor.

Time expired.

Ipswich Motorway

Mr CALTABIANO (Chatsworth—Lib) (12.06 pm): Today I want to address the ill-informed criticism levelled by the Premier at the Prime Minister's announcement of the Australian government funding to upgrade the Ipswich Motorway from the Logan interchange through to the Centenary Highway. In doing so, I welcome Cameron Thompson, one of the hardest working federal members of parliament, to our gallery today.

The principal charge from the Premier was that the Prime Minister did not bring a big enough bucket of money and further—and more tellingly—that the Australian government is not committed to an overall plan to fix the traffic chaos that is the Ipswich Motorway. The charge that the Liberal Party at both federal and state levels does not have a plan for traffic management or road improvements along the Ipswich corridor is both false and misleading. We have a very clear vision; a very concise vision.

There is \$627 million allocated by the Australian government for the south-east Queensland road infrastructure now under AusLink 1. When I outline to the House a full vision for these roads along the Brisbane urban corridor and the Ipswich corridor, members will see that the Australian government expenditure is likely to exceed \$1.5 billion.

Firstly, there is the eventual complete removal of the heavy vehicle truck toll on the Logan Motorway to reduce heavy vehicle traffic volumes and noise through the streets of the Brisbane urban corridor. We know that the federal government has put up almost \$2 million at the Kuraby tollbooth and the Staplyton tollbooth to remove the tolls for heavy vehicles at particular times. The federal government is funding that full 12-month trial so that those heavy vehicles do not cause noise disturbance to local residents late in the evening.

The completion of the \$2 million federally funded study into the road construction options for the Kessels Road and Mains Road intersection is also part of this funding program. The Australian government and the Queensland opposition are both committed to funding the expected \$100 million portion of this vital work. Next, there is the current expenditure of \$66 million on the urgent interim safety works and planning around the Granard Road interchange for the Ipswich corridor. The Prime Minister added to the completion of the overall strategy for the Ipswich corridor with last week's announcement of the \$320 million upgrade of the motorway from the Centenary Highway to the Logan interchange. Let us not forget, of course, the \$160 million for the construction of the Logan interchange itself.

As I said earlier in my private member's statement, Minister Lucas knows that this project was fast-tracked by the Australian government and funding was made available—

Mr DEPUTY SPEAKER (Mr Wallace): Order! I ask the honourable member to refer to members by their titles, not their names.

Mr CALTABIANO: The Minister for Transport and Main Roads, Minister Lucas, knows that this project was fast-tracked by the Australian government and funding was made available almost two years ago. The money remains unspent. The money is in the bank. So now there is \$480 million sitting in the bank waiting for this government to get on and spend it, waiting for this government to start some of the projects on the Ipswich Motorway and allow the traffic to flow.

Mr Johnson: Pretty good start.

Mr CALTABIANO: It is a very good start. The decision announced by the Prime Minister that the Goodna bypass is the preferred Australian government action for the corridor has been backed up with the allocation of \$10 million for geotechnical and flood studies. The route selection based on the most

appropriate Maunsell options for the bypass will then be advanced. The government's proposed expenditure for the Goodna bypass of \$800 million, with an estimated completion date of 2011, will obviously then be funded as part of AusLink—a vision of substance and action by the Australian government. It is a vision of action and substance that is not matched by the expenditure of this state government, which has the money in the bank but is failing to fix the roads.

The key question remains: will the Premier and the Minister for Transport and Main Roads take responsibility for fixing the roads with the money that has been allocated to them by the federal government—money that is sitting in the bank and waiting to be spent? The Beattie government has been in power for eight long years, and of those eight years six budgets have appeared in the list of the 10 lowest capital expenditure budgets in the last 20 years in Queensland's history. I will go through them very quickly. In 1999 we had the 10th worst budget; in 2001, the seventh worst budget; in 2002, the sixth worst budget; in 2005, the fourth worst budget; in 2004, the second worst budget; and the doozey of them all was in 2003, which had the lowest capital spending as a proportion of the total budget—23.9 per cent. That was the worst in the last 20 years of capital works funding in the state of Queensland by this Labor government. It has no commitment to infrastructure spending in Queensland. It has no commitment to getting on with fixing the roads in Queensland. This Labor government is infrastructure phobic when it comes to fixing our road system and infrastructure spending in Queensland.

Time expired.

Federal Industrial Relations Legislation

Ms STRUTHERS (Algeria—ALP) (12.11 pm): Proud unionist and MP Bonny Barry is on leave from parliament as she is fighting hard to win her battle with breast cancer. Our thoughts are with her and her family at this difficult time. A battle Bonny has not been so confident of winning is the fight to halt the introduction of John Howard's savage industrial relations laws. Today is Labor women's day of action on women and industrial relations—a day to condemn these draconian laws—and we pay tribute to Bonny during our day of action.

There are three major impacts of what John Howard is proposing that will really hit women hard. Women will definitely have a limited ability to balance work and family—and there is plenty of evidence to show this—they will have limited access to maternity leave, and they will have declining wages and wage parity with men. Firstly, let us look at what women's experiences are currently and then I will provide evidence of the points I am making. The following cases are from the Queensland Working Women's Service joint research project with QUT done in 2004.

Over a three-year period from June 2001 to 2004, QWWS saw about 17,000 clients that were part of this joint study. Case 1 is a client who contacted the service and is a female over 45 years of age. She is an award worker who was offered an AWA. She is the only female in the group and she discovered that her male counterparts had been offered higher remuneration and commission in their workplace agreements. Can a woman of this sort of experience expect more choices and more protection under Howard's WorkChoices package? She has no hope. Case 2 is a client from a culturally and linguistically diverse background—a cleaner. She was also offered an AWA that removed penalty rates to give her a slight increase in pay that did not compensate for the loss of the overtime payments. She was told to take it or leave it. There was no room for negotiation. Will she get a better deal under the WorkChoices package? No way. A third woman, a client who had recently become a single parent, had negotiated with her employer not to work weekends and evenings. The new manager, however, had told her that this was no longer acceptable and that she should get a new boyfriend to look after her children so that she could work. She has some protection currently, but will she get any protection or any further security under the WorkChoices packages? No way.

Many commentators are urging the Howard government to reconsider its WorkChoices package as it threatens the gains on work-life balance, maternity leave and pay equity for women that have been made in recent years. Women and many men have an ever-increasing desire to better balance work and family. In 1985, 45.6 per cent of mothers with dependent children were employed compared to the over 60 per cent that we have now.

Numerous submissions to the Senate inquiry last week—submissions from Sharan Burrow from the ACTU, the National Working Women's Centres, Pru Goward and others—identified that paternity leave, maternity leave and other family friendly provisions have been achieved through national test cases through the Industrial Relations Commission that set national standards, and these will soon be under threat under Howard's WorkChoices package. Pru Goward stated her concerns very strongly in saying, 'The spread of AWAs will inevitably mean that the present system of employer funded paid maternity leave will disappear.' It will go all together. Less than one in 12—that is eight per cent—of AWAs provide paid maternity leave. Only 1 in 20—that is five per cent—provide paid paternity leave. These are figures from the federal Department of Employment and Workplace Relations. So, if members do not believe me, they should have a look at the data from the department itself.

Labor women in Queensland share many of these concerns and would like to see legislated paid maternity leave. A very strong commitment is needed nationally to ensure paid maternity leave across the board. Currently just over 30 per cent of women have access to paid maternity leave. There is also a concern in the community that ordinary working hours are being increased under AWAs and there is certainly evidence to support that. That will not help women at all.

Many submitters to the Senate inquiry also found that pay equity will decline under the system Howard is proposing. The pay equity trend is supported by ABS data showing that award-dependent women earn 83 per cent of male award earnings, while women on AWAs earn 60 per cent of the wages men earn on AWAs. So clearly AWAs are not giving women much support, yet we are going to see a widespread application of AWAs under Howard's proposals. Labor women in Queensland condemn the WorkChoices package put forward by John Howard and his government. We condemn the fact that our opposition here in Queensland is not sticking up for Queensland women.

Time expired.

Mr DEPUTY SPEAKER (Mr Wallace): Order! Before calling the honourable member for Gregory, I inform honourable members that lunch will start at 1.15 pm today and the House will resume at 2.30 pm.

Corrective Services

Mr JOHNSON (Gregory—NPA) (12.17 pm): I rise today to speak on an issue that is of major concern to many people in Queensland—that is, the issue of corrective services. There have been many security issues brought to my attention by concerned prison officers over a long period of time. There has been a security camera at the Arthur Gorrie Correctional Centre lying on the ground for over three months after strong winds blew it over which is putting officer safety at risk when officers have to supervise large numbers of inmates on the oval. Door mechanisms have faulty clasps which means that doors do not automatically lock. These locks are not being repaired. Management is disciplining officers when the doors fail and an incident occurs. Management is encouraging officers to carry knives with them to manipulate the locks to make them work which means that inmates can access those knives if they overpower officers.

Armoured vehicles, while we have had so much hoo-ha about them, are a total failure. These vehicles are totally unsatisfactory to requirements. Doors are falling off, which means that the vehicles are not heavy enough to do what they have been designed to do. The manufacturer has failed to put in place adequate provisions for an armed person to be in those vehicles. If a person wanted to fire out of it, they would have to lean back in front of the driver and the recoil would push them back to the driver's side door and that would cause the potential for further accidental discharge inside of the vehicle. These are many of the issues that are confronting our correctional officers.

With respect to the Townsville review, there have been several stabbings of officers this year. The review is ineffective. Those aspects which could make a difference—such as slash-proof vests, batons and gas—were ignored in the review. No measurable initiatives have been implemented to prevent the impact of assaults on officers. With respect to regional escorts, officers are conducting escorts with no weapons—for example, guns, batons or whatever. The Townsville rifle range was ordered to be closed down by the QPS Weapons Licensing Branch on 29 June last year for safety reasons. This has been ignored by the department, which continues to use the range without the required modifications being made.

New rosters will impact on safety in the following manner: officers are not properly trained; officers are not able to build rapport with inmates to stop assaults or gather intelligence on illegal activities occurring in prisons because they will be rotated to different posts every week; and officers will, in one period of the roster, be required to work a 60-hour week of 12-hour shifts, which will mean that fatigue will be prominent in officers handling weapons and being required to make instant life and death decisions.

Training is one of the most contentious issues confronting the very important people who keep the convicted inside prisons in Queensland. A survey done by the training and development college run by the department revealed an alarming lack of training of officers statewide. The department is trying to implement new rosters without regard for the already low level of training that exists statewide. An example of the impact of this is one officer at Wolston Correctional Centre who currently works in the residential section but who will be one of the first to rotate through to the support services run, which includes hazardous posts that require weapons handling, driving armoured vehicles, securing perimeters and monitoring surveillance and access at the centre. This officer has had no training in weapons, master control, armoured perimeter vehicles, vehicle searching, gatehouse procedures or security procedures at workshops, the kitchen or the medical centre to name a few; yet this officer will be expected to start in those roles on 28 November 2005, untrained, if the department gets its way.

The department has not made any attempt to arrange upgrading of officers' skills to cover a 100 per cent rotation through all posts. One officer in Rockhampton was being assessed on a competency standard after limited training and told the assessing officer that he did not feel competent operating the surveillance system on which he was being assessed. Despite this, the assessing officer passed him as qualified and would not arrange for any further training.

Another issue is permanent employees. We have too many temporary employees in the system. There have been recommendations internationally that prison officers be employed as permanent full time but these requests have been ignored. The department's own business model review recommends the use of permanent trainees rather than casuals as the department can access the Commonwealth government trainee incentive scheme, but this has been ignored.

With regard to the relationship between the Department of Corrective Services and the Queensland Public Sector Union, the department has entered into a written partnership agreement with QPSU that limits employees' industrial rights, despite the fact that the majority of employees are not members of the QPSU. Further evidence of this unnatural relationship between the department and the QPSU—

Time expired.

Federal Industrial Relations Legislation

Mrs MILLER (Bundamba—ALP) (12.22 pm): Industrial relations in Australia for women are at a watershed. Women will be severely disadvantaged by Howard's ideological zealotry against them as workers, and their families will suffer. Let us consider maternity leave. In my view, the right to maternity leave is not just an industrial right; it is also a basic human right. Decades ago, in 1979, women won the right to 12 months unpaid maternity leave. As I was married that year, I remember it well. It was of concern to me and all of my friends. Howard has always been of the view that women should be behind the white picket fence at home, and I would not be surprised at all if over time he winds back on maternity leave. In fact, it may indeed disappear.

I would like for honourable members to read Adele Horin's column in the *Sydney Morning Herald* last weekend entitled 'Post-pregnancy, it's all power to the professionals'. What she was arguing in that particular column was that professional women may be okay in negotiating maternity leave but that working women—those women who work in factories, child-care centres and shops—will be severely disadvantaged. I have to be honest here when I say that I am very worried about my daughters and also, hopefully, my grand-daughters—about what is going to happen with them if they ever require maternity leave.

Many women workers will also lose big-time on the loss of conditions like weekend, shift and public holiday pay rates, overtime, redundancy payments, allowances and casual loadings. I know of many families in my electorate whose base rate of pay goes to pay the mortgage and the car and things like school fees, excursions, books and uniforms. They simply live off their penalty rates and any overtime they can get. This is what puts bread and butter on the table.

First-home buyers are, in my view, the worst off. Women are forced out to work whether they have families or not, because not to do so means that the house gets sold, the car gets sold, the kids suffer, they eat poorly and the family unit suffers overall. In some cases the financial stress is so great that families split up, separate and divorce. Welcome to the future of family life under the Howard government's industrial relations regime! The rich will get richer; the poor will get poorer. Indeed, the poor will go into poverty.

I am genuinely concerned about our young people—especially girls leaving school and getting their first jobs. Last week, at the year 12 graduation ceremonies in all high schools across my electorate, I offered what I believe to be very sound advice: if you are starting work, please join a union and get to know your rights. I am a proud trade unionist and I do not resile one iota from this advice as unions exist to look after them—particularly school leavers, who are, in my view, certainly vulnerable.

The Queensland government has a wonderful brochure called *Youth rights & stuff @ work*, which is published by the Department of Industrial Relations. On the back of it, it says—

If you're a member of your union you can contact them directly, or if you wish to join, contact the ... Queensland Council of Unions ... or ... Australian Workers Union ...

I would ask all school leavers to get a copy of *Youth rights & stuff @ work*. It is very good.

Furthermore, part-time work for women—which is very important—may become a thing of the past as employers demand that women work at their beck and call. When I was at a child-care centre in my electorate recently I was advised that their youngest baby enrolled this year was six days old. How can a mother bond with a baby when the baby is in child care at such a young age? The baby was beautiful and very well looked after but, as a mother, I had a tinge of sadness about this family's situation. I would not have been able to do it as I was still in hospital when my babies were six days old—I had caesarean sections—but when faced with such harsh economic realities there is really no choice.

I am particularly worried about the IR changes and the predicted increases in interest rates. In some of my newer suburbs it is not unusual to hear of mortgages of \$250,000, \$400,000 and upwards. These are ordinary workers trying to put a roof over their heads. With wages being forced down, no penalty rates and reduced conditions combined with higher mortgage payments, some of these families will implode. Mortgagee sales will increase and family breakdowns will rise. This, I believe, will affect the newer suburbs in my electorate.

I am also very pleased that many churches in my electorate are well aware of these IR changes. They are preparing for the onslaught that is going to happen in my electorate, and so are the community organisations. Why should one man's ideological dream destroy so many families who will be left in poverty?

Time expired.

Sunshine Coast Hospital

Mr McARDLE (Caloundra—Lib) (12.27 pm): I wish to address the House today on the Sippy Downs hospital site debacle, which is really all it can be called after the last five or seven days revelations. We all know that in April 2005 the state government announced a \$500 million new hospital complex for the Sunshine Coast. No-one doubts for one second that that hospital is essential to the Sunshine Coast and is critically needed. Also critically needed are the right planning processes to ensure that hospital goes where it is needed and all avenues have been looked at to determine that the place identified—that is, Sippy Downs—is, in fact, the correct venue.

Let us go back to the media release of 16 May by the Premier. Today the Premier made much in this House of the fact that what he meant was not really a contract; he really meant a heads of agreement as a contract. But let us see what he says. On 16 May the Premier states in his media release, 'A contract has been signed today for 5½ hectares of land at Sippy Downs.' Of course, the Premier would have us believe that that really is simply a heads of agreement to identify a potential site at some time in the future if the option is taken up. But in relation to Sippy Downs being selected, in the same media release the Premier states it is 'as the site for the planned Sunshine Coast health hub and new hospital as announced in the recent South East Queensland Infrastructure Plan'. There is nothing there qualifying Sippy Downs as a potential site; it is 'as the site'. So in his media release of 16 May the Premier made it very clear that that was the site and that a contract had been signed.

Let us go to *Hansard* of 24 May 2005. The member for Noosa asked the Premier a question regarding the community cabinet meeting on the Sunshine Coast and what had happened there regarding health provision for the coast. The Premier stated—

The health minister, Gordon Nuttall, and the local MPs, Chris Cummins and Cate Molloy, joined me to announce that Sippy Downs—

these are the important words—

will be the site—

not maybe, not optionally, not could be—

for the planned Sunshine Coast health hub and a new \$500 million hospital.

He then goes on to further state—

That is why this is good planning.

Everything was wrapped up with a neat little bow. The contract had been signed. No doubt *Hansard* attests to the Premier's statement that this was the site—no options, no problems. It would all be neatly done. Again I repeat what the Premier said—

That is why this is good planning.

It surprised me when the health minister could not produce any documentation to establish Sippy Downs as the preferred site, even though in his media release of 17 November he stated—

... Queensland Health had engaged an independent Health Service Planner to critically assess current and future health service delivery on the Sunshine Coast.

In fact, the health minister said that he could not produce the document because it had not been produced yet. So we have the Premier making a statement that a contract is not a statement, and we have the health minister saying that the planning proposal in regard to the Sunshine Coast is not done. We have two things that do not make any sense at all; therefore, we have a health policy announcement. Brilliant. Absolutely brilliant!

Then the Premier tables a document entitled 'Heads of agreement'. That heads of agreement is dated 16 May 2005. It is between Budburst Investments Pty Ltd, as the seller, and the buyer is the state of Queensland represented by the Queensland department of health. We then turn to page 2 of the document under the heading 'Introduction'. The introduction has two points, A and B. A says the seller, that is Budburst Investment Pty Ltd, is entitled to become the owner of the base parcel. The document

identifies that Budburst was not even the owner of the land at the time the document was signed. But in his media release the Minister for Health said—

A heads of agreement contract was signed on 16 May between, one, Queensland Health, two, the landowner and, three, a developer with an option on the land.

The landowner has not signed the document.

Time expired.

Ageing Population

Ms NOLAN (Ipswich—ALP) (12.32 pm): My mother is 49 years old and has a successful career in education. As a baby boomer, she is one of a generation of women whose career choices were basically limited to teaching or nursing. Those women of her age who are working now were the first generation of working women not to be sacked when they got married. They are the first complete generation of career women. All around my mother her contemporaries, in their late forties and fifties, are retiring. The trend is not limited to teaching.

One of the biggest challenges facing the health care system is that the average age of nurses is 46. Rather than planing to work on for another 20 years or so those women, who have decades of good health ahead of them, are looking to leave. Does that matter? As federal Treasurer, Peter Costello, rightly identified in his intergenerational report some years ago one of the biggest charges facing Australia is the ageing population. The figures are stark. Just 36 per cent of Australians are in the 55 to 64 age group work, a figure which is substantially lower for women. Right now around one-third of our health, welfare and social security expenditure goes on the 12.5 per cent of our work force aged over 65. By 2044, 25 per cent of Australians will be over 65, and they will consume more than 60 per cent of a much higher social budget. The participation rate—the proportion of Australians working to pay these costs—will plummet from 65 per cent now to 56 per cent then.

These are trends that point to a crisis. If, in 20 to 40 years from now, we are going to pay to care for an ageing population, we will need Australians not to retire at 55, as my mother's friends are considering, but to keep working. Why is this not happening? Ask my mother and she will tell you that women around her are burnt out. After 40 years of working in teaching, nursing or the private sector, workers know that the pace of work has increased, that the demands are greater and they feel, quite simply, bone tired. My mother's experience, while anecdotal, is representative. The Productivity Commission backs it up by finding that the pace of work increased in the 1990s. Federal Sex Discrimination Commissioner, Pru Goward, is talking about the sandwich generation of women doing all the work at home and caring for parents and children.

In 2002 a national survey found that 23 per cent of workers in their thirties, forties and fifties had downshifted, cutting their pay or work hours in order to spend more time with their families in recent years. The trend is consistent with other studies quoted in Clive Hamilton's recent book *Affluenza*. It shows that a large majority of Australians say that, rather than more income, more time with family and less stress would make them happier. What Australian female and male workers are calling for is not more of the cold, harsh reality of workplace competition. It is not even more pay. It is a more manageable working life. Those who cannot get it are quite simply leaving the work force all together.

The Howard government has been very tactical in suggesting that the world is not going to end on the day that the IR changes pass. What we need to realise is that that is not the point. The challenge for us as Australians is simply to keep people healthily and productively working if we are going to begin to afford to manage an ageing population.

The industrial relations legislation, introduced and subsequently gagged by the Prime Minister in recent weeks, represents the fulfilment of his 30-year mission. Australia has moved on from the country that exists in John Howard's mind. We are a modern, progressive nation. The challenges we face this year are not Reds under the bed. They are not the challenges of a militant and dangerous union movement. The challenge for us is to afford to manage our ageing population. The challenge for us is to keep enough people comfortably working.

The industrial reforms of ramping up the pace of work, reducing workers' job security, averaging the 38-hour week over the course of a year, limiting the right to maternity leave under AWAs, subjecting workers to unfair pressure to trade in their holidays and removing sick leave for casuals, among other things, actually make it harder for Australians to stay in the work force. The Australian government is turning its back on the major challenge that will face our country in the next 20 to 40 years; that is, the challenge of keeping people working in order to afford the challenges of an ageing population. John Howard does not understand that. This is yesterday's vision from yesterday's man.

Time expired.

Wide Bay Bricks Pty Ltd

Mr CHRIS FOLEY (Maryborough—Ind) (12.37 pm): It is my unhappy task to place before the House today details of one of the most gruesome tales of the alleged abuse, misuse and corruption of power—in this case financial power—and control over the destiny and demise of an award-winning Bundaberg business. It is a classic David versus Goliath tale but, sadly, unlike the biblical story, Goliath won.

Mr and Mrs Sante and Rita Troiani founded their company, Wide Bay Bricks Pty Ltd, in Bundaberg in 1974-75, taking over a small, struggling local brickworks. Twenty years of hard work saw them guide its dramatic growth to the point where it was opening up promising export markets, notably to Japan and China, and employing almost 150 locals.

By the early 1990s Wide Bay Bricks had become a serious thorn in the side of their bigger competitors in the industry, and that was when their troubles began with the National Australia Bank. The sad and sorry saga of the Troianis' treatment by the NAB, as set out in a submission from the Troianis and which I table here today with supporting appendices, is a tale of alleged treachery, deceit, unconscionable banking and business practices, and the unscrupulous manipulation and abuse by the NAB of our legal and justice processes aimed deliberately, it is claimed, at deceiving the courts and destroying the Troianis. They have all but succeeded.

In December 1998, less than a year before the NAB tipped the Troiani company into receivership, the Troianis' business and personal assets were estimated independently at almost \$100 million. Today, the Troianis exist on a pension. Mr Troiani supplements this by growing and selling flowers from a leased block of land. Mrs Troiani rises before 5 o'clock each morning when work is available packing fruit for Bundaberg district growers.

With the growth of Wide Bay Bricks into the 1990s, the Troianis began receiving overtures to sell out to its biggest competitor, Boral Ltd. Those overtures were resisted. They were at this time banking and operating profitably with the ANZ. In 1983 the NAB began actively pursuing their Wide Bay Bricks banking business. After promises of unlimited funds and assurances of no involvement with Boral and a national award for the Troiani company initiated by the NAB, Wide Bay Bricks banking business transferred to the NAB in November 1993. Later, after financial problems and demands from the NAB began emerging, the Troianis discovered, much to their dismay, that the NAB and Boral had common directors and that the NAB was Boral's chief financier and banker.

What followed can only be described as a movie script litany of alleged dubious dealings and actions as chronicled in the submission by the Troianis, which I table today, and accompanying reports by a senior banking expert and investigator Mr John Salmon. These allege an orchestrated strategy to tighten company liquidity and to strip the Troianis of all private assets by a series of sales under pressure from the NAB to cover artificially generated financial shortfalls in the company, including amongst other things the operation of shadow ledgers and secret accounts.

Next the company was tipped into receivership, broken up and sold off at a fraction of its earlier value, as estimated by independent valuers. Finally, the NAB pursued and won judgments for debt and bankruptcy which has left the Troianis without the financial or professional resources to challenge or redress their position.

One of the major stumbling blocks is Mr Troiani's lack of comprehension of the English language and legal terminologies and procedures. Mr Salmon, with more than 40 years banking experience with the NAB, asserts that the Troianis have been the victims of 'a deliberate sting operation by the National Australia Bank.' He contends that this was put into play by senior administrative employees of the NAB and that this 'sting policy' continued after the acquisition of the company's banking business and 'proceeded on a clandestine path to ensure the demise of the company as per its present status.' Mr Salmon also further alleges that there is a culture of concealment by the NAB to achieve a nefarious outcome—in this case the break up, sale and demise of Wide Bay Bricks and the bankrupting of the Troianis.

Such claims of banking malpractice and abuse of our legal processes and courts through allegedly corrupt practices, unchecked by the courts, cannot simply be swept under the carpet. The Troiani submission and the Salmon reports, which I have tabled, raise very serious questions that warrant in-depth and unrestricted investigations by relevant state authorities.

Time expired.

Women's Rights at Work

Mrs ATTWOOD (Mount Ommaney—ALP) (12.43 pm): I would like to acknowledge the work and persistence of the member for Aspley, Bonny Barry, in making this women's IR debate possible. I wish her all the best and a quick recovery from her current health setback.

Last Tuesday morning I joined thousands of workers at a rally to protest against the Howard government's industrial relations laws before they set off on a march from South Bank to protest at National Party headquarters. The feeling among workers is strong that John Howard needs to be removed from office at the next election. Women are facing a major challenge to hold on to their rights at work. On 1 July this year the Howard government took hold of the Senate, giving it a majority in both Houses of federal parliament. This means, of course, that he can pass whatever laws he likes without them being blocked or changed by the Senate.

In essence, employment conditions will be removed from awards. Women will be worst affected by these changes as more than 60 per cent of award-only workers are women. Without award conditions many women will be forced to negotiate with their employers for the basic rights and conditions they currently take for granted. The Howard government has opposed every minimum wage increase since 1996. Had the government continued to have its way, women on the minimum wage would be at least \$44 a week worse off than they are now.

Under Howard, minimum wages would be set by a Fair Pay Commission—people especially chosen by the Howard government to make sure wages stay low. It will also take away skill based wages, which would stop work value cases that close the wages gap between men and women. This will prevent cases like the one earlier this year which achieved a \$64 a week pay rise for Victorian child-care workers.

The key issues affecting women today are casualisation. One in three women are working as casuals with no access to paid sick leave, annual holidays or public holidays. Another issue is superannuation. Spending less time in the work force due to caring responsibilities for both children and ageing parents, women typically need to make extra contributions to their super—more than twice the level of men—if they are to retire comfortably.

Another issue affecting women is pay equity. On average, full-time working women will get paid 15 per cent less than their male colleagues and earn on average \$150 per week less than men. Another issue is low pay. In the last three years alone, of the net new jobs created for women—114,000 jobs—more than half paid less than \$500 per week. Another is family friendly workplaces. AWA individual contracts are less likely than collective agreements to contain family friendly working hours.

Unions provide important support and assistance to women in their workplaces. The Howard government wants to keep unions out of workplaces. The Howard government is already trying to pass laws which include changes to make unions give employers 24 hours written notice of the reason for their visit to the workplace. This exposes union members to intimidation if their manager knows the union is coming to help with a particular issue.

The Howard government thinks that the job security of women who work in small business is totally disposable. It will take away all protection from unfair dismissal as well as any entitlement to redundancy pay for these women. The government obviously thinks that anyone who works for a small business is not entitled to even the most basic rights and should be treated as a second-class citizen.

The federal coalition government has never supported Australian workers and always backs big business, and has done so again to introduce radical changes to Australian workplaces. Despite all the claims about supporting business, it was interesting to hear a radio interview recently in which a small business operator said that the industrial changes mean that his business will end up closing. The only businesses that will benefit will be large corporations.

The federal government has announced the most radical and the most ridiculous changes to industrial relations in over 100 years. These changes are about gutting the independent umpire and slashing workers' safety nets. Any reforms that governments of all persuasions deliver must be fair for all Australians and provide everyone with balanced choice and a voice. The federal government's proposals are unfair, unjust and unAustralian, especially for women.

Mr DEPUTY SPEAKER (Mr Lee): Order! The time allocated for matters of public interest has expired.

TERRORISM (PREVENTATIVE DETENTION) BILL

First Reading

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (12.48 pm): I present a bill for an act to authorise preventative detention in connection with terrorist acts, and for other purposes. I present the explanatory notes, and I move—

That the bill be now read a first time.

Motion agreed to.

Second Reading

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (12.48 pm): I move—

That the bill be now read a second time.

Detention without charge or trial has been a rare thing—but not unknown—in the history of our nation and our law. Like most Australians, I cherish our traditions of freedom under the law, and I do not bring a bill of this nature into this place lightly. Respect for those traditions obliges us to ensure, in framing legislation of this nature, that we do not surrender the freedoms we seek to protect.

However, our traditions of freedom are not absolute, and sometimes need to be weighed up against greater needs, such as the protection of the community from acts of terrorism. We cannot ignore the threat that terrorism poses to those very traditions. We cannot let our respect for those traditions blind us to the prospect that terrorism will strike at home, destroying those traditions altogether.

My government does not flinch from its obligation to protect the community. We will ensure that the measures are available to prevent terrorism where necessary. Fourteen days in solitary confinement is not a holiday. This bill continues our tough and effective response to terrorism but embodies an unprecedented range of safeguards. Traditionally, our law has responded to criminal wrongdoing after the fact, and that is reflected in our law of criminal procedure and the guarantees of due process. But, when terrorism poses the risk of large-scale loss of life and property, governments cannot sit by and wait to impose sanctions after the event.

At the Council of Australian Governments' special meeting on counter-terrorism on 27 September 2005, I and my fellow premiers and chief ministers agreed in principle with the Prime Minister's proposed changes to counter-terrorism laws. We called for the meeting following the London bombings in July in order to ensure that our national response to the evolving threat from terrorism remained as effective as it could be. This bill is part of that response. The changes to counter-terrorism laws agreed to by COAG included:

- changes to Commonwealth legislation that required states and territories' agreement under the Intergovernmental Agreement on Counter-Terrorism Laws, including new provisions for control orders and for preventative detention up to 48 hours;
- changes to state legislation, including preventative detention for up to 14 days; and
- changes to Commonwealth legislation that did not require states and territories' agreement, including stop, search and question powers for Federal Police.

This bill is part of Queensland's actions under that agreement. The states and territories agreed, subject to some negotiation over the details, to enact preventative detention legislation that would work with the Commonwealth provisions, although exact uniformity would not be required.

I have been widely quoted describing these laws as draconian. I do not back away from that. These laws are tough. They are almost unprecedented in our legal system. They may result in people being locked up for 14 days without charge or trial and with very limited rights of communication with the outside world. I do not wash my hands of the responsibility to act against terrorism where that is needed. In proposing draconian laws, however, I take seriously my responsibility and the responsibility of my government and my colleagues to ensure that every reasonable safeguard is in place. For example, I secured the Prime Minister's agreement to the inclusion of a role for Queensland's Public Interest Monitor, or PIM, in both the Commonwealth control order laws and in Queensland's preventative detention laws. This continues a recent tradition for Queensland of having stronger and better safeguards that do not impair the efficacy of law enforcement. Members will recall another recent example in the Cross-Border Law Enforcement Legislation Amendment Act 2005, where other jurisdictions agreed to recognise certain Queensland law enforcement authorisations in their own jurisdictions despite higher thresholds and safeguards applying under Queensland law.

In a civil society, law enforcement powers are strengthened, not compromised, by improving their public accountability and credibility. The PIM, or Public Interest Monitor, is a nationally unique mechanism for doing this at the 'front end' of the process. Other jurisdictions use reactive mechanisms that only apply after the event, such as complaints, inspections and reports. There is no doubt a role for those 'back end' accountability measures, but they are immeasurably enhanced by proactive safeguards like the Public Interest Monitor at the front end. I am sure those opposite will join me in calling on other states to use public interest monitors in their corresponding procedures in the future. I hope one day that we have a national system of public interest monitors operating in our legal systems around Australia.

The Commonwealth's preventative detention provisions are in the Commonwealth's Anti-Terrorism Bill (No. 2) 2005, which was introduced into the House of Representatives on 3 November 2005 and is presently being considered by a Senate committee. This bill is based on those provisions. So are corresponding bills that have been introduced into the South Australian, Victorian, New South Wales and Tasmanian parliaments. The bill gives Queensland police the power to obtain preventative detention orders, or PDOs, which authorise the detention of persons for one of two purposes:

- preventing an imminent terrorist act, or
- preserving evidence relating to a recent terrorist act.

Initial PDOs can be issued for up to 24 hours, including extensions, by a senior police officer—that is, assistant commissioner or higher. Final PDOs can be issued for up to 14 days, including extensions, by a serving or retired Supreme Court judge—in other words, by the judicial system. A preventative detention order to prevent an imminent terrorist act can be issued if:

- there are reasonable grounds to suspect that the detainee will do, or has a thing connected with, an imminent terrorist act,
- the PDO would substantially assist in preventing the act, and
- detaining the person is reasonably necessary for the purpose.

So in each one of those we can see the interaction.

A preventative detention order to preserve evidence of a recent terrorist act can be issued if the officer or judge is satisfied on reasonable grounds that a terrorist act has occurred and that detention is necessary to detain the person to preserve evidence. I have been determined, and so has my government, to ensure that as many safeguards as are reasonably appropriate are included in the bill, and let me outline them. A major difference from the Commonwealth and other states' legislation is that, as I have mentioned, the Public Interest Monitor will be involved in applications for both initial and final PDOs. For initial applications before senior police officers, this represents a significant departure from the Public Interest Monitor's existing practice. Until now, the Public Interest Monitor has only appeared before judges hearing covert surveillance applications. Now, the Public Interest Monitor will make representations to a senior police officer.

However, I have decided that the Public Interest Monitor has the most value to bring to the process at the first stage, particularly where the detainee will not be on notice or be entitled to appear. That is important—that is, to have the public interest represented at that point. So the Public Interest Monitor will be notified of initial and final PDO applications and will be entitled to make representations to the senior police officer or the serving or retired judge. The detainee will be notified of the application only if they are already in detention under a Commonwealth PDO or a Queensland initial PDO. Detainees will be held in a police watch-house, a prison or a youth detention centre. The Queensland Police Service, Department of Corrective Services and Department of Communities will enter into administrative arrangements, but it is envisaged that, in light of the nature of the detention, most, if not all, detainees will be held under maximum security conditions in a prison.

A preventative detention order cannot be made in relation to a person under 16 years of age. The bill contains special rules for detainees aged 16 or 17 years. As with the Commonwealth bill, it allows for contact with a parent or guardian for two hours or more per day. Unlike any other jurisdiction, however, it includes a mechanism so that, where a preventative detention order is made for a person under 18, the police officer must notify the Department of Communities. That department must then arrange for one of its officers to visit the child within 24 hours of being taken into detention to ensure that the child understands the nature of the detention and that the child's interests are being protected. The visit may be deferred if national security considerations require. Members would be aware that under Queensland law 17-year-olds are treated as adults. Therefore, to ensure maximum protection, 17-year-olds have been included with 16-year-olds in these measures.

As with the Commonwealth bill, a police officer must inform the detainee about his or her rights under the act and about any extension of a preventative detention order. As with the Commonwealth bill, detainees' treatment must be humane, dignified and not be cruel, inhumane or degrading. As with the Commonwealth bill, a detainee must not be questioned while held under a preventative detention order. However, as with the Commonwealth bill, a detainee can be released from a preventative detention order into custody under an ASIO questioning warrant. In that case, time under the PDO continues to run. Compared to the four bills that have been introduced in other jurisdictions, this bill confers the broadest entitlements for family contact. Detainees will be able to contact the following family members:

- their parents or another family member,
- a person they live with,
- an employer, an employee and a business partner as applicable, and
- another person the police officer approves.

Only Victoria and Tasmania allow that range of contacts. We think that is important. We think that is a very important check and balance and safeguard. Moreover, unlike the Commonwealth, South Australian and Victorian bills, this bill allows a detainee to tell these people that he or she is being detained under a preventative detention order for up to 14 days. Only New South Wales allows for that range of disclosure. So, we have a broader range of contacts and a broader range of information that can be conveyed

In combination, these provisions mean that Queensland has the broadest and best family contact provisions. However, the effectiveness of the orders is maintained by making it an offence for family members to knowingly disclose the detention to third parties.

Detainees will be entitled to contact the Ombudsman and the Crime and Misconduct Commission. They will also be entitled to have contact with a lawyer for limited purposes, mostly related to the preventative detention order. These restrictions only apply while they are in detention. In other words, there is also a penalty. If someone discloses, the penalty is two years jail.

Conversations with family members and lawyers will be monitored. The conversation with family members will be very limited. Evidence of the monitoring of a conversation with a lawyer that is confined to the limited purposes will be inadmissible in proceedings against the detainee. Bearing in mind that these laws are being designed to prevent a terrorist incident occurring, those measures, draconian as they may be, are necessary to protect against a terrorist act.

Police will be able to ask the senior police officer or judge for a prohibited contact order, PCO, prohibiting the detainee from contacting specified persons. A prohibited contact order overrides the contact entitlements above. That would be done in special cases for security reasons, obviously. So, for example, if a prohibited contact order is in force for a particular family member or lawyer, the detainee will not be able to contact that family member or lawyer. If people think that because we have a broad list of people that the detainee can contact we are in some way providing this information to terrorists, I simply indicate that a prohibited contact order can be put in place to prevent certain people receiving that information, notwithstanding that they are on that list, if there are concerns about what they will do with that information—in other words, the terrorist act would continue as a result of that communication.

The police officer must apply for revocation of a preventative detention order or a prohibited contact order if the grounds on which it was obtained cease to exist. I and my fellow Premiers were not satisfied with the lack of provision in the Commonwealth bill for judicial review of preventative detention. The bill therefore includes provision for a detainee to apply to the Supreme Court for variation or revocation of a preventative detention order at any time—I repeat that: at any time. This right will arise as soon as the detainee has been taken into custody.

If the court revokes or varies the preventative detention order and the police officer informs the court that an appeal will be lodged, the decision is stayed for the period the court decides or, if an appeal is lodged within that period, until the appeal ends.

After the detention ends, whether by revocation or expiry, the detainee can apply to the Supreme Court for compensation. The court can order the state to pay compensation if it is satisfied that the preventative detention order should not have been made or that the detainee's treatment contravened the act.

Under the Commonwealth bill, if a person has been detained under a Commonwealth preventative detention order followed by a state preventative detention order a state court can order the Commonwealth to pay compensation arising out of the Commonwealth preventative detention order on the same grounds as it could order the state to pay compensation arising out of the state preventative detention order.

At COAG, we agreed to a 10-year sunset clause. I sincerely hope that these laws will not be needed in 10 years time. Unlike the other jurisdictions that have introduced bills, this bill expires after 10 years. The others merely provide that any orders expire after 10 years but leave the laws in place. We will honour the COAG agreement. I might mention that there is also a review after five years.

Let me sum up the significant safeguards the government has included in this bill. It is a long list. Firstly, a senior police officer can only issue a preventative detention order for up to 24 hours; a detainee will appear before a serving or retired judge within 24 hours of being detained; the Public Interest Monitor will appear not only when the judge hears an application for a final order but also when a senior police officer hears an application for an initial order; the detainee will have notice of, and be entitled to appear on, the hearing of an application for a final preventative detention order or an extension of it; police will not be able to apply for successive preventative detention orders on the same grounds unless fresh evidence becomes available; and detention in relation to the same terrorist act will not exceed 14 days in any event.

I will digress for a moment. There are some people who believe that there may be some in the political process in the years ahead who will argue that we should extend this 14 day period. I want to put it on record clearly here today that I do not share that view. Nor would I support an extension beyond 14 days. I believe 14 days achieves what is necessary to protect the community but at the same time also protects people's rights. The period of 14 days is, as far as I am concerned, in concrete and I will not support an extension of that period of time.

I will move on with the other safeguards. The police officer will have to read the detainee their rights and give him or her a copy of the preventative detention order and a summary of the grounds on which it was made as soon as practicable after he or she is taken into detention; the commissioner or deputy commissioner of police must appoint a senior police officer who was not involved in obtaining the

preventative detention order to oversee the detention and receive representations from the detainee, his or her lawyer or a family member; the detainee will be entitled to contact a family member, his or her employer, one of his or her employees, one of his or her business partners and any other person the police officer approves. This will be subject to any prohibited contact order.

The next safeguard is that the detainee will be entitled to contact the Crime and Misconduct Commission and the Ombudsman; the detainee will be entitled to contact a lawyer, including for taking court action about the preventative detention order or the detainee's treatment under it—this will be subject to any prohibited contact order; a detainee under 18 or of impaired capacity is entitled to two hours contact per day with a parent, guardian or other person to protect his or her interests; a detainee under 18 or of impaired capacity will be visited by the Department of Communities or Disability Services Queensland to protect his or her interests; the detainee must be treated humanely in accordance with international law and if that is breached there is a penalty of two years imprisonment; the detainee must not be questioned while detained under a preventative detention order; a police officer or anyone else who contravenes certain safeguard provisions can be imprisoned for up to two years, as I said; police must apply for revocation of a preventative detention order or a prohibited contact order if the grounds on which it was obtained cease to exist; a detainee may apply to the Supreme Court for variation or revocation of the preventative detention order at any time; there will be an automatic review by the Supreme Court if the detainee does not apply for one; a detainee may apply to the Supreme Court for compensation if the court is satisfied that the preventative detention order should not have been made or that the detainee's treatment contravened the act; a detainees' rights under the Judicial Review Act 1991 are unaffected; the bill, with other counter-terrorism laws agreed to by COAG, will be reviewed after five years; the bill sunsets after 10 years.

That is a very long list of accountability measures to ensure that natural justice and people's basic rights are protected. I am determined to seek early passage of the bill, while giving the community the chance to consider the bill. Members will be aware that when we last sat I incorporated in *Hansard* a number of questions and answers and the briefing that went to caucus.

The minister for multicultural affairs, the Attorney-General and I have consulted with leaders of Muslim community groups, the Law Society, the Bar Association and the Queensland Council for Civil Liberties. I am confident that they recognise the unprecedented extent of the safeguards that have been included and support the bill. I have asked them to make any suggestions for improving the bill this week and we will give their suggestions serious consideration. As members would be aware we have already seen on the public record, and I said this yesterday, the views that they have previously expressed. I have also this morning, along with my ministers, briefed the Leader of the Opposition, the Leader of the Liberal Party and Liz Cunningham representing the Independents. I have also offered them further briefings and additional clarification in relation to any matters that they would seek additional advice on.

In light of the potential threats we face, the government does not intend to delay more than necessary in debating this bill. I propose that we debate this bill next Friday, 2 December, starting at 10.30 am and finishing around about 3 pm and I will ask for the House's support to pass the bill this year. I have already indicated those times to the Leader of the Opposition.

As I indicated at the outset, I undertook at COAG to review other aspects of Queensland's counter-terrorism powers. Some further aspects were outlined in my government's counter-terrorism action plan, which I tabled in this place on 28 September 2005. Early next year the government will review existing legislation about stop, search and question powers, random baggage searches, cordoning-off powers and sedition offences to ensure that they are updated, relevant and effective.

I want to make it clear that there are no sedition clauses in this bill as there are in the federal legislation. I know that there has been considerable concern about the Commonwealth's proposed sedition offences. Because of its proposed effects on freedom of speech, this is an area in which parliament should tread carefully. I assure members and all Queenslanders that we will approach any reconsideration of Queensland's existing sedition offences with due caution.

Members will recall that in 2001 we struck a careful balance to protect freedom of speech with our racial and religious vilification laws and we will do the same with sedition—if we need to do anything. I have mentioned the Muslim community, I have mentioned racial and religious vilification laws and I have mentioned sedition. But let no-one misunderstand me: these laws do not single out any group in our community. The government is not anti-Muslim. We have worked hard to build a unified and cohesive community. We accept and welcome peace-loving people from all backgrounds. What we are against is the use of massive violence and destruction for political ends. Muslim community leaders stand with the government and the rest of the community in our resolve to defeat terrorism. This is not a religious issue; it applies to everyone regardless of race and regardless of religion.

This bill strikes the right balance between being a tough and effective response to terrorism on the one hand and providing fairness, accountability and appropriate safeguards on the other. I trust that the bill will enjoy bipartisan support. At times like this we need unified and resolute leadership to ensure that terrorism does not defeat our way of life. My government will do all it can to protect our society's

cherished freedoms. This bill is an important contribution to that end. For the record again, I want to thank the Leader of the Opposition, the Leader of the Liberal Party and Liz Cunningham for the constructive meeting that we had this morning, which I thought assisted.

Before I conclude my contribution, I want to mention a couple of things. I said at the beginning that this was difficult legislation, and it is. It is difficult, but it is necessary. I think that the careful consideration we have given since COAG met back in September has enabled us to get the balance right. But I want to indicate today that, if we find that on future occasions there is perhaps unintended consequences, I will have no hesitation in coming back to this House and amending the legislation accordingly. I would expect that the House would be supportive and understanding of that. We are about protecting the community but not destroying our way of life. Like all Australians, I am determined that the things that we enjoy most about being Australian will not be destroyed.

We all know that we had a recent experience of the problems that can come with a potential terrorist threat. On Monday, 14 November the Queensland Police Service received threats to Brisbane bus and train services. Buses and trains were stopped for a period in the middle of the day. Acting on the advice of the Queensland Police Service, Lord Mayor Campbell Newman and I, together with the Minister for Transport and Main Roads, decided that trains and bus services should be evacuated between 4.45 pm and 5.15 pm. We decided that it was better to be overcautious rather than risk just one person being injured. I apologised to everyone who was inconvenienced by the half-hour shutdown of trains and buses in Brisbane in the evening peak and an earlier stoppage in the middle of the day. Frankly, we were not prepared to take the risk of anyone dying.

It was a painful exercise and a nuisance, but the decision was based on advice from the Queensland Police Service. I thank them for that. In reality, we had no choice. It was the right decision to make. I wanted to use the introduction of this bill to thank the public, the police, the lord mayor, my ministers, everyone from QR and the city bus service who dealt with the public. In particular, I want to thank the police and emergency services. We did not set out to use the threats as an exercise—we would prefer that it had not happened—but we will learn from everything that happened. We have used it as a drill to learn from it, and learn from it we have. At the time I said that I would have given only seven or 7½ out of 10. There is now a man before the courts in connection with the threats and I will say nothing further in that regard. Again, I want to thank the Queensland Police Service for the remarkable speedy and efficient way in which it dealt with this case. I commend the bill to the House.

Debate, on motion of Mr Springborg, adjourned.

STATE DEVELOPMENT AND PUBLIC WORKS ORGANISATION AND OTHER LEGISLATION AMENDMENT BILL

Second Reading

Resumed from 27 October (see p. 3674).

Sitting suspended from 1.14 pm to 2.30 pm.

Miss SIMPSON (Maroochydore—NPA) (2.30 pm): Continuing from when I addressed the State Development and Public Works Organisation and Other Legislation Amendment Bill two weeks ago, I would like to acknowledge that we have since had a briefing from the department, particularly with regard to some provisions contained in amendments to the bill that are yet to be tabled. One of those amendments is quite significant. The state opposition does not support the way that freedom of information laws are used and abused in this state. The provisions in one of the amendments to this bill will reinstate an exemption under the act with regard to the Queensland incentives scheme, one of the programs that operates under the portfolio of state development.

The state opposition has raised grave concerns about how this state government has used and abused this scheme and not made the information publicly available so that the public can scrutinise whether the investments are in fact wise and appropriate. The exemption that previously existed under the state development and public works organisation legislation meant that the state government could block any FOI requests for information about grants that the state had given to private enterprise under this scheme. It could block those FOI requests so that the information could not be released for eight years. I understand that, with machinery of government provisions shifting the role of a number of aspects of the portfolio of state development to the Premier's department, the state development and public works organisation legislation was shifted to the Premier's department and the bill had not been drafted to maintain the exemption which applied, blocking access to the details of this scheme under FOI.

So the amendments that will be coming before the House demonstrate that this government has learnt nothing as far as its use and abuse of FOI laws are concerned and will continue to apply them with regard to this particular scheme of giving grants to private enterprise and then not allowing the

scheme to be open to appropriate scrutiny. I flag that the state opposition is most definitely opposed to the continuing cover-ups of this government, particularly when there are major question marks about who benefits. We suspect that who benefits in this case is the Labor government and its mates.

The bill before the House is about beefing up provisions for the Coordinator-General. That is the main aspect of this bill which has been tabled in the parliament. I have already indicated that we broadly support these concepts and the need for the Coordinator-General to act with appropriate powers to coordinate major projects and to ensure that road blocks within government processes are cleared appropriately. I have already talked about the fact that where there are public-private partnership agreements—in this case with the Brisbane City Council in its move towards partnership arrangements in relation to busways and tunnels—this legislation allows more flexibility when it is found that some variations to the environmental impact statement are required later down the track. I can understand that some people may be concerned to know that a full EIS may not have to be re-worked on projects. But the intention of this bill is not to undermine the EIS provisions but to enable the Coordinator-General to approve minor variations to the EIS where they are needed.

I understand that in addition to the FOI amendments, which are yet to be tabled, there is another amendment which will be coming forward that relates to powers of the Coordinator-General in relation to tunnels. As was explained in the briefing that we have just had—I have not seen the actual drafting of these amendments, so I have to take them on good faith until I have seen them tabled here in the House—and as I understand the intention of this subsequent amendment, this amendment is to give the power to the Coordinator-General to set conditions on tunnels which currently do not have any framework within the law and, having provided a framework for applying conditions for the construction of tunnels, enable those conditions to be administered under and enforced by the Integrated Planning Act. I asked what this meant with regard to people's ability to challenge whether there had been a breach of the conditions or where other problems arise with a tunnel. I understand that there are a number of parties who have the ability to enforce the conditions that are put in place by the Coordinator-General. Obviously, as the state grows and there is greater density, the likelihood of there being more tunnels than those currently proposed by the Brisbane City Council will increase.

There are public concerns that the appropriate environmental studies and conditions are applied. As we have seen in Sydney in recent times when the most dramatic of events unfolded when a building above a tunnel collapsed into a hole, these projects must be got right and, where there are unintended consequences or unforeseen circumstances, people must have appropriate recourse under the law and the rights of people vis-a-vis large entities—be they private organisations that have been allowed contracts to build or be it the government acting wholly in construction mode—must be appropriately protected. As I said, I understand that this amendment is to allow the Coordinator-General to put conditions on the approval process for tunnels where they do not currently exist, and that set of conditions will be administered under the Integrated Planning Act. Another option, as I understand it, would have been to include those conditions under some environmental legislation but it is proposed that they will come under IPA.

The legislation before the House is mainly as a result of the Brisbane City Council's north-south bypass tunnel project. Council had sought a means by which a change proposed by a successful consortium could be considered by the Coordinator-General without the need to recommence the EIS process. As I indicated, this is something that may concern some people. We have clearly said that this needs to occur when there is not a substantial change to the EIS process. When there is a variation in the EIS it needs to be clearly put into the public arena what that variation means and what impact it will have so that the process is transparent and deals appropriately with the public interest.

It is acknowledged that, in the course of a project, there may be some minor amendments that need to be made, and therefore the flexibility to be able to do that without starting the EIS process all over again is very necessary. I want to place on record at this point that my colleague the member for Lockyer, who is also the shadow parliamentary secretary for the portfolio of state development, has asked that his apologies be noted for this debate. There has been a tragic car accident in his electorate and three young people have lost their lives, so he has gone up there to assess the situation. That is just an awful thing to occur. It was his wish that his interest in this legislation be indicated.

In closing, I indicate that we most definitely support the fast-tracking of infrastructure in Queensland. The concerns I have at this point are that after an infrastructure drought of nearly eight years under this government there are still significant hurdles to rolling out infrastructure in a timely way. The 20-year infrastructure plan of the government is mainly a catch-up plan. We need to fast-track through the backlog and identify the forward projects that will take us through the next 20 years. But certainly there are a lot of road blocks within government. There are still a lot of processes that need to be reviewed not only in looking after the public interest but also in making sure that we do not have undue delays caused by the ineffectiveness of government process and decision making and the lack of timely allocation of money to build these projects. As I said, we support the broad principle of the legislation before the House but reserve the right to vote against some of the amendments that will be brought forward.

Mr HOBBS (Warrego—NPA) (2.40 pm): I am pleased today to speak to the State Development and Public Works Organisation and Other Legislation Amendment Bill 2005. It gives us an opportunity to talk about a lot of the development and infrastructure that we need to put in place in Queensland to keep the state going. There has been enormous growth and potential for further growth in Queensland for some time. That is one of the things about state development and planning for infrastructure for the future. One cannot simply turn the tap on and turn the tap off, particularly in relation to the recent mineral boom—I suppose you would call it—that has come upon us. Basically, we have this enormous export potential but we really do not have in place a lot of the infrastructure that is required to take advantage of that world price. Quite frankly, I think that the government has been a bit lax in this regard.

Some people will say that the mining boom could not have been predicted. In a lot of ways, it could have been; generally speaking, world markets go up and down. I think we should have been more prepared for the inevitable. Of course, the boom did happen, and suddenly we found that a lot of our port facilities are not quite good enough. We found that we do not have enough water, particularly up in the north-west mineral province. The Bowen Basin is experiencing enormous problems right now; there is simply no water for future development. In fact, there is not enough water to continue with the existing mining operations. That is why a pipeline is being put in place from the Burdekin dam which will cost somewhere in the vicinity of \$350 million.

That pipeline is certainly welcome. Something has to be done. But the reality is that a lot more work should have been done in relation to work on the Urannah Dam in the early stages. The government made some announcements recently in relation to some studies into the Connors River dam. But time has been marching on and we should have made much more progress with those sorts of schemes. The Urannah Dam will cost somewhere in the vicinity of \$150 million and produce an enormous amount of water when compared with having to use an existing system like the Burdekin dam. There are already huge demands that can be met further south by using the Elliott Channel to take water from the Burdekin dam. But we just cannot continually take resources without increasing the supply of water into that infrastructure because eventually it, too, will start to run short.

I cite as an example the Wivenhoe Dam. Who would have thought that the Wivenhoe Dam would be running low in recent times and that we would have a bit of a panic on our hands? That is what has happened down here in south-east Queensland, with probably the second biggest dam in Queensland, the Wivenhoe Dam, currently at about 30 per cent, 40 per cent or less in capacity. The residents of south-east Queensland are looking down the barrel of some very, very severe water shortages.

The same thing is going to happen to the Burdekin, even though that is on a magnificent river system. It does get filled up fairly regularly, but there will be times when we just do not have sufficient rainfall, as has happened in the past. As I understand it, a lot of testing was done in the Great Barrier Reef lagoon areas. Coral samples were taken and tested. It has been found that at some stages even the Burdekin did not run for many, many years at a time. That seems extraordinary, but apparently it has occurred in the past. It is evident from the amount of sediment that covers the coral that the river has not run. If that has happened in the past, it can happen again. If we are going to load up all these systems with coalmines and irrigation, we will find that we will run short again.

There has not been enough planning. It really breaks my heart when I think that we did not need to go through this, because I did all the work—particularly in relation to a lot of these dams—with the Water Infrastructure Task Force. A legitimate report has been prepared in relation to future dam sites throughout Queensland. Sites have been identified. Some very basic figures were done in relation to capacity and the cost of building those dams. That really has not been followed through. The Connors River dam, which I mentioned earlier, is certainly a good site. In fact, the member for Gregory, the member for Maroochydore and I recently flew over the Connors River dam site and the Urannah Dam site. It was extraordinary. The potential for a magnificent water storage is obvious; it is simply a matter of doing it. There are some very natural sites in this state and this is an opportunity for us to make sure that we utilise some of those.

The issue of power to north Queensland has also been on the agenda for a long time, and it really has not got there. The state government has been hoping and praying for the gas pipeline from New Guinea; it is even trying to change the structure of power supply in Queensland and increase the percentage of gas to try to encourage this development, and it just has not happened. It seems to be announced every so often that it is coming again—

A government member: You're out of date, mate. You should read a bit more about it.

Mr HOBBS: For sure, that's right. It is AGL. But what I am getting at is that it has not happened yet. There have been some announcements—

A government member interjected.

Mr HOBBS: Some announcements have been made, but I do not think it is enough to cater for growth. What has been done is nowhere near what is needed. Anyway, in my view, a power station is certainly needed in the Collinsville area to allow for expansion in that region and the provision of further power. There is a need for water as well.

I notice that in his second-reading speech the minister says that the Queensland government is taking steps to ensure that the infrastructure required to support that growth is provided when and where it is needed, and that to date the government has developed comprehensive infrastructure programs for priority infrastructure in south-east Queensland and the coal industry. Well, it certainly has not done that. It has done a little bit, but I think it could have done a lot more. I noticed recently a press release which came out of the Premier's office that talked about the \$600 million northern missing rail link project from North Goonyella to Newlands. That is desperately needed to utilise the coal resources in that region and to maximise the use of the Abbot Point and Hay Point or Dalrymple Bay outlet. There is certainly a lot more work that could be done in that regard. There are also the Aurukun mining deposits. I think it would be ideal if that could be brought down, refined and sent out from Abbot Point. That would certainly make a big difference to that particular area.

In another part of the minister's second-reading speech he acknowledges the importance of harnessing the private sector's capacity and capabilities. That has not been done either. There is really only one PPP that has been done in Queensland, and that is disappointing. I think there are more opportunities for us to look at PPPs. We need to change the guidelines in relation to the way they are done to harness and use the natural resources and the private sector that we have in the state.

The bill provides for the Coordinator-General to evaluate changes proposed to a significant project after completion of the EIS process. Local governments also have to be consulted. In some instances that has not occurred or, if it has occurred, they get lumbered with a lot of the infrastructure costs that are associated with that and the growth in the area. Recently I had a case in the Gladstone area where this happened. Something like nearly \$30 million worth of development was occurring in that particular region, and the council was not consulted as to some of that development in relation to what it believed needed to be done regarding future expansion and development. Councils need to be involved in that process to ensure that we get the best result. It is important to get the best result, because if we do not we are probably going to end up with a second-rate project.

Vegetation management, the water acts, expansions of industrial estates and the development of feedlots are other aspects of this bill which the minister has talked about. We could probably talk all day about vegetation management, the water acts and the expansion of industrial estates. The minister said that the reality is that, if anything, there is more contraction, not expansion, under those particular acts. Everything has basically been wound back, so there is nothing that can really happen there. There are many cases of feedlots, for instance, that would very much like to get going and they are restricted now because of a lack of access to water. We need to ensure that these feedlots are appropriately located so they can access water. There is an enormous potential there for future expansion and development of the feedlot industry. It is happening world wide. We have an opportunity here. We have a great market out there, and we have a great supply of cattle that we can utilise. There is also the fact that we have the resources to do it. Unfortunately, in many instances the water situation has not been helpful to the expansion of that particular industry.

We are in a state that is growing. In fact, most states would probably be in a similar situation. We could argue that one is better than the other, but the reality is that we have to look ahead again. We have to turn that corner. We have to come out strong and make sure that we can provide the sorts of resources that are needed for future generations. We have to make sure that we can develop. I believe that we can do that.

Mr JOHNSON (Gregory—NPA) (2.53 pm): I rise to speak to the State Development and Public Works Organisation and Other Legislation Amendment Bill 2005. From the outset let me say that this is a very important piece of legislation in more ways than one. Here we are in Queensland, which, in conjunction with Western Australia, is probably the wealth generator of Australia. We are experiencing a population explosion. Some 1,200 to 1,300 people a week are coming to live in our state. We are rich in natural resources, but our most important resource is our people. Whilst the people who are coming into our state are going to tax our resources somewhat, they are also going to play a very integral role in the ongoing viability and development of our state.

We witnessed that in years gone by on the Gold Coast, when we had mass population border crossings from the southern states to take advantage of, I suppose, Sir Joh Bjelke-Petersen's elimination of death duties, which I believe was one of the great things that this state ever witnessed. We can see the resources that are available to us today. Our wealth is generated by our coalmines, by some of the best and most professionally run rail operations in the Western World and by the best narrow-gauge railways in the Western World which are feeding our ports in Townsville, Abbott Point, Gladstone and Brisbane.

When we talk about associated infrastructure, we have to look very hard and fast at economic infrastructure. When I talk about economic infrastructure, I talk about dams. Just recently my colleague the member for Warrego and I flew from Bowen to Emerald. We fly over the site of Urannah Dam on the Broken River, just a little south-west of Collinsville. What a magnificent site that is. It is a natural gorge with a natural catchment. It is in some pretty hard country but, at the same time, it has a magnificent capacity for a dam. When people look across to the west, they can see the major coalmines in the basin there and also in Collinsville. There are mines to the south of Newlands, Goonyella and back down to

Burton Downs et cetera. The wealth capacity in such areas is untapped. I believe there is one part of the Queensland coast where the wealth generation capacity has not been tapped, and that is Bowen. A couple of months ago we had a meeting in Bowen with Councillor Mike Brunker and his CEO, and we looked first-hand at some of the possibilities for industrial installations adjacent to the rail line going out to Abbott Point. We also witnessed the capacity for the duplication of Abbott Point and the rail infrastructure.

The most important factor is that there is a shire that is embracing change and embracing industrial development. I see that the Premier is in the House this afternoon. I say to the Premier and to his deputy, the minister for state development, that whilst I think some other areas are overtaxed and their population is growing there is capacity for Bowen to be given a leg-up, if I can put it that way.

Mr Beattie: I agree with that.

Mr JOHNSON: I take the interjection from the Premier, and I thank him for it, because we are talking here about productivity, we are talking about wealth generation but, more importantly, we are talking about giving quality of life to ordinary Queenslanders. Look at the wealth that has been generated by our coalmines at the moment. Look at the opportunity that those people have. Their families have benefited from it. They are living in better styled homes. The mining companies are well aware that we have come a long way since the days of the early mines back in the early sixties. We have seen change since that time.

With a dam like the Urannah Dam, it is going to not only feed coalmines but also sustain the population. It is going to sustain growth in agriculture. A prime example is allowing the agricultural land adjacent to Bowen and Collinsville to be able to grow with the water that would come from that dam. We witnessed first-hand at Fairburn Dam, in Emerald, what happened as a result of that installation going back into the seventies and the growth that has been generated by water in that region alone. Not only that they hang off the back of coalmines; the cotton industry and other food and fibre are grown in the central highlands as a result of that dam.

I can remember back in 1966 that the population of Emerald was about 3,000 people. Today it is a bubbling, bursting metropolis of 12,000 people. There is more expansion, more expansion and more expansion. If it is not hanging off the mining industry, it is hanging off the agricultural industry. Those two industries go hand in hand. The beautiful part about it is that I really believe—and I say this to the members in the House today—a lot of the people who live in the south-east corner may have lived all their lives in and around Brisbane or the coastal area. I say to those people that, if they get the opportunity, come out and visit country areas and see first-hand what those communities have to offer and the growth that has occurred there.

There is growth in Emerald. In Emerald there are good education facilities, good hospital facilities and good recreation facilities. All of these things add to the quality of life of families and people. That is what comes when we have water. In the south-east corner there are taxes for roads, rail, power and public utilities like hospitals, schools et cetera. There is certainly the potential for employment growth in rural areas. Employment in the mining sector is taking off at this point in time.

I want to reflect on Nathan Dam for a moment. That was high on the agenda of the National-Liberal coalition from 1996 to 1998. I have heard ministers in this House say that the federal government is dragging its feet. We cannot afford for any government to drag its feet on any major infrastructure, especially when the resources are going to benefit the people and the long-term viability of the industries will enhance growth and productivity and thus enhance the quality of life for our people well into the 21st century.

I think the most important thing to remember is that we, the 89 members of parliament, have to leave a better place for our children and their children. I believe we can do that by proper planning and by putting in place good infrastructure that will add to people's quality of life regardless of where they live.

One of the other issues I want to touch on today is the low-interest loans that have been available to private enterprise and government over a long period of time. With the government's policy on public-private partnerships, I can see that more dollars can be injected into development in this state. In terms of road infrastructure, dams and a whole host of different areas, we can gain productivity as a result of investment by the private sector.

An initiative undertaken by the private sector can certainly save the government a lot of problems. Government money can be used for other things such as CSOs. I will use transport as an example. The private sector could inject more money into local government to allow local government to put money into road infrastructure in the isolated areas of the state that you, Mr Deputy Speaker O'Brien, and I and others in this House represent. I know that the government's line is accountability and transparency. I really believe that we can get genuine productivity outcomes with these private-public sector relationships.

It is very important that we take advantage of low-interest loans. At the moment there are multinational banks all around the world waiting to lend money.

Mr Beattie: I know of a good doctor, Vaughan.

Mr JOHNSON: I went to one this morning, Premier. I beg your pardon for my condition. I would not wish it on anybody; I can assure the Premier of that. Governments, regardless of which side is in government, should take advantage of the opportunities that are available. With the population explosion in Queensland it is essential.

The position of Coordinator-General is a statutory position established under the State Development and Public Works Organisation Act. As the minister said in his second-reading speech, the act provides the Coordinator-General with unique powers to coordinate across government to facilitate priority infrastructure and development projects. I think this is a very good aspect of the legislation. I urge the Premier and the government, regardless of who is in government, to take advantage of the unique opportunities that are available to us today.

I believe that we can enhance our growth, take advantage of that growth and let the current population and even the younger people take advantage of it rather than wait until we are old and retired to see whether we can have a better road system and a better water system. If we are going to achieve genuine initiatives we have to make absolutely certain that we engage the private sector with the public sector.

I urge the government and the minister for state development to take advantage of these initiatives because I believe that rural and regional Queensland, where the wealth generation of this state really is, can enhance future opportunities for not only the people in those regions who will be engaged in employment but also people in the south-east corner. There are not too many people in western Queensland, north-western Queensland or northern Queensland, but they generate employment through abattoirs et cetera. Every beast killed creates three to four jobs every day. The multiplier effect is achieved by a minority of people for the majority. This is a piece of legislation that will have flow-on effects right across Queensland for the benefit of all Queenslanders.

Dr FLEGG (Moggill—Lib) (3.06 pm): I will make a brief contribution in the debate on the State Development and Public Works Organisation and Other Legislation Amendment Bill. Essentially this bill relates to issues surrounding major projects under the influence of Coordinator-General. I will confine my comments to one project. The Coordinator-General has put forward a discussion process for the Westgate project. This project was also alluded to by the Premier in the House this morning. The explanation of the project that has been put on the appropriate web site by the Coordinator-General states—

The Queensland Government is developing a strategic plan for the future use of surplus government land in the Westgate precinct at Wacol. The Westgate precinct is a key site for managing growth in South East Queensland and the strategy will aim for the best outcome for the region.

Opportunities exist for a mixed-use development recognising cultural, heritage, environmental, government, and community uses. The government is aiming for a high-quality, showcase, planned development.

Transport to, from and through the site will be addressed as part of the Westgate strategic plan. This is the particular area that I have concerns about. The web site goes on to state—

The Coordinator-General invites comments on the various elements of the four options for redevelopment of the Westgate site. Comments will be used to inform the creation of the draft preferred Westgate strategic plan.

In this concept to develop this very large parcel of land at Wacol, the Coordinator-General has put forward four options which are up on the appropriate web site.

I will restrict my comments to the transport issues, but option 1 on the web site in relation to transport states—

Making connections

Upgraded north-south connector

New east-west connector and river crossing

Option 2 states—

Making connections

Upgraded north-south connector

New east-west connector and river crossing

Option 3 states—

Making connections

Upgraded north-south connector

New east-west connector and river crossing

Option 4 is exactly the same again. So there are four proposals, all of which are proposing a river crossing from this development area at Wacol into the Moggill-Bellbowrie area.

It would come as no surprise to members of this House or to the government or the relevant ministers that the issue of river crossings in the west of Brisbane in particular is an enormously sensitive issue for local constituencies. There is one issue that would arise in any constituency, and that is that, by creating a river crossing point—and bear in mind there is no river crossing point between the Centenary Highway bridge and Colleges Crossing—large amounts of traffic will be focused in both

directions through what up to this point in time have been quiet suburban streets. But more particularly in relation to that, there is the peculiar problem that we have suffered for so many years now in the western suburbs—that is, because we are located between Brisbane Forest Park and the Brisbane River we have essentially one transport corridor linking the area to Brisbane, and that is Moggill Road and the Western Freeway. There is very little ability for people to use any other route.

The problem after introducing large-scale vehicle crossings of the river as proposed under this Westgate provision is that it will increase the traffic utilising that restricted transport corridor. It is already an impassable mess and residents within my electorate are not in the mood to sit for even longer periods of time through this essentially unworkable maze of roads that has been the subject of chronic government neglect for years and years. But the real issue in relation to this is the way that it has been done. It came to my attention as the local member through somebody noticing a little ad in the paper and giving me a ring. This is an issue that is of acute concern to the residents of my electorate.

Madam DEPUTY SPEAKER (Ms Jarratt): Order! Member for Moggill, I am failing to see the relevance of your contribution to the contents of the bill. Would you like to draw my attention to the connection, please?

Dr FLEGG: The bill is in relation to these major projects that are under the influence of the Coordinator-General, of which the Westgate proposal is one. It is an example of the projects envisaged in the bill.

Madam DEPUTY SPEAKER: That is accepted. Thank you.

Mr Beattie interjected.

Dr FLEGG: This applies to all of those projects talked about in the briefing notes and everything else, and the same thing applies—that is, here we have a major development project which was introduced secretly. As is the situation with those who live near Aldoga or other such projects, the people who will be potentially severely affected by this project were given no information and were in fact expected to surf the net and find this on web sites. Public comment through the web site has actually been available since 11 November—about two weeks—yet there has been nothing that would alert people to this particular potentially very damaging issue. People have a right, firstly, to know and, secondly, a right to be angry about the fact that a major issue such as this—which everybody on the government side knows is a major issue—has effectively been attempted to be sneaked through.

Once again, we have seen a supposed consultation period that ends on 22 December when people are preoccupied with other issues when in fact perhaps the most significant issue in the whole project is barely even mentioned. Two weeks after the commencement of this supposed public consultation period, the Premier made a brief statement in the House this morning and in no way alluded to the importance of the transport proposals that are contained in Westgate and the potential to enormously change the lives, locality and amenity of areas around Moggill and Bellbowrie. What concerns me even more is that this is part of an agenda on the part of the government to make Moggill the river crossing point for the western suburbs of Brisbane and to do it without any consultation with the local community. In fact, all of the evidence shows that the government has deliberately tried to hide it from this local community. Anyone who lives near the bridge at Indooroopilly will know that river crossing points change these communities forever. They can only be done with the full consultation of the local community, and the Coordinator-General and the government who are behind this project should in fact be ensuring that that happens.

Quite frankly, the government has been pushing the idea of a western Brisbane bypass on its own maps through exactly the same area. It is showing a transport corridor for investigation from virtually the same point on the map, and here again it is trying to create a river crossing that will forever change the lives of thousands of people in that area without due process and without informing people about what it is doing. Then there is the very fact that all four options contain this highly contentious and controversial proposal. We do not even have a single option put forward in this study that contains a no bridge option. The only options that the residents of Moggill and Bellbowrie can comment on involve bridges that they do not want, major disruption to their neighbourhood and disastrous consequences for an already hopelessly inadequate Moggill Road.

This way of doing things for major projects initiated by the government and overseen by the Coordinator-General is not acceptable. It treats the people of Queensland—and, in this case, the people of Moggill and Bellbowrie—with contempt. There is no way that governments should introduce a major issue of this nature and sneak it up on a web site. It is not even an official government web site; the web site is westgatestrategy.com. It should not tell nobody about it and hope that, in the preparations for Christmas, it can get it through saying, 'We consulted the community because we stuck it up on a web site.' This is unacceptable. The people in Moggill and Bellbowrie do not want a bridge focusing thousands of cars down on their local area. The process is unacceptable. I will be doing the best I can to alert local residents to what is planned for their locality. However, as I say, it is already two weeks after the start of public consultations in the lead-up to Christmas. It is a process that should have involved this local community, and it is a disgrace that it has not.

Mr ROGERS (Redcliffe—Lib) (3.18 pm): I rise to speak to the State Development and Public Works Organisation and Other Legislation Amendment Bill. I speak from the point of view of my constituents in Redcliffe. In Redcliffe there is concern about the growing population of Queensland and planning for the future. This bill is making it easier for us to provide for planning into the future by making public-private partnerships a viable option. Our concerns in Redcliffe relate to transport planning. There has been no transport planning in relation to Redcliffe for some time. However, we are pleased to hear that a bridge has been planned. We would like a railway line from Redcliffe to Petrie, but more importantly—

Mr Finn: You campaigned on that.

Mr ROGERS: I did campaign on that. Redcliffe has become a transport corridor, which it was not intended to be. Planning would be greatly appreciated to provide transport corridors that do not direct traffic through Redcliffe. We see this bill as giving the government the opportunity to do this for the people of Redcliffe. It gives the government the ability to provide alternative, environmentally sensitive transport corridors. The people of Redcliffe would appreciate an east-west corridor out through an environmentally sensitive area. I have no objection to that being a public-private partnership, which this bill would then provide for.

As I said, we have a problem with the traffic corridor coming through Redcliffe from Deception Bay, Caboolture and Pumicestone because road users cannot come down the M1 and the Bruce Highway, which has been federally funded. The government could direct its planning towards an alternative north-south corridor to the west of Redcliffe. Redcliffe would appreciate this bill being used in the correct manner to provide transport infrastructure into the future with a degree of planning. And do not forget our railway.

Mr COPELAND (Cunningham—NPA) (3.21 pm): I rise to make a short contribution in the debate on the State Development and Public Works Organisation and Other Legislation Amendment Bill 2005. One of the great tragedies of the Labor years of government in Queensland has been the drastic underfunding of infrastructure spending in this state. Unfortunately, we are coming to a crisis point in a whole range of areas of infrastructure, whether that is in the energy sector, the transport sector or the water sector. It is only now that we are in a crisis situation that we are starting to see some very slow and very belated moves by this government to make some token efforts to make it look as though it is doing something. Nowhere could that be more dramatically illustrated than by the water crisis that we have in particular in the south-east corner. We have had water problems around the state for many, many years. It is only now that the large population areas are being affected that we are finally seeing some movement by this government. As we have seen time and time again, it is only when it looks like an issue will affect the government in the public opinion stakes that we see any movement whatsoever.

In my electorate of Cunningham the department of state development has been involved in a number of areas. By its very nature, the department is an overarching department that goes across many different portfolio areas and, of course, many different developments. We have heard that in the contributions of a number of members during this debate. There are many different areas, and we need to have the department push and coordinate developments across the different departments to make sure that they happen. Time and time again we have seen them not happen. We have seen one department blame another, we have seen departments say that they do not have responsibility for it and we have seen departments simply not plan. We need to make sure that the department of state development is working and that the position of Coordinator-General is working to make sure these developments are progressed and do not stagnate, as we have seen in the past.

There is a major development opportunity on the western side of Toowoomba, which is not in my electorate but it certainly affects the whole of our community. I refer to the Charlton-Wellcamp industrial area. The department of state development has been assisting in that development. It has the potential to be a major industrial area and a major transport hub, because it is at the intersection of major highways, both interstate and intrastate for Queensland distribution. Also, its proximity to Brisbane means that it has major potential to become a distribution hub.

What we need to make that happen is the second range crossing, which, of course, comes under a different department and entails different governmental responsibility. The federal government funds that road, but we need to make sure that this government puts it at a priority level such that it will attract funding to get it up and going. At the moment a number of trucks go through our city every single day of the week. It is something that we need to fix. Until it is fixed, the potential of the Charlton-Wellcamp area simply will not be fulfilled. Likewise, if the inland rail system that has been championed for some time by a whole range of members and members of the public does go ahead then, obviously, if it comes to Toowoomba before heading north Toowoomba will be in an ideal situation to be a major distribution hub. I think it has a great deal of potential.

The other link in that chain is appropriate energy requirements. We have seen the energy distribution system in this state being run down so dramatically over the years this government has been in power that we had the Energex and Ergon crises of a couple of years ago. That has been taken off people's radars because of the myriad crises that have engulfed this government. There are still very

real problems when it comes to the energy distribution network. Certainly, from everything that has been indicated, there will be some real problems when it comes to the generation capacity of the Queensland energy sector.

I refer to the water requirements of our city. I spoke about this during the last parliamentary sittings in debate on another bill. It certainly is the responsibility of the department of state development to actually develop water infrastructure. This government has now walked away from the construction of a pipeline for recycled water from this part of south-east Queensland to the Darling Downs. It is on the public record saying that it will not support it, as the minister for natural resources stated in a ministerial statement during the last sitting week and then confirmed during the debate on the water bill. It is an indictment that this government is not going to pursue that sort of visionary project which will have long-term economic and environmental benefits to our state.

We also need to build dams. Demand management only goes so far. Certainly demand management has to be pursued, because we need to improve the efficiency of our water consumption. But, as has been the case with the energy sector, we need to also have the capacity to build extra infrastructure. That is certainly the case when it comes to water. We need to have those dams in place so that we are able to capture run-off when the rain does fall. Major events like we saw at the Gold Coast earlier this year do occur. That rain was able to virtually fill the Hinze Dam; it got up to around the 80 per cent mark. Those events do happen and we need the infrastructure in place so that when they do happen we can capture the water and have the benefit of that water.

The infrastructure underspending that we have seen in Queensland over the past seven years of this government's term has been absolutely disgraceful. Now that we have these crises on our hands we see the government scrambling, trying to make it look like it is doing something, like it does in so many different cases. I hope that we get some tangible benefits from some of the things that the department of state development and the Coordinator-General should be doing.

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier and Treasurer) (3.27 pm), in reply: I thank all honourable members for their contributions to this debate. I table for the House the explanatory notes for amendments to be moved during consideration in detail. A number of amendments have been circulated to the House. I arranged for appropriate briefings to be given to the opposition spokesperson, Fiona Simpson. A representative from the Leader of the Opposition's office and Liz Cunningham representing the Independents also attended.

The amendments basically relate to ensuring that the tunnel arrives as desired by the Lord Mayor, the state government and, I assume, all members of parliament. There are also some issues about release of material, which I will come back to. I thank all members who have participated in this debate and acknowledge their support for this bill. I have also tabled the addendum to the explanatory notes for the amendments that have been circulated which I just referred to.

Let me deal with some of the matters raised by members. A number of points were made in relation to the Coordinator-General by both Jeff Seeney, the opposition spokesman, and Fiona Simpson, who I think has responsibility for this.

Madam DEPUTY SPEAKER (Ms Jarratt): Premier, I ask that you refer to members by their electorate rather than their name.

Mr BEATTIE: I do not know what their electorates are. You might help me out. What is Jeff Seeney's seat?

An opposition member: Callide.

Mr BEATTIE: Callide, good. And what is yours?

Miss Simpson: Maroochydhore.

Mr BEATTIE: Good. Okay, I refer to both of them. The two of them made a number of points. One related to modernising and updating the act, recognising and facilitating the role of the private sector in infrastructure provision and ensuring timely assessment of projects in consideration of community expectations.

The changes proposed in the bill before the House today are aimed at responding to the need to modernise and update the provisions incorporated in the State Development and Public Works Organisation Act by my government in 1999 to enable the government to respond more efficiently and expeditiously to the demands created for the provision of economic infrastructure in the state whilst ensuring that the community's expectation of environmental management was continued to be met. There were some issues raised in relation to the Nathan dam and the Environment Protection and Biodiversity Conservation Act. There was reference made to the Commonwealth EPBC Act infrastructure logjam and a number of other issues.

I want to thank the member for Toowoomba North for his comments and participation in this debate, particularly his comments about the Nathan dam. I also thank the Deputy Leader of the Opposition for his support for the bill. I do know, however, that in his speech he raised the issue of the Nathan dam, about which he is quite familiar. Although I thank the Deputy Leader of the Opposition for

his support for the Nathan dam project, I take issue with his assertion that this government has not done enough to remove the logjam. This is a demonstration that sometimes silly politics gets in the way of logic. The federal government is creating the infrastructure bottleneck in Queensland. I think the Deputy Leader of the Opposition should acknowledge that. The objection has gone to the federal government, not to us. To come in here and to try to misrepresent that is just the usual sort of petty juvenile politics that people get sick to death of. The federal government is creating this infrastructure bottleneck in Queensland through its Environment Protection and Biodiversity Conservation Act.

Members will recall that I made a ministerial statement on this subject on 6 October when the House sat in Rockhampton. The administration of the Environment Protection and Biodiversity Conservation Act by the Commonwealth has come under repeated challenges in the courts. Of particular importance to central Queensland is the decision of the Federal Court in the Nathan dam case, which requires that the indirect downstream impacts of infrastructure projects must be analysed in full even if there are, as in this case, effective state processes in place to assess and manage the issue.

As I said in Rockhampton, I have written to the federal minister urging his government to consider some changes to the Commonwealth act to address some of the uncertainties and delays associated with planning infrastructure development, which is the cause of much frustration for the government and the private sector alike. I again call on the state coalition to work positively for Queensland by pursuing its federal coalition partners to amend that legislation so that worthy projects can go ahead. That is where the bottleneck exists.

A number of issues were raised in relation to the lack of water infrastructure provision and demand for management. Water is one of our most valuable resources. That fact has been highlighted by the current drought hitting Queensland which is one of the worst in history. My government is committed to ensuring that all Queenslanders will continue to have access to a clean and reliable water supply through the careful planning and management of this resource.

In his speech to this bill, the Deputy Leader of the Opposition commented that this government has concentrated only on demand-side management and that somehow demand-side management is woolly headed. I will address two points: firstly, the government's ongoing commitment to delivering water infrastructure and, secondly, the suggestion that demand-side management is somehow woolly headed. The Queensland government is committed to ensuring that our water supply needs are met through good planning, the efficient use of existing resources and the development of new infrastructure, including new dams and weirs where required. The South East Queensland Regional Water Supply Strategy is looking at options to provide more water to reduce the growing pressure on local supplies. They will be considered in the current stage of the strategy to be completed in December 2006 and will include upgrading and building dams, weirs and distribution networks. Other supply options such as desalination are being investigated. The strategy will link with both the SEQ Regional Plan and the SEQ Infrastructure Plan and Program.

We have already progressed long-term planning for growth in this region through the South East Queensland Infrastructure Plan and Program. The government has allocated an additional \$243 million to start building a number of water storages in south-east Queensland. That includes new supply options to enhance regional water supply security. Work has already begun on one of these new supply sources, the Cedar Grove weir on the Logan River, and potential sites for a weir on the Mary River are under investigation. As part of the South East Queensland Infrastructure Plan we are also developing a new dam at Wyaralong.

Increasing the connectivity of various water resources across the south-east will give more choices in managing regional water supplies. My government is committed to fast-tracking the assessment of the \$250 million investment in the southern regional water pipeline linking the Gold Coast and Brisbane regions as well as meeting the emerging needs of the growing western corridor. My government has also contributed \$27 million towards the cost of upgrading the Wivenhoe Dam spillway. These works now provide better flood protection in Brisbane city and other downstream communities in the Brisbane River valley.

In recent years my government has also provided funding and assistance for a number of key water infrastructure projects throughout the state. I want to go through them because we get this nonsense from those opposite in the National Party that we are not providing infrastructure. That is just untrue. I know politics is one thing—and we hear the nonsense from the Deputy Leader of the Opposition—but let me deal with the facts, because they are another thing. We are putting money into the refurbishment of the Moura Weir on the Dawson River—\$5.34 million—of 300 megalitres per annum, which is a high priority; the Moura off-stream storage at Moura near the Nagoa River, \$4.56 million, 1,220 megalitres, a high priority; the Kirar Weir at Eidsvold on the Burnett River, 20,000 megalitres per annum, a medium priority; the Burnett River at Biggenden, \$281 million, which includes the Barlil and Jones weirs projects, 20,000 megalitres per annum, a high priority, and 124,000 megalitres, a medium priority; stage 2 of the Awoonga Dam on the Boyne River at Gladstone, \$106 million, 28,400 megalitres per annum, a high priority; and the Gattonvale off-stream storage at Gattonvale near the Bowen River, \$22 million for improved reliability for the existing allocations.

Those are just some of the projects. I have not dealt with the total cost of water infrastructure for the south-east corner or the other projects that are taking place in other areas of the state. But that just gives members some idea of what we are delivering. We are committed to providing water infrastructure when and where required throughout the state and that will not change. So, when the opposition spokesman says that the government considers the announcement of new infrastructure as a reason for great rejoicing, that is right. Infrastructure should be celebrated. We are going to continue to do that. Yes, the government has made a number of commitments and implemented a range of programs and actions designed to reduce and redirect water consumption. I plead guilty to working hard on demand-side management. I make no apology for that.

The government has made \$7.5 million available over two years for stage 2 of the Rural Water Use Efficiency Initiative, which was launched on 15 April 2004. This will continue the partnership with industry and broaden the scope of the initiative to include on-farm water related practice. The initiative is on track to save over 180,000 megalitres of water and increase productivity to the value of \$280 million each year. That is sensible.

Other initiatives such as supplementing the water supply with suitably treated recycled water for use by industry will also extend south-east Queensland's water supply significantly. An additional \$20 million has been allocated for 2005-06 and 2006-07 to facilitate the design, easement acquisition and business case development for recycled water for the western corridor to service the needs of industry in this growing region. This recycled water may also be used by some of the region's power stations, replacing the current use of around five per cent of south-east Queensland's supply of drinking water.

We have already planned for this in our regional infrastructure plan with around \$107 million earmarked for major recycled water projects and we have brought forward some components of this plan. It is essential that the necessary water infrastructure is put in place to underpin future water security in south-east Queensland and also to encourage the efficient use of water of different qualities across users in the region. My government will continue to develop strategies for south-east Queensland that will promote water conservation as well as encourage investment in infrastructure. I just want to make the point that that is a quick overview of some—some—of the investments that we are putting into the future water supply needs of this state. I think that puts paid to the lie that we are not planning for the future. We have been and we will continue to do so.

I have responses to the issues raised by the member for Gladstone in terms of the Gladstone state development area and the multiuser infrastructure corridors. I also have some time frames for EISs and the details of approvals, which I think are important. They are changes to significant projects. All of these matters relate to issues that were raised. I also have a response linked to the Petroleum and Gas (Production and Safety) Act and the EISs for significant projects; a significant project not requiring an EIS; the acquisition of a public utility easement; authorised work by an approved person; the PNG pipeline project; and CG imposed conditions where there were no relevant approvals—and that refers to enforcement conditions, penalties, legal proceedings as well as declarations in the Planning and Environment Court. In view of the fact that I have detailed responses here and in view of the fact that these matters have been dealt with, I seek leave to incorporate in *Hansard* those responses because I think they will give satisfactory answers to the issues that have been raised.

Leave granted.

4. Gladstone State Development Area—Targinie land purchasing program (response to the member for Gladstone)
 - ensure existing and future industry development is not compromised by land uses that may be incompatible with large scale industrial operations,
 - ensure that existing and future industry development does not impact unacceptably on communities adjacent to, or in close proximity to, the Gladstone State Development Area.
 - Concern that long delays between finishing EISs and the development of site mean EIS may no longer be relevant.

The Coordinator-General has been working hard to bring more development to Gladstone.

I take up the member for Gladstone's concern that long delays between finishing an Environmental Impact Statement and the eventual development of a site could mean that the Environmental Impact Statement is no longer relevant. The proposed amendments seek to address that concern by adopting a "use it or lose it" approach to Coordinator-General's report to ensure that only bona fide developers get the benefit of a Environmental Impact Statement coordinated under the Act and cannot "bank" a report by the Coordinator-General to use later on. Proponents of significant projects will have to start their project within 4 years of the completion of the Environmental Impact Statement process, otherwise the Coordinator-General's report will lapse.

Likewise, approvals for development in State development areas, which includes the Gladstone State Development Area, will have 4 years to substantially start their development from the time the Coordinator-General gives an approval under a development scheme.

With regard to the Targinie extension to the Gladstone State Development Area, the aim is to ensure that existing and future industry development within the Gladstone State Development Area is not compromised by land uses adjacent to the current boundaries of the Gladstone State Development Area that may be incompatible with large scale industrial operations.

The land purchasing program will continue at Targinie.

5. Multi-user infrastructure corridors (response to the member for Gladstone)
 - Enables multi-users and uses within one infrastructure corridor through declaration as a State development area
 - To be used primarily for linear infrastructure

- CG can provide access to predetermined strategically placed corridors throughout the State
- timely and efficient delivery of infrastructure through the co-location in one corridor,
- may also provide cost savings to infrastructure providers and pass saving onto users of their services
- corridor investigations are being undertaken between Gladstone and Rockhampton (water pipelines and possibly rail).

I thank the member for Gladstone for her comments about this bill and in-principle support for multi-user infrastructure corridors.

The need to plan for the provision of linear infrastructure across the State is facilitated by amendments to the existing State development area provisions to provide that the Coordinator-General can take land for multi-user infrastructure corridors.

The Coordinator-General can already take land in a State development area for the purpose of establishing industry or essential services.

These multi-user infrastructure corridors may be directly associated with existing State development areas or they may be acquired for other multiple use corridors linking uses in existing state development areas, other strategic locations such as major resource areas, ports and other infrastructure corridors or transport and logistics hubs.

It is anticipated these corridors would primarily be used for linear infrastructure such as gas, water or slurry pipelines, powerlines, conveyors and roads.

Private sector infrastructure providers and industry will benefit from the ability to access predetermined strategically placed corridors throughout the State to assist in the timely and efficient delivery of infrastructure through the co-location of infrastructure, rather than a range of different infrastructure providers developing multiple corridors to and from similar locations.

The ability to access common user infrastructure may also provide cost savings to infrastructure providers, and importantly to users of their services.

The Coordinator-General is currently investigating possible corridors across the State. I understand that the first of these possible infrastructure corridors is on the drawing board with corridor investigations being undertaken between Gladstone and Rockhampton to identify a corridor to carry water pipelines and possibly rail lines between these 2 regional centres.

6. Timeframes for EISs and approvals (response to the member for Gladstone)

- 2 year timeframe in which proponent must complete EIS,
- 4 year currency period for CG's report about EIS,
- 4 year timeframe in which proponent must substantially commence a use approved by the CG in a State development area,
- All timeframes may be extended by the Coordinator-General,
- willingness and capacity of proponent to deliver on project and provide benefits to State,
- ensure equitable allocation and efficient use of government resources,
- ensure conditions attached to projects are relevant at time of development and operation.

The amendments recognise and encourage the important role of the private sector in the planning, development and delivery of infrastructure. But just as the private sector is demanding more of government, government's resources are best used where proponents can demonstrate a willingness and capacity to deliver.

2 years to prepare EIS

To ensure the equitable allocation and efficient use of government resources, there is a need for proponents to complete their environmental assessments in a reasonable period of time and then commence their development as soon as possible. The Bill provides that proponents must provide their Environment Impact Statement to the Coordinator-General within 2 years after receiving the Terms of Reference. This 2 year timeframe will not affect public consultation about the project which takes place after the Coordinator-General has received the Environment Impact Statement from the proponent. Nor will the quality of the environmental assessment suffer because of the timeframe because the Coordinator-General retains the ability to seek further information from the proponent after he has received the Environment Impact Statement.

4 years to start the project

A proponent will generally have 4 years from the date the Coordinator-General completes the evaluation of the Environment Impact Statement in which to make a development application for the project. After this time the currency period of the Coordinator-General's report will expire.

4 years for approvals in state development areas

Also embodying the "use it or lose it" approach adopted in the Integrated Planning Act for development approvals. Any approvals given by the Coordinator-General for uses in a State development area (Gladstone or Townsville) will now also have a currency period of 4 years in which to commence the development.

Ability to extend time periods

We do however, recognise that there may be compelling reasons why an Environment Impact Statement cannot be completed in 2 years or why a Coordinator-General's report about an Environment Impact Statement for a significant project or an approval in a State development area should be extended beyond 4 years, and the Coordinator-General will have discretion to extend time periods on a case by case basis.

7. Changes to significant projects

- Response to the way in which EISs are prepared (earlier preparation) and role of PPPs in infrastructure provision
- Acknowledges that changes are may be made to projects following completion of EIS
- Changes may incorporate changes to technology or construction method, or scope of detailed design
- Allows proponent of significant project to request that CG evaluate a change
- Avoids need to restart entire EIS process.

Increasingly, proponents are conducting their environmental assessments at an earlier stage in the development of a proposal, as part of the feasibility stage. This is particularly so in the case of Public Private Partnerships where the Environment Impact Statement may be used as the basis for calling tenders for the construction of the project which may then result in changes to

aspects of the project, such as the design, scope, construction methodology, or available technology. Frequently these changes to the design of the project result in improvements to the project.

The Coordinator-General will be able to evaluate changes proposed by the proponent to a significant project after the completion of the Environment Impact Statement process, but before the project commences. This will allow proponents to fine tune their development proposals and submit to information about the proposed change together with its effects on the environment for the Coordinator-General to consider. The Coordinator-General will then determine whether any further assessment should be done. The Coordinator-General will also decide if there is a need for further public consultation about the proposed change to the project and provide an opportunity for submissions to be made about the change.

Under these provisions, proponents may also request the Coordinator-General to consider a change to a condition of the project. This is a new power which recognises that changes to significant projects could be requested before any approvals are in place and before the project is started and that the Coordinator-General has a role in evaluating these proposals.

The amendments will assist in the efficient delivery of projects, use of government resources, and thorough assessment, by responding to a change in the proposal without the need to restart the Environment Impact Statement process from the beginning.

The need for this type of provision arose in the course of the Environment Impact Statement process for the Brisbane City Council's North-South Bypass Tunnel project. The Council sought a mechanism by which to have a change proposed by the successful consortium considered by the CG without the need to recommence the Environment Impact Statement process.

8. Links to the Petroleum and Gas Act (P&G) for EISs for a significant project

- Provides CG with ability to state conditions for projects gas and petroleum projects involving licences and leases under the P&G Act, similar to existing ability under the Integrated Planning Act (IPA), the Environment Protection Act (EP Act), and the Main Roads Act (MR Act).
- Enhances the CG's whole-of-government coordination of significant projects.

The Coordinator-General's project facilitation role in coordinating a whole of government response for significant projects requiring an Environment Impact Statement is enhanced by improving the Act's integration with a range of environmental and planning legislation.

With the recent commencement of the Petroleum and Gas (Production and Safety) Act, it is considered desirable to provide specific linkages to that Act to enable the Coordinator-General to coordinate the assessment and facilitation of significant projects which require leases or licences under the Petroleum and Gas Act. The amendments ensure that any conditions stated in the Coordinator-General's report are included in any licence or lease granted for gas or petroleum projects.

These linkages are similar to existing linkages between the Act and the Integrated Planning Act, the Mineral Resources Act and the Environmental Protection Act.

Some minor amendments are also required to the Petroleum and Gas Act as a consequence of these amendments to the State Development Act.

The need to link the environmental assessment and approval of significant projects through the preparation of reports by the Coordinator-General evaluating Environmental Impact Statements and stating conditions or making recommendations for approvals under other statutes has been a feature of the 'significant project' framework introduced into the State Development and Public Works Organisation Act in 1999.

9. Significant project not requiring an EIS

- Maintains CGs role in facilitating the coordinated assessment of significant projects,
- Recognises that, despite their importance to the State or a region, some significant projects do not require the preparation of an EIS,
- The amendment does not, however, reduce the level of assessment required for such projects, merely ensure that the most appropriate legislative process/framework used to assess them.

As currently drafted, the Act provides the Coordinator-General with decision making powers to determine whether a project is a 'significant project', that is one that has important economic consequences for the State or for a region.

The Environment Impact Statement provisions under the State Development Act provide a framework to coordinate the environmental assessments normally required and undertaken under other legislation such as the Integrated Planning Act. However, the Act provides no discretion about the level of impact assessment that is required for significant projects, even if there are additional assessment and advertising processes specified in other legislation that must be followed once the Environment Impact Statement under the State Development Act is completed.

To address this issue, the Bill enables the Coordinator-General to declare a project to be a significant project but not require the preparation of an Environment Impact Statement under the Act.

This amendment provides for the nature and significance of projects to the State or region to be considered, and if these criteria are satisfied, determining that projects warrant assessment by those agencies. This amendment will have particular application to projects seeking approvals under the Vegetation Management and Water Acts.

10. Acquisition of public utility easements

- The registration process for public utility easements requires the consent of the landowner.
- Where the CG compulsorily takes the land under the SDPWO Act, the requirement for the owner's consent cannot be met.
- The Bill provides that, in these circumstances, owner's consent is not required.

The Land Title Act 1994 and the Land Act 1994 provide for the registration of public utility easements by reference to an 'about' plan rather than a survey plan. There are potential cost savings associated with not doing a survey plan. However, the registration process for these easements requires the consent of the landowner. In cases where the Coordinator-General compulsorily takes the land, the requirement for the owner's consent cannot be met. The Bill provides that the requirement of the Land Title Act 1994 for owner's consent is not required.

These amendments will allow the Coordinator-General take a water storage easement where it is not in the interests of either the landowner or the infrastructure owner for the affected land to be taken as freehold. The use of a water storage easement over land which would only be temporarily inundated would provide a more suitable mechanism by which to control land affected by water storage facilities than taking the land as fee simple.

A review of the Guidelines made under the Act is currently being finalised and will include guidance about the use of water storage easements in relation to water infrastructure projects.

11. Authorised works by an approved person

- Enable private sector to enter into agreements with government (incl. local government and GOCs) to develop and deliver infrastructure,

The increasing role of the private sector in development and operation of infrastructure now requires that works are able to be carried out by a person who has entered into an agreement to do those works.

For example, works may be carried out by a private sector concession holder, such as may occur in a PPP, whereby the Coordinator-General, the Government or a local body enters into an agreement with a private sector concession holder for a defined period to build, own, operate and then possibly transfer the works back to the local or State government at the end of a franchise period.

In the case of the North-South Bypass Tunnel project the BCC will be able to enter into an agreement with the successful consortium to build, own, operate the tunnel.

Works approved as authorised works under the Act are considered as exempt development under the local government planning scheme and do not require assessment of the use by the local government under its Scheme.

The approval of works to be carried out in this way will not affect the need to obtain necessary environmental authorities under the Environmental Protection Act nor will it give rise to acquisition powers which are only triggered where the works are to be undertaken by local bodies or the Coordinator-General.

The Act also currently provides for the Coordinator-General to undertake works for a private person where those works are required for the development of a town or community. This provision is being amended to allow application of that provision to infrastructure more generally to allow for example the construction of a private pipeline or rail spur as part of a bigger multi user project.

12. PNG Pipeline project

- Recognises environmental assessments prepared in 1998 for the Papua New Guinea pipeline project,
- Any additional development not assessed in the 1998 study will be assessed under relevant legislation.

In response to the Member for Warrego's comments about the PNG gas project, the amendments in this Bill make sure that there is no duplication of the environmental assessment for this important project for work already as part of its impact assessment study the was completed in 1998. This assessment was very extensive and met the requirements of both the Commonwealth and Queensland Governments.

The amendments to the Act recognise the earlier environmental assessment work completed for the pipeline project and the desire to remove any potential duplication of this work under provisions of the Environmental Protection Act or the Nature Conservation Act which have been introduced since 1998.

The provisions will not exempt the proponent from undertaking environmental assessment for any new or additional components of the project. Any significant variation from the project that was the subject of the 1998 environmental assessment, such as additional pipeline laterals, will be subject to new assessments under relevant legislation.

The Opposition should also note that AGL has committed to a

350 mega watt gas-fired power station in Townsville.

13. CG impose conditions where there are no relevant approvals

- Mechanism to address circumstances where the project does not require a material change of use approval that requires impact assessment under the IPA,
- CG may impose conditions on project, proponent and others must comply,
- need identified in CG's report, dated 25 August 2005, about Environment Impact Statement for the NSBT project,
- desirable to give certainty to the public, the proponent and the consortia bidding for the project that the conditions stated by the CG can be enforced (esp. environmental management and complaint mechanisms),
- Premier announced in Parliament on 25 August 2005 that, while giving consideration to the CG's recommendation to introduce a mechanism to ensure that the CG's recommendations are enforced, adequate arrangements would be put in place well before construction on the NSBT project starts.

Section 35 of the State Development and Public Works Organisation Act currently provides for the Coordinator-General can state conditions to be attached to approvals for significant projects through linkages to the appropriate legislative approval instruments, for example, the Integrated Planning Act and the Environmental Protection Act.

Ordinarily, where the Coordinator-General declares a project to be a significant project for which an Environment Impact Statement is required and then evaluates the Environment Impact Statement in his report, he can either recommend or state conditions to be attached to the relevant approvals for the project. This serves to link the environmental assessment and approval stages of the project.

There are, however, circumstances where it is desirable to impose conditions on a significant project that was the subject of an Environmental Impact Statement even where the project does not require approval under other legislation to ensure that any environmental effects of the project are managed in the way outlined in the Environment Impact Statement. The Coordinator-General considers that there is a need to provide for the enforcement of the conditions imposed as a result of the evaluation of the Environment Impact Statement.

The new division will provide a mechanism to ensure that conditions the Coordinator-General determines for the project are complied with by the proponent or anyone else undertaking the project. This will provide for the proponent to comply with conditions requiring the preparation of, for example, environmental management plans required by the Coordinator-General, and mechanisms for monitoring complaints.

Enforcement of conditions

The conditions imposed by the Coordinator-General will be able to be enforced in the Planning and Environment Court as if they were conditions of a development approval under the Integrated Planning Act or the Environmental Protection Act.

Penalties

A person must not contravene an imposed condition and the penalty provisions set out in s 4.3.3 of the Integrated Planning Act or the provisions of Chapter 8, Parts 2A and 3 of the Environmental Protection Act 1994 will apply to a contravention

Legal proceedings

A proceeding may be brought in the Planning and Environment Court for an enforcement order; or for a restraint of contraventions of the SDPWO Act. A party bringing a proceeding will have to choose to bring the action under either chapter 4, part 3, division 5 of the Integrated Planning Act or under s 505 of the Environmental Protection Act.

The remedies available for an offence or threatened or anticipated offence relating to the project under the new 54F(1)(a) apply as if the offence was an offence relating to a development approval for the development under the Integrated Planning Act or an offence relating to a development condition of a development approval under the Environmental Protection Act.

Proceedings in relation to an imposed condition are restricted to persons genuinely affected by the project. A proceeding can only be started by the following people:

- the Coordinator-General;
- the entity nominated by the Coordinator-General as having jurisdiction for a condition imposed by the Coordinator-General in the Coordinator-General's report;
- the local government for the local government area in which the project is, or is to be, undertaken;
- the proponent of the project; and
- someone else whose interests are significantly adversely affected by the subject matter of the proceeding.

Declarations in the Planning and Environment Court

The nature of the conditions imposed by the Coordinator-General for a significant project may be stated as objectives to be achieved in the undertaking of the project or desired outcomes which are capable of being achieved by range of measures, rather than prescriptive conditions which have clearly identifiable parameters. Accordingly, it is appropriate for the court to consider a range of relevant policies in determining what order can be made in a proceeding about whether there has been substantial compliance with an imposed condition.

The desirability of such a mechanism was highlighted in the Coordinator-General's evaluation of the Environment Impact Statement for the North-South Bypass Tunnel project for which neither the planning scheme nor existing legislation provided a mechanism to ensure the implementation of the proposed environmental management regime, in particular, the monitoring of complaints during the estimated four year construction phase of the project.

The Bill inserts a new division in Part 4 of the State Development and Public Works Organisation Act to provide that the Coordinator-General may impose conditions for a project where there is no other available approval for the project to which conditions for the project can be attached.

Mr BEATTIE: Other matters I wanted to deal with were raised towards the end of the contributions. I think most of what I have incorporated will respond to what has already been said. The member for Moggill referred to the Westgate consultation. It was announced on 11 November. Ads were placed in three weekend newspapers and in the mid-week newspapers. There will be an open day at Anderson House from 9 am to 1 pm on Saturday, 26 November and from 5 pm to 9 pm on Wednesday, 30 November 2005. So there will be opportunities for people to come and see the options. Submissions close on 22 December 2005. It is hardly a secret. We are hardly trying to hide it. Meetings were held in Brisbane and Ipswich City yesterday. There will be a letterbox drop in a number of areas. Letters are also being sent to local members on this matter. There is a special web site that is accessible and is linked to the government web site, as I understand it. I think there has been a suitable amount of consultation. I made a statement in the House this morning. No-one is trying to hide this.

I want to make this point—and I know that the member for Moggill will not like me making it, but that is the sort of sharing and caring person I am. He talks about the crossings of the Brisbane River. The first crossing option is the Commonwealth's—his political colleagues—preferred northern route. The Ipswich Motorway duplication crosses the river four times and traverses through the centre of the Wolston Park golf course. This option would be a Commonwealth initiative and Commonwealth cost as well. The other two crossing options are options that the Brisbane City Council may adopt in the future. It is not intended that the state construct them but the state may need to design the roads to permit such crossings to occur. It is Commonwealth funds and it is the Commonwealth's preferred northern route. I know the member for Moggill is going to feel very uncomfortable about this because he has been out there trying to whip up political angst about a western proposal which, frankly, is not following his political agenda. He is trying to cause as much mischief as possible only to find that his Commonwealth colleagues have basically cut his political throat by coming out with this preferred northern route.

I say to the member for Moggill that he could get on this very long road where he simply attacks any proposal but he will find that his political allies in Canberra will come along and whack him with a mallet. And that is exactly what has happened here. He got his feet on the sticky paper and now he finds that he cannot get off. If he wants to be part of the solution, then let him be part of the solution. If he wants to be the problem, then he will find that he will end up paying a very high political price for it. I just think that is unhelpful—very, very unhelpful. If the member for Moggill wants to play a constructive role, then we are happy to play with him. If he wants us to go out and highlight to every person in his electorate exactly what the federal government's proposal means for his constituents, then we are very happy to do that. We will go out and play that political game. The reality is that if he wants to continue to play this nonsense about roads in this area then, frankly, he will be the loser and, more importantly, so will his constituents. We are trying to come up with sensible road planning and sensible infrastructure planning which provides for the future of Queensland.

The other point I want to make is this: over the next 20 years there will be \$55 billion spent on infrastructure in the south-east corner alone. As I have spelt out in previous contributions, there will be a very significant investment in infrastructure funding across regional Queensland. That is unprecedented.

No government in the history of Queensland has invested as much money in infrastructure as my government has. Often we hear our conservative opponents talking about the wonderful Joh days. If we compare the amount of money that my government is investing in infrastructure per capita in both real terms and money terms to the Joh Bjelke-Petersen government, it is much more significant than the amount that was ever invested in the Joh Bjelke-Petersen years. Indeed, no Queensland government has invested this amount of money in infrastructure ever before in the history of Queensland. It is the largest investment in infrastructure since Federation bar none.

I know that when those opposite are in political trouble they grasp at straws, but they should not seek to misrepresent what has happened here. This is unprecedented. The Coordinator-General, who I have brought into my department, is playing a very significant role in helping to deliver this. We are working very closely with key departments, including Transport, to make sure that these projects are delivered, and they will be delivered. No government—I stress again—has ever delivered infrastructure in the way that my government has, and no government in the future will be able to deliver this sort of plan because it is unprecedented. Yes, it will take a long time, but it took a vision and a plan to deliver it, and my government is delivering.

In terms of the Freedom of Information Act—I want to make mention of this because I know that the opposition will make reference to it—the bill clarifies relevant sections of the Freedom of Information Act 1992 as a result of recent machinery-of-government changes. In future, the machinery-of-government changes exemption will stay with those functions no matter which agencies assign their administration under the relevant administrative changes or arrangements as published in the *Queensland Government Gazette*. These amendments will not affect the rights and liberties of the individuals as they enable the continued exemption of these documents from access under freedom of information. These amendments neither increase nor decrease the accessibility of documents—and I stress this—and information under the Freedom of Information Act 1992. There are currently no applications afoot with respect to any documents exempted by section 47A of the Freedom of Information Act 1992. This change has only come about because of the recent MOGs, or machinery-of-government changes, that I brought about after the departure of my former deputy, Terry Mackenroth. With those few words, I commend the bill to the House.

Motion agreed to.

Consideration in Detail

Clauses 1 to 64—

Mr BEATTIE (3.47 pm), by leave: I move government amendments Nos 1 to 10—

1 Clause 19—

At page 11, after line 15—

insert—

'imposed condition, for the undertaking of a project, see section 54B(2).

nominated entity, for an imposed condition for the undertaking of a project, means an entity nominated for the condition, under section 54B(3).

relevant local government, for a project, means the local government for the local government area in which the project is, or is to be, undertaken.'.

2 Clause 20—

At page 12, line 11, 'carrying out'—

omit, insert—

'undertaking'.

3 Clause 20—

At page 12, line 15, 'carrying out'—

omit, insert—

'undertaking'.

4 Clause 26—

At page 14, after line 28—

insert—

'(2) Section 35(4)—

insert—

'(d) if division 8 applies to the project—impose, under that division, conditions for the undertaking of the project.'.

5 Clause 27—

At page 15, after line 24—

insert—

'(3) Also, the report does not lapse if—

(a) division 8 applies to the project; and

- (b) there are imposed conditions for the undertaking of the project; and
- (c) the undertaking of the project substantially starts within 4 years after the report is prepared under section 35(3).'. .

6 Clause 28—

At page 16, line 2, after 'project'—

insert—

'or a condition of the project'

7 Clause 28—

At page 18, after line 13—

insert—

'(d) if division 8 applies to the project—impose, under that division, conditions for the undertaking of the project.'.

8 After clause 39—

At page 25, after line 2—

insert—

'39A Insertion of new pt 4, div 8

'After section 54—

insert—

"Division 8 Application of Coordinator-General's report if no relevant approval

'54A Application of div 8

'This division applies to the extent that—

- (a) the project does not involve a material change of use that, under the Integrated Planning Act, is impact assessable; and
- (b) division 4, subdivision 2 and divisions 5, 6, 6A and 7 do not apply to the project.

'54B Report may impose conditions

- '(1) Subject to section 54C, the Coordinator-General's report for the EIS for the project may impose conditions for the undertaking of the project, and state when they take effect.
- '(2) A condition imposed in the report is an **imposed condition** for the undertaking of the project.
- '(3) If there are imposed conditions for the undertaking of the project, the Coordinator-General may, for any imposed condition for the undertaking of the project, nominate an entity that is to have jurisdiction for the condition.¹
- '(4) An entity may be nominated for 1 or more of the conditions.
- '(5) A nomination under subsection (3) may be in the report or by public notification.²
- '(6) The public notification may be made at any time.
- '(7) The Coordinator-General must give a copy of the report to each nominated entity for an imposed condition for the undertaking of the project.
- '(8) Also, if a nomination under subsection (3) is by public notification, the Coordinator-General must give each of the following a copy of the notification—
 - (a) the nominated entity under the nomination;
 - (b) the proponent for the project;
 - (c) the department in which the Environmental Protection Act is administered;
 - (d) the relevant local government for the project.

'54C Provision for what conditions may be imposed

'The Integrated Planning Act, 3.5.30(1) and 3.5.31(1)³ apply for imposed conditions for the undertaking of the project as if the conditions were, under that Act, conditions of a development approval being decided by an assessment manager for a development application.

'54D Effect of imposed conditions

- '(1) This section applies if there are imposed conditions for the undertaking of the project.
- '(2) The Integrated Planning Act, section 4.3.3⁴ applies to the undertaking of the project as if—
 - (a) the project were development under that Act; and
 - (b) the imposed conditions were a development approval for the development.
- '(3) The Environmental Protection Act, sections 435 and 436 to 440 apply to the undertaking of the project as if the imposed conditions were development conditions under that Act for a development approval for the project.
- '(4) To remove any doubt, it is declared that the provisions mentioned in subsections (2) and (3) apply to anyone who undertakes the project, including, for example—
 - (a) the proponent; and
 - (b) any of the following who undertake the project—
 - (i) an agent, contractor or subcontractor or licensee of the proponent;
 - (ii) an agent, contractor or subcontractor or licensee of a person mentioned in subparagraph (i).

(5) Also, it is declared that—

- (a) the Integrated Planning Act, section 4.4.3⁵ applies in relation to an offence against section 4.3.3 of that Act; and
- (b) the Environmental Protection Act, section 493⁶ applies in relation to an offence against section 435 and 436 to 440 of that Act.

‘54E Imposed conditions override conditions of other approvals

‘If an imposed condition for the undertaking of the project is inconsistent with a condition of an approval that applies to the undertaking of the project, the imposed condition prevails to the extent of the inconsistency.

‘54F Provision about enforcement orders under the Integrated Planning Act

(1) This section applies if—

- (a) a proceeding is proposed to be started in the Planning and Environment Court under—
 - (i) the Integrated Planning Act, chapter 4, part 3, division 5;⁷ or
 - (ii) the Environmental Protection Act, section 505;⁸ and
- (b) the relief or remedy proposed to be sought in the proceeding relates to an offence, or threatened or anticipated offence, against a provision of those Acts as applied under section 54D; and
- (c) the offence or threatened or anticipated offence relates to the project.

(2) Despite the provisions mentioned in subsection (1)(a), only the following persons may bring the proceeding—

- (a) the Coordinator-General;
- (b) the nominated entity for a relevant imposed condition for the undertaking of the project;
- (c) the relevant local government for the project;
- (d) the proponent;
- (e) someone else whose interests are significantly adversely affected by the subject matter of the proceeding.

‘54G Declaration-making powers

(1) A proceeding mentioned in the Integrated Planning Act, section 4.1.21⁹ can not be started in relation to the project.

(2) However, a person mentioned in section 54F(2) may bring a proceeding in the Planning and Environment Court for a declaration about whether there has been substantial compliance with an imposed condition for the undertaking of the project.

(3) The court has jurisdiction to hear and decide the proceeding.

(4) The Integrated Planning Act, sections 4.1.22 and 4.1.23¹⁰ apply to the proceeding as if as it were a proceeding under section 4.1.21 of that Act.

(5) The court may, in deciding what orders it is to make in the proceeding, have regard to 1 or more of the following—

- (a) the laws and policies applying when the condition was imposed;
- (b) the EIS for the project;
- (c) the Coordinator-General's report for the EIS and any Coordinator-General's change report for the project;
- (d) the financial implications of—
 - (i) the imposed conditions for the undertaking of the project; or
 - (ii) any proposed orders;
- (e) the public interest;
- (f) any environmental management plan required under the condition;
- (g) any other matter the court considers relevant.’.

9 Clause 63—

At page 34, after line 15—

“178 Conditions for north-south bypass tunnel project

(1) This section applies for the significant project called the ‘north-south bypass tunnel project’.

(2) Sections 35(4)(d) and part 4, division 8¹¹ are taken to apply to the project.

(3) The conditions stated in appendix 1, schedule 3 of the Coordinator-General's report dated 25 August 2005 evaluating the EIS for the project are taken to be imposed conditions for the undertaking of the project.’.

10 Clause 64—

At page 34, after line 24—

insert—

‘imposed condition, for part 4, see section 54B(2).

nominated entity, for part 4, see section 24.

relevant local government, for part 4, see section 24.’.

¹ See section 54D (Effect of imposed conditions).

² See also section 171 (Publication of document or information by Coordinator-General).

³ Integrated Planning Act, sections 3.5.30 (Conditions must be relevant or reasonable) and 3.5.31 (Conditions generally)

- 4 Integrated Planning Act, section 4.3.3 (Compliance with development approval)
- 5 Integrated Planning Act, section 4.4.3 (Executive officers must ensure corporation complies with Act)
- 6 Environmental Protection Act, section 493 (Executive officers must ensure corporation complies with Act)
- 7 Integrated Planning Act, chapter 4, part 3, division 5 (Enforcement orders of court)
- 8 Environmental Protection Act, section 505 (Restraint of contraventions of Act etc.)
- 9 Integrated Planning Act, section 4.1.21 (Court may make declarations)
- 10 Integrated Planning Act, sections 4.1.22 (Court may make orders about declarations) and 4.1.23 (Costs)
- 11 Section 35 (Coordinator-General evaluates EIS, submissions, other material and prepares report) and part 4, division 8 (Application of Coordinator-General's report if no relevant approval)

Mrs LIZ CUNNINGHAM: I thank the Premier for the briefing and for the staff that remained and dealt with the matters in detail. I want to put on record a concern, and I hope that it is a concern that never sees the light of day. The intention is to allow for the tunnel development to proceed, and I think it has been wisely done. A notional EIS was developed in tandem with the calling for expressions of interests for partnerships. That is fine, but the decision as to whether any material change of use is resubmitted to the community for comment will be made by the Coordinator-General and the Coordinator-General's department. I am not casting aspersions on the current Coordinator-General or any successors. But I have seen major projects in my electorate changed based on subjective assessment. The EIS is done on the original intended design and construct. Usually during the planning and lead-up time to the actual commencement of construction there are changes—sometimes process changes, and those process changes can affect emissions both airborne and waterborne.

The decision will be made by whoever is the Coordinator-General of the day as to whether the material change of use—if indeed there is any—is significant enough to resubmit the EIS to the community for comment. My concern is that members of the community may feel intensely suspicious because already there has been some community disquiet about the tunnel and the vents and one thing and another. If people believe there is an opportunity for the design to change and they will not get any opportunity to comment, they could feel significantly disadvantaged, disempowered and frustrated.

I am seeking clarification that the Coordinator-General's department will take a very cautious position in terms of reviewing any material change of use between that notional EIS and the actual design and construct so that the opportunity will be extended to the community, as much as is possible, to comment on the final design. Again, this is as much to give people a sense of involvement and a sense of empowerment as to recognise that it is a contentious issue, particularly if the tunnel is going to affect their quality of life or have a perceived effect on their quality of life.

Mr BEATTIE: I thank the honourable member for Gladstone for her question. I understand the sensitivity of this because, as one would appreciate, a number of seats are affected by this tunnel and in fact my seat is one. The other seats are Stafford and Clayfield on the north side and there are seats belonging to other members such as the Deputy Premier, Anna Bligh, on the south side.

I know there are some concerns in relation to the tunnels, which is the point the member for Gladstone made. I can assure the honourable member this is a matter of considerable interest to me personally because I actually do not live all that far from where this will go. I am satisfied that those issues can be dealt with. There are very good people who have concerns about this and some of them—I should add some of them are friends of mine—believe we should not build more roads or tunnels but should make people use public transport. That is a worthy debate and I am not critical of people who have that view, but my view has always been that, yes, one needs public transport but one also needs to ensure people have other options.

Let me come back to the point. I do not know how else we can do what we are doing here other than to allow the Coordinator-General to make the decision. However, what can happen is we could arrange for notification of receipt of a request to amend the project and the decision as to whether re-evaluation is required. That can be put on the net, for example, so the community is aware of the status of the process. I am happy to give an undertaking—which I think would be the best way to put it—that we will arrange for notification of receipt of a request to amend the project to be put on the web site and the decision as to whether the re-evaluation of the project is required so that people then can participate in the debate. I give an undertaking to the House that I will make sure the Coordinator-General is given appropriate instructions to do that. Then there can be a public debate. People will be aware of it and there will be an opportunity for the honourable member and others to raise the matter in the House.

While I am on my feet, because amendments 1 to 10 have been moved—and I thank the opposition spokesman for helping facilitate this—I do have some explanatory notes that were to go with these amendments which, by way of completeness, I would like to table for the information of the House.

Amendments agreed to.

Clauses 1 to 64, as amended, agreed to.

Mr BEATTIE: I move the following amendment—

11 After clause 64—

At page 35, after line 4—

insert—

'Part 4 Amendment of Freedom of Information Act 1992

'65 Act amended in pt 4

'This part amends the *Freedom of Information Act 1992*.

'66 Amendment of s 47A (Matter relating to investment incentive scheme)

'Section 47A(2), definition *department*—

omit, insert—

'**department** means the department administered by the Minister having responsibility for business, industry development, and investment opportunities and attraction as identified in the Administrative Arrangements and within which that responsibility is administered.'

'67 Insertion of new pt 11

'After part 10—

insert—

'Part 11 Transitional provision for State Development and Public Works Organisation and Other Legislation Amendment Act 2005

'123 Application of amendment of definition *department*

'Section 47A¹², as amended by the *State Development and Public Works Organisation and Other Legislation Amendment Act 2005*, applies in relation to an application under this Act for access to a document, or for the review of a decision under this Act about access to a document, whether the application was made before or after the commencement of this section, as if the amendment of section 47A had effect on and from the commencement of the *Administrative Arrangements Order (No. 2) 2005*.¹³'.

¹² Section 47A (Matter relating to investment incentive scheme)

¹³ The Administrative Arrangements Order (No. 2) 2005 commenced on 28 July 2005.

Mr BEATTIE: I just wish to speak to this amendment briefly. I said to the member for Maroochydore and the opposition spokesman during the briefing that we had on this that I knew there would be an appropriate point made by them in relation to this amendment because there are some philosophical differences between the opposition and the government. I indicated some time ago when I moved the original legislation that we would release this material over time, we would release it to both sides and we would be doing it very publicly. I made some machinery-of-government changes after the retirement of Terry Mackenroth and, as a result, I have basically altered the effect of the previous legislation. I did it deliberately because the Coordinator-General was moved from the Department of State Development to the Premier's department. If the Coordinator-General had remained in the Department of State Development there would not have been an issue but, bearing in mind that I felt that in line with traditions that had been around for some time he should be in my department, those MOG changes have therefore removed the impact of the previous legislation before the House. What this does is to simply restore or maintain the existing position.

Miss SIMPSON: The opposition is opposed to this provision. The Premier says it is just maintaining the status quo and the explanatory notes state that this exemption under the FOI, which will block this information being released, neither increases nor decreases the accessibility of documents. However, the reality is that the exemption that blocked access to documents relating to the Queensland Investment Incentive Scheme and grants that were given out to private enterprise by this state government and not released publicly fell over when there was a change in the minister who was responsible for State Development and the incentive scheme remained with State Development. As I understand it, this provision of exempting release of these documents for eight years fell over with the change of ministerial responsibilities under the current wording of the act, so this amendment which has been brought forward is to re-enact that exemption so that these documents will not be available for at least eight years.

The National Party opposed the government putting this exemption in originally which allowed these documents to be locked up. It is part of the public record that we have been very opposed to the way that this has been operated in secrecy, and there are some major questions about how beneficial these programs are when they are not subject to scrutiny and just who benefits—whether the moneys that are being handed out to private businesses are in fact being enforced and whether the targets for job creation are being maintained.

There are a lot of questions as to whether there are Labor mates who have benefited from some of these schemes and that it is not only a program that is available for businesses that are legitimately bringing work to Queensland. It is typical of this government that, when it is asked to be accountable, it will throw up its hands and say that we on this side are trying to cast a slur over everybody. We are not. We are saying the government must be accountable. It must be accountable for taxpayer grants that are given out to private enterprise. We ask: why the secrecy and why on earth does the government continue to put this FOI exemption in place where the truth about those agreements is locked up for eight years and is not available?

It is a matter of public record that this state government was embarrassed by the way that it was running this scheme; it was embarrassed by the fact that the FOI commissioner at the time said the government had to release the information about the scheme. This government then rushed in amendments—I think it was last year—to prevent those documents being released that the freedom of information commissioner actually said should be released. That was a disgraceful action by this government. We believe that trying to bring this exemption back to life through this amendment that is before the House is diabolical and we will continue to oppose it.

Mr BEATTIE: I say this with generous spirit: I think the opposition's position is, to say the least, predictable, and I say that with great courtesy.

Miss Simpson: So is yours.

Mr BEATTIE: Yes, that is exactly right. I will just say two things. If I transferred the Coordinator-General back to Anna Bligh as the relevant minister, as opposed to being in my department, this amendment would not be necessary. So I could avoid this by just transferring the Coordinator-General back to the Deputy Premier this afternoon, in which case we would not be having this debate. I just make that point, which I think says it all.

The second thing is that we are going to release this material after eight years. No side of politics has ever done that. I say with great courtesy that when the National Party was in office people would have not heard boo about this. Most of the material was shredded, so we will never know what happened. This has never been done before. Ours will be the first government in the history of Queensland to have that high level of accountability.

As I said, my government is the most accountable government in the history of Queensland. That we have confirmed today that after eight years we will be releasing that information is an indication of the level of accountability.

Miss SIMPSON: There is an old saying that 'the more he protested his innocence the closer I counted the spoons'. For the Premier to, hand on heart, say that his is the most accountable government beggars belief. It is this government that has turned obfuscation into a high art form. The reality is that the Information Commissioner of this state said that this information should be released, and it was this Beattie government that changed the law in order to block information relating to these grants being released.

Here we have a change of ministerial responsibility in relation to certain machinery of government. This government has to enliven this provision again by moving this amendment. We continue to be strongly opposed to this government's continued cover-up of information which should be released publicly. It is in the public interest to release the information. To wait eight years is just ridiculous.

Question—That the Premier's amendment be agreed to—put; and the House divided—

AYES, 55—Attwood, Barton, Beattie, Bligh, Boyle, Briskey, Choi, E Clark, L Clark, Croft, Cummins, N Cunningham, English, Fenlon, Finn, Fouras, Fraser, Hayward, Hoolihan, Jarratt, Keech, Lawlor, Lee, Livingstone, Lucas, Male, McNamara, Miller, Molloy, Mulherin, Nelson-Carr, Nolan, Nuttall, O'Brien, Palaszczuk, Pearce, Pitt, Poole, Purcell, Reilly, Reynolds, Robertson, Schwarten, Scott, Shine, Smith, Spence, Stone, Struthers, C Sullivan, Welford, Wells, Wilson. Tellers: T Sullivan, Reeves

NOES, 25—Caltabiano, Copeland, E Cunningham, Flegg, Foley, Hobbs, Horan, Johnson, Knuth, Langbroek, Lee Long, Lingard, Malone, McArdle, Menkens, Messenger, Pratt, Quinn, Rowell, Simpson, Springborg, Stuckey, Wellington. Tellers: Hopper, Rogers

Resolved in the **affirmative**.

Third Reading

Bill, as amended, read a third time.

HEALTH SERVICES AMENDMENT BILL HEALTH PRACTITIONERS LEGISLATION AMENDMENT BILL

Second Reading (Cognate Debate)

Resumed from 10 November (see p. 4011).

Mr LANGBROEK (Surfers Paradise—Lib) (4.09 pm), continuing: As I was saying before I was interrupted a couple of weeks ago, the bill that is being debated cognate with the Health Services Amendment Bill is the Health Practitioners Legislation Amendment Bill 2005.

The tragedies that have occurred in Queensland recently as a result of the abuse of area-of-need declarations have made it clear that the state government needs to look more seriously at how to find a balance between ensuring that areas with a genuine need are provided with more staff and that the staff who are sent to these areas are sufficiently qualified. The cutting of corners that occurred in hiring staff to cover the areas of need declared by Queensland Health caused serious health problems for

Queenslanders. Hopefully the Office of Health Practitioners Registration Boards will take an objective and even-handed approach to deciding areas of need.

I will be supporting this provision, but I can only hope that, with \$330,000 in annual funding, the Office of Health Practitioners Registration Boards will be able to alleviate the problems that we have experienced with Queensland Health toeing the government's line in nominating areas of need.

The member for Moggill alluded to the fact that 20 per cent of Queensland Health's doctor staff are employed under special provisions. The truth is that in the long term this is simply not acceptable. The government needs to drive recruitment and spend the required money effectively to cover all bases in our state's health system. The conclusion that can be drawn from all of this is that it is a long road back for public health in Queensland, and creating more bureaucracy will only create more problems.

While we will be supporting the Health Practitioners Legislation Amendment Bill 2005, we encourage the health minister to not look upon the provision to delegate areas of need as a long-term solution to a long-term problem.

Mr PEARCE (Fitzroy—ALP) (4.11 pm): It gives me great pleasure to rise to speak in support of the Health Services Amendment Bill and the Health Practitioners Legislation Amendment Bill. This legislation follows the recommendations of the independent review of Queensland Health's administrative, work force and performance management systems. The review was ordered by the Premier following the Bundaberg debacle. This process had to happen. The process found many failings in the administration of our health system.

This government has acknowledged that there have to be big changes in the way the Queensland health system is managed. As the local member I am very appreciative, as are the people that I represent, that we now have in place a process that will address a lot of the problems that were identified and a minister who has the courage to make the tough decisions and move forward and deliver the outcomes that the community expects.

The bills before the House are a signal that we are fair dinkum about getting on with the job of fixing the system. I want to spend a few minutes touching on those amendments that address matters relevant to the area of need contained in the Health Practitioner Registration Boards (Administration) Act. In his interim report of 10 June Commissioner Morris identified shortcomings in the current application of the area-of-need policy as a significant contributing factor to the circumstances leading to the Bundaberg commission of inquiry.

The amendments proposed will implement the government's decision to delegate the Minister for Health's power to delegate an area of need to the Office of the Health Practitioner Registration Boards. Areas of need are declared when there are insufficient medical practitioners operating in a particular geographic area or within an area of medical practice to provide services at a level that meets the needs of the people.

In these circumstances the policy allows the Medical Board to grant special purpose registration to overseas trained doctors who do not hold Australian or New Zealand qualifications necessary for general registration in Queensland. Although Queensland Health carried out its responsibility of determining areas of need in good faith, a perception arose that Queensland Health was just simply rubber-stamping all area-of-need applications. There was a perception that, as the employer of medical practitioners in public hospitals, Queensland Health had an interest in getting as many medical practitioners as possible to boost the supply of medical practitioners in Queensland, particularly because of the severe work force shortages being experienced across the state.

It was argued that this then created a conflict of interest when Queensland Health exercised the power to decide an area of need, notwithstanding that it was the Medical Board that had to register overseas trained doctors to work in these areas. It was that close relationship that made it difficult for people to appreciate that there was integrity within the system. The way that it was set up made it a bit difficult for the public not to believe that there were problems.

The transfer of the role of deciding areas of need to the Office of the Health Practitioner Registration Boards will resolve that perception of conflict of interest with Queensland Health exercising that power. In addition, new guidelines have been developed for assessing area-of-need applications. These guidelines will significantly tighten the criteria upon which assessments will be based. The guidelines specify that there must be clear evidence that there is a genuine doctor shortage in a particular area before it is declared an area of need. Further, the annual renewal of area-of-need declarations will not be automatic but will be assessed against the criteria on an annual basis. I think that is a great idea. Whilst it will cause a few problems in isolated areas, I believe that the board is getting across that particular issue to ensure that the accredited doctors are available to carry out those assessments.

How will the new arrangements ensure that another 'Patel' does not occur? The transfer of deciding areas of need from Queensland Health to the Office of the Health Practitioner Registration Boards and the new interim guidelines to tighten the criteria used to assess area-of-need applications

are two of the changes being made to ensure that circumstances leading up to the employment of Dr Jayant Patel do not occur again.

These changes complement the initiatives taken by the Medical Board to ensure greater scrutiny of new doctors who do not hold Australian or New Zealand qualifications. For example, the Medical Board now requires all applicants to arrange for the registering authority in their training jurisdiction, and all jurisdictions in which they have been registered, to provide the board with a certificate of good standing. In addition, all recruiting agencies must provide certification to the board that reference checks have been undertaken. It is just checks and balances. By introducing these changes to the process of registration and by tightening the process around area-of-need determinations the government can reassure the community that they can again have confidence in Queensland's health system.

In closing, I make quick reference to a recent situation at the Blackwater Hospital, which is in my electorate, and the problems that arose as a result of the hospital being without a doctor due to the illness of the medical superintendent, Dr Mark Brown, who also has a right to private practice. I am not going to revisit the whole issue in great detail because I did that during the Rockhampton sitting of parliament. I did on that occasion fail to take the opportunity to table a non-conforming petition. I take this opportunity to do that today.

With regard to the issue of not being able to find a replacement doctor when Dr Mark Brown went off sick, I inform the House that we have had a lot of discussions about this issue. A consortium of local coalmining companies, Dr Brown and Queensland Health are all working together to put together an incentive package that will attract another doctor to the area. The second doctor will work alongside Dr Brown at the hospital and in his private practice. This will deliver a much more reliable service to the community. It will allow Dr Brown to take leave and not have to rely on a locum to come into the town. It will be about two doctors working alongside one another both in the private practice and at the hospital to provide a service for the community. With the support of the mining companies, Queensland Health and the community as a whole we will make sure that this can happen. It is taking a bit longer than the community expected. I hope that stakeholders do not walk away from the earlier positive approach that they had to solving this problem. My understanding is that there are some legal aspects to be sorted out and signed off on but we will soon be moving towards the recruitment of a second doctor.

The real positives to come out of this are that we have an example of the community, industry and Queensland Health working together and we will be able to provide a working model for other communities to look at and copy. It proves to me yet again that we can get the outcomes that people want through that spirit of cooperation. In supporting the legislation before the House, I again congratulate the minister for the great work that he is doing. I am very confident that this state will end up with the best health system in the country. We already have the professionals there doing the work. There have been some problems with management and the way that it has been managed, but this minister is there to sort all of that out. We have put the money behind it to give it the support that it needs. In the very near future the evidence will come through which shows that we are delivering the health system that the people of Queensland expect.

Mrs STUCKEY (Currumbin—Lib) (4.20 pm): In rising to speak to the Health Practitioners Legislation Amendment Bill 2005 and the Health Services Amendment Bill 2005, I acknowledge and support the commonsense approach taken by the shadow minister for health, the honourable member for Moggill. I will take this opportunity to let the people of Queensland know how completely and utterly out of touch this state Labor government really is and how it simply cannot identify priorities in the fundamental and vital area of health care. It is a right of every Queenslander to have access to general care from a suitably qualified health professional, not to be placed on waiting list upon waiting list and certainly not to have surgery or any other serious judgments that require invasive treatment dispensed by a person who is not adequately trained.

These pieces of legislation have been combined as a cognate debate. Firstly, I shall address the Health Services Amendment Bill, which seeks to amend the Health Services Act 1991. Policy objectives in the explanatory notes state that the bill aims to implement recommendations of the independent review of Queensland Health's administrative work force and performance management systems relating to the establishment of area health services as part of the restructuring of Queensland Health. Put simply, these amendments would see the retention of current health service districts and, in addition, establish three new area health services—southern, central and northern—a process that would add more tiers of bureaucracy. These amendments seem squarely at odds with statements in the Forster report which propose a flatter structure. Instead, they expose an arrogant, remorseless government incapable of administering the treatment so desperately needed to effectively commence the healing process of our ailing public health system. The people of Queensland deserve way better than this and have been callously short-changed in health care for too long.

Heading each of these new area health services would be a general manager, who would be recruited promptly so that the reforms driven from the areas can begin. Whilst the notion of decision making occurring lower down in the public health chain of command is commendable, it is difficult for the general public to swallow the hiring of more non-clinical staff. For goodness' sake, we need more

doctors and nurses, not more bureaucrats, or is it possible that the government is going to utilise the employees it already has on the payroll? Surely amongst the countless employees currently working in Queensland Health there are potential general managers amongst them.

I note from his speech that the honourable member for Moggill is of the understanding that advertisements for these positions have already been circulated in newspapers. I ask the minister to please clarify this in his reply and advise the House whether the general manager and district manager are to be moved from their current highly centralised positions of authority or whether they would be completely new appointments—in essence, extra bureaucrats. Has this government not yet learnt from its mistakes that have been indirectly responsible for maiming and terminating lives? Adding even more madness to these amendments is the view that district managers would report to the general managers of the area health service who would in turn report to the director-general. How can this government justify to the people of Queensland the implementation and considerable cost of three levels of bureaucratic management without employing a single caseworker—no nurses, no extra doctors, no hands-on clinical staff?

I move now to the Health Practitioners Legislation Amendment Bill 2005, which seeks to delegate the Minister for Health's power under section 135 of the Medical Practitioners Registration Act 2001 to decide an area of need to the executive officer of the Office of the Health Practitioner Registration Boards. An 'area of need' is defined as an area that has insufficient medical practitioners for service delivery to meet the needs of people in that area. I note the AMAQ, for which I have a measured respect as a vocal lobby group for the medical profession, supports the delegation of decisions about areas of need to the OHPRB, and if passed this bill is to commence on 1 January 2006.

Special purpose registrations under this area-of-need category enable the Medical Board of Queensland to register persons without qualifications required for general registration in Queensland—that is, qualifications that were not obtained from either an Australian or New Zealand medical school. So this Labor government, with its huge majority and members who would abandon free public hospital care for all and means-test patients, now wants to abrogate responsibility for deeming unqualified persons to the Medical Board. Through this amendment, the state government has set down in black and white that it is acceptable to deem a doctor to a position above their training, actually condoning the practice and getting the Medical Board to do it on its behalf. Tragically for patients, though, this issue of botched surgery and negligence causing death in some cases at the hands of unqualified overseas trained doctors acting as specialists should never have escalated to this stage.

This government has blood on its hands, and all of those opposite who sat back and let these disasters happen and, worse still, denied incidents were happening should hang their heads in shame. It is they who should be punished. Doctors for years under this Labor government have been underpaid and undervalued. Subsequently, they departed Queensland in droves to relocate interstate and overseas, leaving gaps that were filled by overseas trained doctors. This is all the more appalling as the minister at the time could have used discretionary powers to scrutinise the medical skills of these area-of-need doctors but failed to do so. Having poured scorn on this miserable Labor government, let me make perfectly clear that I do not wish to demonise all overseas trained doctors. There are many fine and well-qualified health professionals in Australia, here in Queensland and from countries across the globe. Settling themselves and their families into a new culture and country is not without upheavals and sacrifices, let alone language barriers.

In November 2003 *Courier-Mail* senior journalist Hedley Thomas wrote an article entitled 'Alarm at vetting of overseas doctors'. I want to share some excerpts from that article with honourable members, remembering that it was written in 2003. It states—

A growing number of overseas doctors rushed into Queensland public hospitals and private medical centres lack 'medical competence and capability', according to a leaked Government report.

The lack of competence of overseas-trained doctors was putting patients, employers and the community at risk, the report said.

The article went on to state—

Dr Lennox's draft report identifies grave concerns regarding overseas-trained doctors being plucked from Third World countries after a bare minimum of screening.

...

The medical schools in some of these countries, including Bangladesh, Ghana, Nigeria and Pakistan, produce graduates from non-English speaking backgrounds at a lower standard than those who study at Australian medical schools.

The leaked Queensland Health report warns of serious clinical safety issues and argues for a complete overhaul of the flawed system for recruiting, screening and managing doctors who come to Queensland to work in public hospitals ...

The article back then—

... urges Ms Edmond to back a new system which demands mandatory vocational qualifications to 'protect the community from incompetent medical practise and consequent adverse outcomes'.

'Evidence is increasing of increased risk of overseas-trained doctor recruits being insufficiently assessed and prepared for practise in Queensland under pressure of recruitment of such increasingly large numbers,' Dr Lennox's report warns.

'Some recent experience of overseas-trained doctors without the competence or capability for medical practise in Queensland presages adverse outcomes for patients, employers, community and medical profession.'

Ms Edmond's office refused The Courier-Mail's request for a copy of the report.

What a pity the alarm bells did not ring more loudly in 2003. If they had, a number of innocent patients would still be with us today and their families and friends would not be racked with anger and grief over the merciless and unforgivable manner in which their loved ones were so cruelly taken from them. Understandably, this and other reports in the *Courier-Mail* caused a media furore, which resulted in the AMAQ News dedicating the front cover of its December 2003 edition to this issue. The two-page article contained the following statements—

AMQA has supported the concept of a funded, mandatory, comprehensive vetting and induction program for all OTDs (overseas trained doctors) which would include communication certification and/or training, general induction to the Queensland medical landscape, and would establish official mentoring networks.

Continuing, the article states—

In reality, these processes take time, which directly conflicts with the need to get a doctor 'on the ground'. However, ultimately, a balance needs to be achieved between placing doctors in areas of need expeditiously and ensuring that they have had access to adequate support mechanisms prior to their entry into the Queensland hospitals environment.

The practice of deeming must be stopped so that some faith in our ruptured public health system can be restored. Then patients who are already anxious about facing the uncertainties of surgery can at least feel assured that they are being operated on by a doctor who is qualified to do the job.

The explanatory notes state that the interim report of the Bundaberg Hospital commission identified that the criteria applied to assessing area-of-need applications was not significantly rigorous. Additionally, the report suggests that the minister consider whether it would be more appropriate to delegate the role of deciding areas of need to the Office of the Health Practitioner Registration Boards.

This amendment truly puzzles me as we should already know the areas of need. After hearing the shocking tales emanating from our chronically ill public hospital system, it would not surprise me to hear people say that the whole of Queensland deserves to be categorised as an area of need. Certainly a lot of needy areas have been exposed.

In his speech the member for Moggill alluded to this practice and highlighted hospitals, such as the Royal Brisbane and Women's Hospital, which still use deemed specialists. To add further insult to injury, this whole exercise of designating areas of need will cost the taxpayers of Queensland \$330,000 in recurrent funding each year. It does nothing to address workplace shortages, in the short term. It will provide not a single extra doctor, not a single extra nurse and not a single extra health care worker.

It is with a considerable degree of reluctance that members on this side of the House support the provisions of the bill, recognising that up to 20 per cent of the doctors on the staff of Queensland Health are employed under some special agreement. However, in essence, these are cumbersome amendments that do nothing to change the culture or to improve service delivery for patients who have already been cheated for too long. Undoubtedly, the amount of money it will take to implement these so-called reforms could be better spent elsewhere, in any number of already identified areas of need.

This morning, the Minister for Health—scrambling for some credibility in his new role—said to the parliament that we want to have the best public health system we can. Not long ago this government was boasting that it had the best public health system in Australia. What we really have here is another example of a government that cannot get its priorities right.

Mr CALTABIANO (Chatsworth—Lib) (4.33 pm): I rise to make a few comments on the Health Services Amendment Bill and the Health Practitioners Legislation Amendment Bill. In doing so, it is important to reflect on some of the problems confronting our health system and which have been outlined, particularly in the past 12 months.

It is important to reflect on the Premier's statements about the health system back in 1998, upon coming to office. He said that the Queensland health system was a world-class system. In fact, he kept to that line all the way through to 2004. In 2004 the language changed. The Queensland health system became the best system in the nation. Today we heard from the minister that it is 'the best system that we can'. In the course of just eight years of Labor Party administration in this state, our health system has gone from a world-class system—which it inherited from the former coalition government—to 'the best that we can'; that is, a second-rate level of service to many communities across Queensland.

One hundred and eight thousand Queenslanders are on secret waiting lists and more than 35,000 Queenslanders are on declared waiting lists. Constituents of mine in the electorate of Chatsworth are on both sets of lists. We have many hundreds of people on secret waiting lists, waiting to go onto the waiting list. Again, many hundreds are on the formal waiting lists waiting for operations.

I was fascinated when the report on the period October 2004 to October 2005 came into this place in recent weeks. We found that after the injection of \$111 million into the health system we had fewer operations and longer waiting lists. That is truly the mark of a government that is completely out of control when it comes to the management of our health system.

The bullying of staff seems to be endemic in the health system in this state. It also seems to be endemic in the Labor Party, as can be seen when we look at what the former racing minister did with her staff and at the fact that the member for Bundaberg sacked a staff member whom she regarded in May 2004 as one of the best electorate officers in Queensland. That can be seen in *Hansard*. Three or four days ago the officer was sacked, on her way out, for pure political skulduggery. That is the sort of workplace relations that pervades the health system in Queensland and the sort of bullying in the Labor Party when it comes to the treatment of staff in Queensland's public sector. It is bullying that goes on and on. Marcia Cortice's example is one that we will explore at another time.

Deeming problems exist in the state of Queensland. Fancy being able to turn up at a hospital in Queensland and have an operation performed by a specialist who has been deemed by a public servant to have the necessary skills to conduct that operation yet they do not meet the Australian standards or the necessary criteria to be a specialist, as required of any other specialist in the nation. Deemed specialists operating on Queensland patients is absolutely unacceptable.

The overall health system needs an overhaul. It is interesting to quote Mr Forster when he states—

The proposed structure has been designed to support the provision of health services having regard to community need and internal service capabilities. Such a structure would be flatter with accountability and decision making devolved to a lower level.

He goes on to talk about cultural shifting and states that 'Queensland Health has a bureaucratic, mechanistic structure characterised by highly centralised formal authority and hierarchical layers of decision making' that 'does not support a responsive, integrated and efficient health system'.

What was the response of the government to those damning comments from the Forster review? It went and hired more public servants. It did not get rid of layers of bureaucracy or get rid of zones and districts; it hired four new, very highly paid bureaucrats to manage more bureaucracy. That was its response to the condemnation in the Forster review of this government's management of our health system.

Some of the solutions to our health system have been outlined by the shadow minister for health, Dr Flegg—a person with a great deal of respect within the medical community in Queensland and somebody who has given a lifetime of service to the community of Queensland in his medical practice. I will outline some of the solutions. One is the removal of two levels of bureaucracy—zones and districts—so that we can provide basic health care from the bottom up, administratively. Another is the removal of 2,000 positions by natural attrition to ensure that bureaucracy is minimised, not maximised, as currently exists under this government's regime. Another is to get rid of deeming from the system that sees unqualified specialists operating on Queenslanders every day, causing the problems that we saw in Bundaberg with Dr Patel.

Clinical decisions need to be made by clinicians, not by bureaucrats, and when it comes to health care that is an important distinction between the Labor Party policy and the Liberal-National policy. The introduction of hospital boards so that we get management of our hospital system by those who are directly impacted by our hospital system is an important part of it.

Mrs Miller: And the debt that goes with it.

Mr CALTABIANO: I hear the member for Bundamba whining in the background about the debt that goes with it. The whining in the background about the hospital boards and the investment that those hospital boards made for those local communities was supported by Queensland Treasury and the government of the day. The boards carried the debt, not Queensland Treasury, as is currently the case. So it is a nonsense argument. The member for Bundamba needs to be better informed before she tries to interject in this debate.

As part of the health overhaul we need more training and supervision of our overseas trained doctors. In Queensland in excess of 20 per cent of the doctors in our system are overseas trained. We cannot just simply say that we do not want them in the system. We must encourage them to do better and provide training, support and, more particularly, supervision to those doctors so that we can retain them in the system and provide a high quality and high level of health care for all Queenslanders. We must change the culture of bullying in Queensland Health.

Ms Molloy: You'd know all about that.

Mr CALTABIANO: Yes, the Labor Party should know all about it. The culture of bullying in the Labor Party is endemic. If I had the opportunity and the time I would go through the Marcia Courtice case at length—the appalling treatment of a member of the Labor Party's staff at the Labor Party's hands—but I will not.

The role of the Chief Health Officer of Queensland Health must be a truly independent role. It must sit outside the bureaucracy of Queensland Health and the Director-General of Queensland Health and provide the minister and the department with independent expert clinical advice on the management of the health system in Queensland. They are some of the ways that we see a health overhaul happening in the state of Queensland. They are the things that we will be supporting. They will be some of the things that Dr Flegg will be talking about when moving amendments to the bill.

The problems in Queensland Health are problems for all Queenslanders. They are problems that we all understand and all have a sense of obligation to resolve. Those on this side of the chamber are absolutely committed to making sure that Queensland Health provides the very best service to Queenslanders—a national and international best standard. It is time that the other side of the chamber owned up to its responsibility of being in government and provided a truly world-class health system for all Queenslanders.

Mr FENLON (Greenslopes—ALP) (4.42 pm): I rise to speak to these bills, particularly the Health Services Amendment Bill 2005, and in that regard the measured quality reports. The Beattie government is committed to making Queensland's public health system the best in the country. One of the ways we are doing this is by making it open and transparent. One of the tools we are using to do this is the measured quality report, which will inform the people of Queensland how well our hospitals are performing.

Measured quality services routinely measure and use performance data collected from public hospitals. From that data we get the measured quality report. This is an indication of how well our hospitals are performing across a range of clinical and administrative factors. The report examines and analyses information from such areas as clinical utilisation and outcomes, efficiency, system integration and change, and patient satisfaction.

The Beattie government wants the people of Queensland to have access to accurate, up-to-date information about our hospitals. This information via the yearly review and analysis by expert groups and data analysts will not only tell us the potential issues that may arise for our public hospitals but also the potential good practices that are in place.

Public hospitals will be benchmarked annually for their performances. From this Queensland Health staff can determine avenues for improved clinical and administrative performance. This annual benchmarking will ensure that the people of Queensland always know how well our hospitals are performing. The Beattie government has made a commitment to release this information annually so that we remain open and up front about the health system that we all care about and so that we can always identify where there is room for improvement in our health system.

The measured quality report is yet another step towards changing Queensland's health system for the better. The Beattie government is making our public health system accountable to the people of Queensland. Although recognising that we still have a way to go, the Beattie government is using the annual report as a springboard for even greater improvement to our health system. This is one of the ways in which we will be making Queensland's health system the best in the country. There is no substitute for high standards of accountability in this area. That is certainly what is going to be delivered through this bill. I commend the bill to the House.

Mr ROGERS (Redcliffe—Lib) (4.45 pm): I rise to speak to the Health Services Amendment Bill and the Health Practitioners Legislation Amendment Bill. The bureaucracy and structure of the public health system are affecting its ability to perform effectively and efficiently. Queensland's hospital system was once compared favourably with the best in the world. However, Queensland's health standards and services have tragically declined due to the government's neglect and unethical procedures. The bill presented by the government offers no restructuring or redirecting of funds. The bill undertakes minimal changes and the Forster report has been unsuccessful in providing appropriate recommendations to react to the uncovered health crisis.

Queensland Health operates with unnecessary layers of management, but the government's amendments preserve this outdated and useless structure. The government's proposed three zones aim to spend more money in these highly paid management positions, which are consuming and suffocating the health system. The bill's amendments contain no reforms to transfer decision making to lower levels, no reforms to establish a flatter and less bureaucratic structure and no resolutions to the inquiries that have occurred in response to the Queensland Health disaster.

The government fails to address the areas of need by continuing to fund a centralised and hierarchical decision-making structure. We must redirect funds to front-line patient care to address the concerns of the public. Medical care is a basic service and a basic human right. Reforms must be driven by managers who are focused on their clinics and their patients. We need to get funding back to the doctors and nurses on the front line, back to the administration of the hospitals and back to the health areas so that health care can be delegated and managed by the people who know it best. The structure of the health system must be flatter in order for it to be more responsive, efficient and suitable for Queensland. Every person in Queensland should have a right to free public health care.

The Health Practitioners Legislation Amendment Bill upholds my argument of the government failing to resolve the issues at hand. The objective of this bill is to delegate the power of the Minister for Health to decide an area of need in which insufficient medical practitioners are operating in order to meet the needs of the people. These amendments would allow yet another board to install unqualified staff through special purpose registrations into areas that appear to be lacking. However, the areas of need are determined without proper and rigorous assessment.

The government believes that areas that lack sufficient medical practitioners require special purpose registrations, otherwise known as deeming. The government also believes that this board that I mentioned, which contains no assessment criteria standards, will cost taxpayers \$330,000 recurrent per annum. How can the government endorse spending in an area that has no scrutiny to measure its role and assess areas of need? Deeming provides a special purpose registration to a person without the qualifications required for general registration in Queensland, meaning that their qualifications are not obtained from an Australian or New Zealand medical school. Therefore, it is clear that the deeming provisions fail to meet Queensland standards.

The specialists medical board provides special purpose registrations to underqualified people. This procedure has been abused by the government and it continues to use doctor shortages as the reasoning behind special purpose registrations. It is evident that if the government continues to support the practice of deeming by issuing special purpose registrations, the standard of health care will continue to decline in Queensland.

Deeming allows overseas trained doctors who do not meet Australian national standards to be recognised as specialists. Ill-equipped medical staff are being promoted to positions of authority and responsibility well beyond their capabilities and skills. Queensland Health is compromising health services in this state by lowering our standards. The deeming process has allowed so-called doctors such as Patel to slip through the cracks of the government's sick health system. Deeming explains the government's disgraceful 'Dr Death' shambles.

Queensland Health is inadequately managing training by allowing unqualified deemed specialists to supervise our younger doctors. This approach is letting down our training and properly qualified medical specialists who have studied in line with the Australian standards. Their professional standing has suffered at the hands of Queensland Health, whose double standards have reduced the reputation of the Queensland health system to its worst.

The government's crippled health system is under public scrutiny. However, the amendments proposed remain inconsistent by failing to address the areas of need exposed in the health system. It is the government's inhumane and senseless cost-cutting that has extended waiting lists and resulted in the implementation of deeming. So far the deeming procedure has cost lives. Therefore, the government needs to review its amendments more consistently.

We are against the government's health services so-called restructuring as it fails to address the weaknesses of the policy. Let us put ourselves in the shoes of the people who will be affected by amendments to the legislation. The government needs to understand the issues not yet resolved in order to provide solutions that get priorities right for Queensland.

If the government abandons health to rely on such an unethical procedure such as the deeming of specialists, let us see what would happen if this practice was applied to the wider world. Let us think about the government's strategy. Will we have to fly in planes with baggage handlers deemed to be the pilot because the pilot is sick? Now that is a Smart State initiative. For the record I am aware that airlines are managed by the federal government; I am merely using this as an example to compare the safety concerns of putting members of staff in any particular industry in the place of the qualified and specialised professional.

This government has supplied poor management and poor expertise which has resulted in a sick health system for Queenslanders. Maybe deeming can explain this, however. Are we running Queensland's health system with a deemed health minister? Are we running the state with a deemed cabinet and government? Maybe that is why the government is finding it so hard to get the priorities right for Queensland.

This government is responsible for incorporating the deeming policy into Queensland Health's hospitals. The government has contradicted itself over and over again. Queensland has had enough of this commotion and inconsistency. The insignificant changes made by this government are not resolving the concerns of the community. This government has allowed deeming to become a part of the Queensland health system and now it needs to remove it. The government must look for opportunities to improve the current health system by solving the problems at hand, not by diminishing it further.

We need to put aside all the mistakes in order to move forward for the good of Queensland. We must take the next step, by moving away from the current health system. Let us address the issues and do it now. It is going to require less talk and more action to reduce the mechanistic and bureaucratic structure which is inhibiting Queensland Health. It is going to take decentralised decision making and less bureaucratic control to allow the health system to function as it should. The large size of the organisation is not an excuse not to concentrate on the issues prevalent today and not to resolve the problems now.

The Queensland health system has let Queensland down. The state has more money to spend than ever, yet the hospital system is suffering. The government has failed to provide appropriate recommendations in response to the exposed issues. The bureaucratic and mechanistic structure has remained in the government's amendments. I found it hard to understand the contradictions of the

Forster report, in that it accurately described the problems of Queensland Health yet it failed to suggest recommendations to respond to these issues. The government has failed to adequately reform Queensland Health's systems, structure and culture in its actual and proposed amendments. Queenslanders are still exposed to the overlooked, unsafe and risky procedures of Queensland Health.

The opposition offers solutions to get the priorities right for Queensland. The opposition has developed a strategy to resolve the current issues and concerns of Queensland. We believe Queensland Health needs to adopt a flat management structure to cut the bureaucracy which is suffocating Queensland Health's ability to provide Queenslanders with the health care they deserve. We need to reduce waiting-list periods for Queensland by employing more clinical nurses, funding more training positions and fast-tracking the training of overseas doctors already in our hospital system. We need to address the shortage of hospital beds and the growing waiting lists which are denying and delaying the treatment of the people in Queensland. This is extending people's suffering which, in turn, is affecting the overall morale and lifestyle of our patients. My constituents in Redcliffe deserve better than this and so does the rest of Queensland.

We need to increase the number of quality medical and nursing staff by ensuring area-of-need staff are supervised correctly. The development of staff is important to ensure they stay in the system. The opposition believes this is the area of need. Staff must be provided with incentives, schemes or training plans to ensure medical staff are accessible in order to meet the demand. It is important in order to increase the quality and quantity of medical staff available. Special purpose registrations are not the answer and we are firm in our stance against such a procedure. We need to end the deeming of unqualified doctors to prevent Queensland from exposing itself to the dangerous practices which we have witnessed in Queensland Health.

The input of local communities is imperative in order to represent the real opinion of locals. The opposition proposes an independent hospital board to be established in order to oversee hospital practices and procedures. Board members should include medical and hospital staff plus a majority of members representing the local community. This will allow Queensland people to be correctly represented so that the major issues are heard and not overlooked. The board should provide information and comment publicly through annual reports to allow a genuine openness to the people of Queensland. Regional centres need to be prioritised so that necessary services are available to all Queensland patients, no matter where they live.

We need to create a legitimate and sincere culture of openness to create a transparent health system suitable for Queensland. Every person in Queensland has the right to access quality and free public health systems. The opposition is committed to rebuilding a free public hospital system which means no means test or copayments for Queensland. Queensland Health must strip away the layers of bureaucracy and administration and leave the specialists in the decision-making chair. Management must be clinically focused and not driven by budgets of cost cutting.

Queensland deserves a free public hospital system so that health services are accessible to everyone. The opposition says no to means testing and deeming and yes to investing in the medical staff and restructuring in order to provide a skilled, open and safe health service to every person in Queensland. Let us get the priorities right for Queensland: stop talking about changes and introduce legislation amendments to improve the expiring health system.

Mr ENGLISH (Redlands—ALP) (4.56 pm): There are issues within Queensland Health. No member of this House is denying that. I would like to compare and contrast the Beattie government's handling of these issues with the federal government's handling of other issues. When the government became aware of serious concerns about the structural integrity of Queensland Health the government did not run away from them. The government set up two public inquiries. That is hardly running away from these issues. The federal government has issues and concerns about the operation of the immigration system. What is the federal government's response to those concerns? To have one secret closed inquiry. Yet members opposite have the hide to criticise this government's handling of these issues. No-one is denying that there are issues and problems within Queensland Health. This government has not run away from these issues and this government is fully committed to improving health services for Queenslanders.

Many of the amendments we are discussing here today will help improve the accountability of managers within Queensland Health. One of the issues that came through at the inquiries was the fact that a lot of the problems occurring at Bundaberg Hospital were kept within the hospital, that upper management was not informed about the problems and the concerns. Managers need to be given the flexibility to manage. However, they need to be held accountable as well for the decisions that they make.

I will go on record as saying that I think some of the decisions made by the management at Bundaberg Hospital were appalling—the decision to fly Patel out, the decision to hide from senior management the issues and concerns that staff had about Patel's performance—and the managers who made those decisions need to be held accountable. So must the Queensland Medical Board be held accountable. As an electrician, I am aware that tradesmen from overseas have to jump through a

number of hoops to get accreditation by the various trade boards. However, once a tradesman is given certification, the person who employs that tradesman assumes that the accreditation board has done the checks to make sure that that tradesman is accredited.

I think the Queensland Medical Board was appalling in its negligence for not doing the appropriate checks. It can make all the excuses it likes. It did not do its job. Once the Queensland Medical Board failed to do its job, once the overseas trained doctors had been given a tick in the box by the Queensland Medical Board, I do not believe Queensland Health was significantly negligent in its hiring of them because Queensland Health assumed that the Queensland Medical Board had done its job. Unfortunately, it had not.

The member for Redcliffe spoke about areas of need. I would like to comment that in my electorate there has been no significant increase in GPs despite the fact that we have seen significant growth. Certainly the fantastic general practitioners on the southern bay islands who service that remote area of my electorate do a fantastic job. However, some of the doctors over there have not had holidays for years because of the difficulty of trying to get locums to replace them. I call on the federal government to increase the rebate for doctors servicing the southern bay islands to try to attract more GPs to the area.

I will finish my contribution this afternoon with one suggestion. Following the Fitzgerald commission of inquiry, the Police Service Administration Act was introduced, and it mandated the compulsory reporting of misconduct or corruption by police. After the Fitzgerald inquiry, if a police officer suspected that another police officer was engaging in misconduct or corruption, they were required by law to report that police officer. I urge the government to consider mandating the reporting of a doctor if other doctors believe that doctor is acting inappropriately, dishonestly or negligently.

I think the accountability mechanisms introduced for police are fair and reasonable. I would consider that, if it is okay for police, it is okay for doctors as well. For far too long the wall of silence by doctors that allows negligent doctors to continue to operate has cost human lives. They used to talk about the blue wall and the silence; the same goes for the doctors. When was the last time members heard a doctor criticise another doctor or a doctor report another doctor? It does not happen enough. I urge the government to consider this. I urge all good doctors out there who have concerns or suspicions about the behaviour or abilities of other doctors to pick up the phone, call the local medical registration board and report their colleagues to ensure that all practising doctors are of the highest order. I commend the bills to the House.

Miss SIMPSON (Maroochydore—NPA) (5.03 pm): I rise to speak to the cognate debate on the health bills. The opposition acknowledges that there are aspects of these two pieces of legislation which are acceptable and which we support. Unfortunately, when there is a cognate debate over a variety of issues there are matters which we cannot support.

Queensland Health and the future of health services in our state are two of the most important issues that we are facing today. We have consistently said that major reforms need to be made to the way business is done with regard to health service delivery in this state. First and foremost, there is a need for openness and accountability. There should be no more cover-ups and no more secrecy. Unfortunately, there has been nothing tabled in this legislation that indicates this government is committed to overcoming that very nasty and very real culture of bullying which has seen many good people leave Queensland Health and our hospitals.

Ms Molloy: Garbage!

Miss SIMPSON: I hear 'garbage' from the member, but she should look at the figures showing the actual retention rate of medical students in Queensland Health. There are very poor take-up rates compared with the number of graduating students, and I think that more can be done to attract graduating students into Queensland. More can be done to retain staff but the fundamental issue of the culture of bullying needs to be addressed. The fact is that the hierarchical approach to health has really damaged many people who have served at the front line of delivering health services—

Ms Molloy: Where?

Miss SIMPSON: Obviously this member has not read the concerns regarding what happened at Bundaberg, nor the concerns regarding other hospitals. She has not got a clue as to what has happened within Queensland Health. I have talked to amazing people who have worked almost 24/7 in delivering services in this state. They are doctors and nurses and—

Ms Molloy interjected.

Miss SIMPSON: Obviously the member for Noosa has not got it—that there is a bullying culture in Queensland Health. This is still something which is destroying the morale of good people who want to stay and deliver services. While there is this culture of cover-up and this denial from government members, they are not going to fix the problem. At the end of the day, health services are a people business—delivering to constituents, delivering to members of the public. It is not only the quality of the service, it is remaining compassionate to people's needs. The same is true of those front-line health service providers—allied health, medical and nursing staff. This culture of bullying still has not been addressed fundamentally in what we have seen tabled in this parliament.

There have to be stronger provisions in the whistleblowers act. There needs to be more recognition that this culture of bullying has meant that good people have left. We had the situation—which the member for Noosa seems to forget—where Dr Patel went on a reign of terror in Bundaberg because staff were too terrified to speak publicly. There was something terribly wrong. It is not simply a doctor who was out of control; it is a system that has failed people. I am horrified to think that it has got to the stage where people have literally been butchered at the hands of an inept and inappropriate doctor. How many other times have people not been able to have their voices of concern heard because of this cover-up and this culture of denial?

I note that these bills move on the commitment of the government to change zones to areas. There is an interesting history behind this bureaucratic reshuffle. I remember when Wendy Edmond, as the then health minister, brought in the new zonal management system. At the time she tried to make out that it was not a change; that zones already existed. But she did not declare that what had previously existed was coordination districts which enabled people to coordinate services across districts. When the zonal managers were appointed, they were appointed to positions that did not exist at that level and instead existed with wages under her control that I believe were in excess of \$120,000 to \$130,000 a year. So they were significant management positions. I do not know what on earth those zonal managers are currently paid, but essentially she instituted the zonal management system under that high level of bureaucracy.

This government is now changing the zones to areas. I certainly welcome the minister's feedback as to whether the base for the central zone, which goes way up north—I think it covers beyond Rockhampton—will still be in Brisbane. Two of the three zones in Queensland which are now becoming areas have had their bases in Brisbane, and I would certainly welcome the minister's feedback as to where they will actually be headquartered and what that is going to mean.

The criticism that the opposition has is that there has been no real reform of the way that bureaucracy administers Health. While I know that there are many good administrators and bureaucrats, the concern has been that it is very top heavy. I remember trying to access the data on how many people were employed in corporate office once, and that was an interesting exercise.

I found out that it was something akin to discovering how meat is marbled with fat. People could never really get a handle on it because of all the little games and charades and walls that were put up to accessing that data. There were situations where people were working within corporate office in Brisbane but they were technically employed by the districts; their point of employment was not in corporate office. There were significant numbers of people whose point of employment was not where they were working.

I understand that there can be systems of secondment, but it has been made into an art form so that it is very difficult to establish the size of the bureaucracy in this government. I think another thing that has been made into an art form is the large number of project officers and consultants and the tendency to have a very high number of people off line doing non-clinical work. It is of concern that there still has not been an opening up of the books in regard to the real size and nature of the way that the bureaucracy, vis-a-vis clinical services, has operated. That is a major concern.

The issue of the publishing of lists and clinical indicators has been something that we, as the National Party in coalition with the Liberal Party, took as key policy platforms to the last state election. I refer members to the extensive health platforms that we released during the last election campaign. The government said that it was publishing indicators, but one of my criticisms of it was that it was not publishing the wait times for cancer services. It was not publishing the wait times for things like colonoscopies. Basic treatments and basic access to service indicators were not published. The government was not publishing the specialist waiting lists and the outpatient appointment waiting lists, which was badly distorting the real wait times for surgery in this state.

It is well and truly on the public record that the opposition was at the forefront of raising the problem that the real waiting lists were fudged by the fact that there was a waiting list to get on the waiting list. It was a hidden waiting list. We addressed that issue in published documents that we released in our announcements during the last state election campaign, which reaffirmed the commitments that we gave up to that point.

The waiting lists in Queensland under this government have been an absolute joke. The cruel thing is that it has actually distorted the way that health funding has been allocated. I want to address that in relation to the emergency services and the clinical indicators. I would welcome the minister's feedback as to whether he will also be publishing the wait times within the emergency departments. The only way that I have been able to get that information in the past is from leaked documents from clinical staff at the forefront of delivering services in these areas. Their concern was that with emergency services many people who needed to be admitted to a bed were not being admitted to a bed; they could in fact be waiting on the floor, occupying a trolley. They could have three meals a day and spend days in the emergency department but, technically, they were not admitted patients. Clinical staff had this additional workload over and above the high-level pressure that they already experienced dealing with trauma patients and a range of other emergency issues.

One of my concerns in relation to the emergency departments in this state is the furphy that it was just people who were not going to their GPs who were blocking up the emergency departments and that is why this government did not put in place a plan to address a breakdown of the timeliness of responses to people in emergency departments. Someone may not need to be seen within 10 minutes or be within the zero time frame—those who need to be resuscitated, that is, the first category—but they may still have a condition which, although it may not be life threatening, may leave them in extreme pain which their GP cannot deal with. They still need to be in hospital and be seen by an emergency department. There are people in category 3 and particularly categories 4 and 5 who may not have high-level urgency but who are still classified as hospital type patients because of the range of services that hospitals provide that are not provided by a GP. Certainly accessing after-hours radiology services is hard enough in the public hospital system; it is not necessarily going to happen with GP services.

I raise the issue that there needs to be an emergency department plan which adequately addresses the funding needs of our emergency departments throughout Queensland to overcome this problem where hospitals are on bypass that should not be on bypass. This means that ambulances are on the road longer because of the congestion in the emergency departments and the lack of beds and the fact that they cannot admit patients and deal with them at emergency departments.

I would welcome the minister's feedback as to whether he will be publishing the indicators about wait times and the clinical indicators surrounding the wait times and services in emergency departments. If we do not have that, we cannot see whether the funding is adequate to address those concerns, but we do see the fallout in regard to burnt-out staff, patients who are waiting too long and ambulances that are on bypass. We have seen Nambour Hospital on bypass so many times it is just ridiculous. Certainly starting to publishing those bypass figures would go a long way to bringing some greater scrutiny and focus on how those resources are being allocated.

I mentioned before the need for figures relating to other treatments, such as cancer radiation therapy, to be published as well. There needs to be a consistency of format and better clinical indicators and targets in the annual report within the budget process. From year to year the health estimates are examined, and the Ministerial Portfolio Statements are always changing. The lack of cohesiveness from one statement to the next means that, once again, it is blocking appropriate scrutiny because whenever someone queries why things have gone up and gone down the government claims it is apples and oranges, but it is just a little bit too convenient.

I say to the minister that when changes are made to those statements there should be a very clear statement outlining the real impacts of changing those formats so that there is an interpretation of that rather than just a little dot point footnote that does not provide the detail, so there is an explanation and interpretation of those transitions. Ultimately there needs to be some really meaningful Ministerial Portfolio Statements and targets that mean something. Then we will be able to have consistency across the MPSs from year to year. This is so that that process has merit rather than just chewing up the trees of the forest and backing up policy documents of government but essentially meaning nothing with regard to a trail of information that enables appropriate analysis of the budgets and also the outcomes in clinical indicator performance standards from year to year.

The state opposition has also been very clear that we wanted the Auditor-General involved in performance auditing. The health was an area that we have had major concerns about for a number of years. I welcome any additional publishing of information here but, as I say, there has to be consistency in the way that information is presented so that these loopholes in claiming that people cannot compare one year to the next, which happens every year, can finally be addressed. When changes need to be made to the way that data is collected and presented, there is a need for interpretive documents that give a clear indication of what that means.

I would like to restate my commitment to the free public hospital system. I am amazed that Labor Party members and this Premier could even entertain the idea of going away from a free public hospital system and going to a system instead where potentially people are means tested to get in the front door. It is the thin end of the wedge. It is the start of the slippery slope. Who is going to be stopped from going there? Middle-class Australians—the mums and dads out there with a mortgage working flat out to try to get their kids through school and provide a solid family life? They may not be on the dole but they are certainly working hard, and they are working hard to put their kids through school. Are they the ones who are going to find that they have to turn up with their tax return to prove that they can get access to health services in Queensland?

The government said that it is looking at the elective surgery lists. What is next? Emergency departments? There is already a situation—admittedly it has operated for a long time—with ambulances regarding the tiers of fees that may be paid if someone is in a true emergency. Someone may not have been up for a fee, but they might have been up for a fee in a range of other situations. I think it is really dangerous when people have to argue about whether they should have access to the free public hospital system. I think it is really dangerous when the state Labor government and members opposite claim that they are out to save Medicare and yet they seem willing to entertain this idea.

Not too long ago the state government said that it was not going to privatise public aged care beds in Queensland and then started to do exactly that. Not too long ago—in fact, I think it was 1998—the state government actually made a cabinet submission to take up recommendations for flogging off aged care beds in Queensland. The state government then came out and said, ‘No, we didn’t do that. That is not our position.’ What happened next? In Hervey Bay aged care beds were sold off to private providers for undisclosed amounts.

Now that is happening in Yeppoon. It could potentially happen in other parts of Queensland. I am concerned about the Sunshine Coast. The distress this causes for people who do not know whether they will have a home is quite considerable. This distress has been caused by the fact that this recommendation is on the decks of parliament again. It never went away. This government is looking at flogging off aged care beds from the public system. It causes a lot of distress. I have received calls about this. That facility on the Sunshine Coast is not even in my electorate; it is based in Nambour. People are very upset about it. I can understand that.

I have major concerns that this government is looking for scapegoats for fixing the very real problems in our health system. We are committed to again seeing more localised management of our health services and our hospitals—a re-empowering of our health staff in local communities. Health is a people business. Communities feel strongly about their health and hospital services and they do not appreciate decisions that can be made at a local level being made behind closed doors, without consultation and often with a devastating impact upon their local communities.

Mr MESSENGER (Burnett—NPA) (5.21 pm): It is with pleasure that I rise to make a brief comment in the debate on the two bills before the House, the Health Practitioners Legislation Amendment Bill 2005 and the Health Services Amendment Bill 2005, which are being debated cognately. In his second-reading speech on the Health Practitioners Legislation Amendment Bill 2005 the health minister said that he brought the bill to the House as part of the government’s commitment to rebuild confidence in Queensland’s public health system.

Like a sow returns to her mire and a dog returns to its vomit, the only commitment the Beattie Labor government has shown is to return to its team of spin doctors, rather than the medical doctors, to rebuild community confidence in Queensland’s health system. The only way confidence will be returned to Queensland Health is for the Premier and the Labor Party, who created a system which nurtured and protected ‘Dr Death’, to be voted out of office. That is the day we can all breathe a sigh of relief and say, ‘Finally the socialist nightmare is over for Queensland,’ and we can bring some integrity, some decency and some commonsense to this vital life-and-death service.

The health minister also said in his second-reading speech that the Beattie Labor government is driving reforms that will usher in a new era of public health care in Queensland. Quite frankly, that is like me thinking that waving my arms and saying, ‘Go you good thing,’ actually helped Makybe Diva win her third Melbourne Cup.

Health reform has been forced down this Labor government’s political throat by pressures from the families and victims of Dr Patel, nurse Toni Hoffman and other medical professionals who gave testimony at the Morris and then Davies royal commissions and by this National-Liberal coalition, who are the only hope that Queenslanders have for true health reform. Health reform was the last thing on the mind of the Premier and his Labor colleagues on 22 March this year when I detailed Toni Hoffman’s concerns in this place. Health reform was still the last thing on the mind of the Premier and ministers when ‘Dr Death’ was enjoying the comforts of Queensland government sponsored one-way business class air travel to the United States on 2 April this year.

Health reform was the last thing on the Premier’s mind after he sent the then health minister, the member for Sandgate, Gordon Nuttall, to Bundaberg to do what he does best—that is, bully, bluster and point his finger at the nurses and the gathered throng. A member of the media was there. Dan Nancarrow from the *Bundaberg NewsMail* reported that the then minister said, ‘The only person at fault for this situation is Mr Messenger—solely, solely Mr Messenger. There is no point in continuing the investigation.’ Mr Nuttall said that he wanted constituents to blame me. He said that, because the surgeon had resigned and moved to America, the Queensland Health report could not be completed.

Mr Nuttall was also reported as saying, ‘Can we put an official report out relating to these allegations? The answer is no. There is no point in continuing. There cannot be a report based on the lack of natural justice’—and that is for Dr Patel. There was little thought then of natural justice for the victims of Dr Patel—very little thought indeed.

If one listened to the Premier and his spin doctors one would think that the Premier was the one who actually willingly employed the services of Tony Morris for the first royal commission. In fact, the Premier was dragged kicking and screaming the whole way to conduct a royal commission. I refer members to a *Courier-Mail* report of Tuesday, 19 April 2005, under the headline ‘CMC shuns inquiry role’, which states—

The Crime and Misconduct Commission has rejected Premier Peter Beattie’s call for it to mount a broad and open inquiry into the scandal over a ‘grossly negligent’ surgeon dubbed Dr Death.

CMC chairman Robert Needham said yesterday the anti-corruption body lacked the scope, powers and expertise specifically relevant to the issues arising from deaths and injuries of patients at Bundaberg Hospital.

The Premier's first action was to actually try to refer the matter to the CMC so that we would not have a royal commission. But finally public pressure made the Premier employ the services of Commissioner Morris. In a report in the *Courier-Mail* on 19 April Hedley Thomas makes the comment that the Premier plays politics with people's lives. He states—

By ducking and weaving around calls for a royal commission-style inquiry into the scandal over Queensland Health's appointment of a 'grossly negligent' surgeon to Bundaberg Hospital ...

That is what we have seen all along here. We have seen the Premier and his minister play politics with people's lives. On Tuesday, 22 April when I asked the then health minister whether he knew of a surgeon called Dr Patel he replied no. Then in the MPI debate I detailed Toni Hoffman's letter, which contained her very serious allegations. Then the Premier and the then health minister had another three whole days to stop Dr Patel from operating. What did they do? Dr Patel kept operating on the Tuesday and Wednesday. It was only on the Thursday evening that Dr Patel actually resigned. Then we have the famous trip back to America, which we found out at a later date was sponsored by the Queensland government.

We can put into that mix the Premier's complete lack of compassion at the time. It took 31 days for the Premier to visit the victims in Bundaberg. These people came forward with their horrific stories. Did Labor know about the health crisis in Bundaberg before this? The writing was on the wall for a heck of a long time. In my maiden speech I detailed my concerns about a health crisis. After my preselection, and indeed during my time as a ABC announcer, I had heard stories of bullying and intimidation out of Bundaberg Hospital. The Premier cannot have the defence that he did not know about it. Members of the Labor Party surely cannot say that they did not know about the bullying and intimidation that went on at Bundaberg Base Hospital which provided a fertile ground for someone like Dr Jayant Patel.

In fact, it is succinctly put in a letter to the editor by a gentleman called Bill Loudon. The letter is entitled 'How honourable are the three amigos?' Mr Loudon says that back in 2000 the member for Bundaberg, the Hon. Nita Cunningham, and the Premier, the Hon. Peter Beattie, attended a meeting at the Bundaberg Base Hospital with the delegates of five unions who had grave concerns about bullying, mismanagement, taxpayers' money being wasted, and lack of communication and consultation for hospital management. The unions went as far as suggesting that this could trigger the downfall of the government and further put the Premier on notice that unless there was a fully independent judicial inquiry he could end up with a royal commission.

As Mr Loudon says, if this is not serious stuff, what is? True to form, Mr Loudon says that their request was rejected and instead the Premier suggested that the matters be followed up by a member from his own department. No doubt much of the heartbreak and tragedy which ensued would have been prevented had he taken them seriously. It is almost five years later now, and look at what is happening: exactly what the unions predicted—a taxpayer funded multimillion-dollar royal commission. And the Premier tells us that this is the Smart State! Mr Loudon states—

Alarm bells began to ring about a festering crisis at the Bundaberg Hospital before the butcher of Bundaberg Jayant Patel arrived in Bundaberg 2½ years before.

Yet the Hon. Nita Cunningham would have us believe that she was unaware of serious problems at the hospital. I do not for one minute buy any of that twaddle. And what about former minister for health the Hon. Wendy Edmond—the person the Hon. Peter Beattie describes as the best health minister Queensland has had in decades?

Mr DEPUTY SPEAKER (Mr Wallace): Order! Would the member refer to members by their electorates and their titles, please.

Mr MESSENGER: I dare say that the aforementioned health minister will also tell us that she is in the dark and say that she knew nothing about the mess, either. How often do we hear this from Beattie ministers? Bill Loudon's letter to the editor continues—

How costly must it be for the three honourable amigos knowing that they will not be required to give any evidence on this matter at the Morris inquiry according to Commissioner Tony Morris QC. I find it most disappointing that they will not be subject to testifying under oath and now has me wondering if this inquiry will be another unproblematic exercise for the Labor MPs. The media seems to centre on the quest to find Patel to take responsibility for his actions, something of course which must be done. However, it does not seem to give emphasis on the fact that politicians and bureaucrats allowed him the opportunity to do so and consequently should be held responsible for their connection as any accomplice would be for taking part in any criminal action.

That is quite a succinct letter from Mr Loudon. The other question on the lips of the people in Bundaberg right now is: when is Patel going to be charged and brought to justice? It is a question that we would all like to know the answer to. Everyone in Bundaberg—victims and families of victims—would like to see this man brought back. Even though there have been recommendations from the Morris royal commission that he be charged with grave and serious charges, Dr Patel has still not been charged. Because Dr Patel has not been charged, the extradition proceedings cannot be enacted. So Patel is still in America—we would assume in Portland, Oregon. I heard this morning that the former health minister may be taking a trip over to America. He might like to detour and go to North America and see if he can ask Dr Patel to come back.

What is the state of medical care in Bundaberg? At the moment we are dreadfully disappointed by the allocation of resources by the Beattie Labor government to our hospital. The best we could come up with was \$1.5 million for an electrical upgrade—\$1.5 million for what would seem to be routine maintenance. There was no announcement of medical wings, no announcement of a massive increase in staff and no announcement of an increase in bed numbers. In 1989 we had 216-odd beds; now in 2005 we have close to 120 beds. We have lost 16 acute care mental health beds, and more and more people are talking to me about the need for proper mental health care in Bundaberg.

Resources are being stretched to the limit, not only within the medical fraternity but also in policing. If violent patients or potentially violent patients require that in-patient service, the police then have to be assigned to those patients when they are transported to either Nambour or Rockhampton. Those people are not allowed the best possible opportunity of recovering from their mental illness. They would recover better if their families were able to visit them on a daily basis, yet if they are moved families are not able to visit their loved ones suffering from mental illness.

That is just the tip of the iceberg of what is happening in Bundaberg. In the election ads that I ran for the February 2004 election I said that we need more doctors, nurses and specialists; we do not need more excuses. At this time, all we seem to be getting are more and more excuses—more and more creative spin. There are no solutions. The only long-term solution, as I mentioned at the beginning of my speech, was to sack the Labor government and install a government that does not subscribe to continuing the bullying nature within the health system, and of course we have seen that bullying nature spread to many other areas of government as well.

Part of the solution of providing better health care is for the empowerment of local communities through district health boards. We need to establish district health boards with people who are genuinely concerned about the welfare and health of their constituents. We also need to give those health boards real teeth. We need to be able to allow those people to make decisions and not be overruled by administrators who are nothing more than political appointees and yes-people and to be able to accurately analyse and interrogate decisions that those people make.

How are we going to restore confidence? As I said, we need to have more doctors, nurses and specialists. We certainly do not need means testing and copayments. That is not part of the solution. We certainly do not need to destroy, run down and kill off our free public health system. That is not part of the solution. Some 1,200 new poker machines to partly fund health spending is a complete and utter joke. It should be seen for what it is and has been roundly condemned in my community.

Hon. NITA CUNNINGHAM (Bundaberg—ALP) (5.37 pm): I rise to support the health bills before the House. These amendments will allow early implementation of some of the recommendations from the Queensland Health systems review and will lay a strong foundation for the rest of the reforms recommended by the Forster report. The amendments will base decision making closer to the service delivery level and give districts greater responsibility to plan, manage and deliver the health services that are expected by the local residents.

The bills provides for the appointment of general managers for three health service areas and set out their functions as recommended by the Forster report. This report also noted the importance of early recruitment for these positions so that the reforms driven by each region can commence. So it is indeed important that the bills are before the House today for debate. It is also good to see that recruitment of the proposed 1,200 new doctors, nurses and allied health workers has started so well, with Bundaberg being a big winner with the appointment of our new Director of Medicine, Dr Beresford, who is already on staff and making a real difference.

The changes in the Health Practitioners Legislation Amendment Bill will also be welcome in Bundaberg. Recently, one of our private surgeries was having great difficulty replacing a longstanding Bundaberg doctor who was retiring. It has been very hard for them to find a new, Australian trained doctor because, as we are all well aware, of the shortage. Their efforts to gain an overseas trained doctor were being frustrated because Bundaberg was no longer considered an area of need, even though the surgery was only trying to maintain its doctor numbers, not trying to increase those numbers.

The Bundaberg Hospital Commission of Inquiry clearly identified concerns with the criteria. The changes contained in the bills are in line with inquiry recommendations. These bills are as a result of the findings of the Forster and Morris-Davies inquiries and will, indeed, allow this government to usher in, in a positive way, a new era of public health care in Queensland.

I spent some time with the Forster inquiry outlining the hospital complaints that I have dealt with for seven and a half years. I hope that my input helped to formulate a positive way forward. I am delighted to be able to place on record in this House that I was not called to give evidence before the Morris inquiry. Clearly, no evidence was given under oath that I had any prior knowledge of complaints against Dr Patel. If any such evidence had been given to that inquiry, I would have been called to give evidence. It is very easy to stand in this House and, under privilege, make allegations. It is an entirely different thing to front up to an inquiry and give that evidence under oath. That did not happen. I am delighted that I was not called and I am delighted to place that on the record in this House.

The people of Bundaberg and, I believe, the people of Queensland have heard all of the complaints, tragedies, derogatory remarks, name calling and blame games that have been surfacing almost daily for some six months and they do not want to hear any more. They want something done to overcome the problems and they want the system fixed. That is what this bill does. It sets a strong foundation for doing things differently and it clearly shows this government's commitment to rebuilding community confidence in Queensland's public health system.

Following on from the last speaker, I would also like to draw the attention of the opposition to Hedley Thomas' words in the *Courier-Mail*.

There comes a time when even the Opposition should admit enough is enough. A time to stop scoring political points at the expense of Queensland's health system and start joining in a constructive process to restore the faith of staff and the general public.

I commend these bills to the House.

Mr JOHNSON (Gregory—NPA) (5.42 pm): It gives me great pleasure to rise to speak to these two pieces of legislation, the Health Services Amendment Bill 2005 and the Health Practitioners Legislation Amendment Bill 2005.

I say at the outset that my contribution to this debate this evening will mainly canvass the issues of rural and remote medicine and rural and remote health services. In an electorate such as Gregory, probably the most important thing, besides a good education system, is a good health service. It is absolutely paramount that remote Queensland—regardless of whether it is for someone who lives there, like me, for people who visit there, or for people who live in decentralised and remote settlements—has a medical service that is similar to that provided in other parts of the state. I know that we cannot have the same service at Birdsville, Bedourie, Boulia, Winton or Charleville as they have in Brisbane, the Gold Coast, Townsville or Cairns. However, the important aspect of medical services in rural and remote Queensland is the issue of flying medical services, flying specialist services.

I heard the member for Bundaberg's contribution this afternoon and I also heard the member for Burnett's contribution when they talked about foreign doctors. Well, I will talk about foreign doctors, too. We have foreign doctors in western Queensland and all I can say is thank God that we do. At the end of the day, if we did not have them we would not have medical practitioners in some of our centres. I do not say that lightly. I know that some of these doctors have been criticised hard and fast for some of their medical services. However, we must remember that they come from different cultures and have different customs.

I believe that these people fit into my electorate well. In recent times, there have been complaints about some of those doctors. I have also made representations to both the former Minister for Health, the Hon. Gordon Nuttall, and the current Minister for Health, the Hon. Stephen Robertson, in relation to this. I also made representations to the former deputy director-general of Health, Dr Gerry FitzGerald. I am saddened that Dr FitzGerald is no longer in that role. I made representations to him on numerous occasions and at all times I found him to be a true professional and truly understanding of my goals for my constituency in the remote electorate of Gregory.

Importantly, I have gone right through the Forster report. I gave evidence at the inquiry and was interviewed for about an hour and a half in Longreach on my views of some of the medical services in western Queensland. One of the most important aspects of medical services in western Queensland is the placement or replacement of the flying surgeon in Longreach. Going back a few years, the surgeon was removed to Mount Isa. We had two surgeons and two anaesthetists operating out of that centre. Whilst it might have been a good idea—change for the sake of change—it has not worked to the extent that we could benefit a greater number of people by giving them better remote medical services. A flying surgeon is based in Roma. That man has done a very able job over a long period of time. My point is, however, that I still believe that if we are to continue to provide a good service to people, we cannot disfranchise them by having surgeons in a dislocated location. That is exactly and precisely what has resulted from the placement of the flying surgeon in Mount Isa.

I also want to touch on the area of maternity services in western hospitals. I acknowledge the problems with indemnity insurance that we have been subjected to over a long period of time.

I note that the Forster report calls for an extra 1,500 nurses over a period of years. I applaud that. An extra 500 or 600 nurses over a period of 12 months would certainly be advantageous in assisting to provide hands-on medical services to the people of Queensland.

When I refer to maternity services in western Queensland, I refer to places such as Longreach, Charleville—to a lesser extent—and Emerald, which are all in my electorate. Other members will speak for their own electorates. I notice that my colleague the member for Warrego is in the House. No doubt he will further elaborate on this in relation to his electorate of Warrego.

When midwifery services are cut back in these areas, it takes away a service that we have been accustomed to having for a long period of time. My own children were born in western hospitals. My eldest daughter was born in Quilpie and my two other children were born in Charleville. Twenty-five years have passed since then. Thirty-three years have passed in relation to my eldest daughter.

The point is that medical services are getting better, not worse, whether it be in relation to doctors or nurses or others. Teleconferencing and a whole host of technology is available today to assist doctors in their everyday application of good medicine. However, at the same time, women have been giving birth for millions of years. Why will we see a drastic cutback all of a sudden?

Barcaldine is a classic example. The mayor of Barcaldine, Councillor Rob Chandler, Councillor Pat Ogden and I made representations to the former minister in relation to the medical services in that area. We were hoping that someone who had midwifery qualifications or experience in that area would take up the position of director of nursing at Barcaldine. However, that did not happen. I know at the time the former minister said that we had to put in place emergency services—plan B in case plan A did not work.

This is happening all the time. If a baby is going to be born and the mother is not in the right place at the right time, we have to have that emergency backup. That is why I return to the position of the flying surgeon. Doctors in remote areas will tell you every time that one of the most important parts of their medical service is having that flying surgeon backup. I believe it is important that expectant mothers are given that sacred privilege of having that backup during what is probably one of the most important times in their lives. As I said at the outset, we cannot put a price on good medical services.

I have been through the Forster report. I notice that the report states that the number of medical practitioners employed by Queensland Health has increased by 69 per cent since 1996, when my side of politics was in power—from 2,226 full-time equivalent salaried medical staff to 3,434 full-time equivalent salaried medical staff in 2005. I applaud that. That is good. But the one area that I believe is not good is the ratio of professional medical staff to non-professional staff. On numerous occasions in this House I have heard the minister say that we have to have that backup staff, whether they are domestics, administrative officers or whatever. I take that point, but it is important that we have qualified people.

I am not too sure of the findings of this report in relation to the central zone, which has been managed from Brisbane. The district director has been based here in Brisbane. I hope that the minister can see his way clear to locate that person at, say, Rockhampton, which I think would be a sound, sensible and strategic location in which to place the administration of that central zone. That way that person, whoever he or she will be, can have hands-on leadership in relation to those health officers who are located across the Central Highlands, the central west and Rockhampton. I think that is very important. At the same time, if we are going to be fair dinkum about medical services we have to have those people on the ground in appropriate places so that the management side of the operation, as well as the medical side of the operation, is running smoothly.

I think our doctors in the west do a damn good job. The doctors at the Longreach Family Medical Practice also provide backup service for doctors at the Longreach Base Hospital. That medical practice is unique and has worked very, very well under the stewardship of Dr Mark Marshall and Dr John Douyere. Longreach is a very important regional centre as it attracts people, especially people requiring maternity services, from Winton, Blackall, Barcaldine, Aramac and all of those other outlying areas. They come into Longreach because it is a regional centre and its medical services are working very well. I hope that we can see the same thing happen in Charleville, too. Maybe we could have a greater doctor presence in that centre.

In relation to maternity services at the Charleville Base Hospital, a lot of expectant mothers, especially first-time mums, have been sent off to Toowoomba. What does that say about the local services at Charleville? In the electorate of Warrego, a lot of the expectant mothers in Cunnamulla—and the same situation applies to mothers in Thargomindah, Quilpie, Augathella and Morven—instead of coming into Charleville, where most of them would probably like to go as that is where they would be close to their families, are being trucked off to Toowoomba. That is not a good message by which the government can say that it is providing the best services. We have to make absolutely certain that we go back to providing those good services in those regional areas. If there is a problem with a first-time mum, that is a different story. But those women who are having their second, third and maybe fourth child want to be near their families. If they come from Cunnamulla or Quilpie and go to the hospital at Charleville, they may be there for only one day and then they can go back home. That is a way of keeping those mothers in their communities, where they are close to their family and friends. I think that is what good medicine is all about, too.

We have a large Indigenous population in some of those south-west areas. Over the years those people have experienced health problems, especially diabetes, and have required renal dialysis. I know that Indigenous people in the far north of the state experience similar problems, but I am not going to reflect on the issue of Indigenous health in the far north of the state. I believe we have to make absolutely certain that we are addressing this issue on our back doorstep, at the local community level.

It is very important that we recognise the work of district councils. I am not going to pull any punches about this. I say to the minister this afternoon that it is very important that we have the right people on those councils—the right people who are going to give true and honest representation not

only in their home towns and the communities in which they live but also in the wider region. It is important that we have people on those councils who are genuine in their representation and who are genuine about getting outcomes for the wider community.

It is very important that we have good clinical services in the smaller communities—places such as Isisford, Tambo, Muttaborra, Junda and Windorah. Queensland Health has received magnificent cooperation in Windorah. While I am talking about Windorah, I want to make mention of Sister Anne Kidd and the wonderful work that she has done at Windorah over a very long period. She is a wonderful woman who has not enjoyed good health herself in recent times. She has provided absolutely A-1 care, in conjunction with the Royal Flying Doctor Service, to the people of that remote settlement.

That brings me to the Diamantina shire, which is that large, isolated community in the far south-west corner of the state. It boasts three small settlements of Birdsville, Bedourie and Betoota. The Diamantina shire has to put money forward to help pay for the nurses at the clinics at Birdsville and Bedourie. Although that might be \$100,000 a year, what other local authority in Queensland has to put up money to help pay for the local nurses or to contribute to the recurrent cost of those nurses? To my knowledge, none.

I urge the minister to try to address this issue so that the funding of those nurses becomes the responsibility of Queensland Health or of Queensland Health in conjunction with the federal government. That money should not come out of the pockets of the Diamantina shire, which has a small rate base and a small population. Annually, that region has about 40,000 visitors. This issue is about providing free medical care to those people. Although those people would also be cared for by the Royal Flying Doctor Service apart from the clinics at Birdsville and Bedourie, the ratepayers and the people of the Diamantina are paying for the nurses at those clinics. It is totally unfair. It is very important that that anomaly be addressed and corrected in the next state budget.

The other thing that I want to touch on is the magnificent Royal Flying Doctor Service, which has been caring for the people of Queensland for some 80 years. It is one of the great medical services of all time. My own family has been the recipient of medical services from the Royal Flying Doctor Service and the Flying Surgeon Service. As I have said in the House before, I do not know how many people's lives have been saved by the professional and truly dedicated people who work for those flying services. We talk about paying people, but one cannot put a price on the work that they do and the delivery of those medical services. I have the greatest respect for them.

In the couple of minutes left to me I will touch on the area of remote medicine. In recent times, there has been a fair bit of criticism levelled at the government—by myself, among others—in relation to bonuses for some doctors who work in some remote areas, but not others. I am fully aware that doctors have the right to private practice. Sometimes they can work for 20 or 30 days straight, and they are on call 24/7. That means that they have no social life or time off. They are on call the whole time. It is very important that a model be worked out. The Forster inquiry indicates that we need more doctors in rural areas to provide services. It is very important that we recognise that.

It is so important that the minister and I work in conjunction with the health councils in my area to get the best outcome for the people in remote Queensland. We must work with organisations such as the Remote Area Planning Development Board in Longreach, the 11 shires that I represent in western Queensland and all the communities in question. I really believe that we can turn around some of the findings of the Forster report and issues that have come up in the other two inquiries. We cannot bury our heads in the sand and say that it will go away, because it will not. We have to face up to the reality of the problems. We have to be honest and straight in our direction, as we endeavour to get genuine outcomes for the provision of the best medical services for the people of western and remote Queensland.

Mr WELLINGTON (Nicklin—Ind) (6.04 pm): I rise to participate in the debate on the Health Services Amendment Bill 2005. I congratulate the minister on, in his words, the first step in the large-scale reform of Queensland Health.

In saying that, I reflect on a debate we had in this very chamber a few months ago when we, the Independents, moved a motion to try to convince the government of the merits of the establishment of an all-party health committee similar to the Travelsafe Committee. The idea was that members of the public and others would be able to make submissions directly to the all-party committee, which would regularly report directly to the House with recommendations for improvements to the then health system in Queensland. I still remember the comments of the former health minister, who gave a whole range of reasons why there was then no need for an all-party health committee. Now we have a new health minister and we have received reports following various investigations into the Queensland Health system. We see significant new money and large amounts of money being allocated to improve and significantly reform the current Queensland Health system. It is great to see that money has been allocated. Now the challenge is to ensure that we Queensland residents get the best value from that money.

It concerns me when I hear about the creation of new managerial positions in Queensland Health. People from interstate or overseas with great management qualifications are taking up positions in Queensland Health. While those people may be academically qualified as managers in the literal sense, sometimes they may not have the technical skills in relation to engineering or others aspects required of that job. Effectively, we may see the creation of a new manager's position that also needs the creation of an additional engineer's position because the manager is no longer required to also have engineering skills. One instance in point prompts me to make those comments, but I do not intend to put it specifically on the parliamentary record. I may raise that privately with the minister at another time.

In Nambour we have seen significant changes in relation to the operation of our mental health unit. Recently I had the chance to meet with the new acting manager of the mental health unit. I walked away from that meeting feeling relieved. I had a great sense of confidence that she would certainly try to get the unit up and running to ensure that the people in Nambour who need to avail themselves of the mental health unit will receive the maximum available assistance. More importantly, that unit will be able to cater for as many people as is possible.

That leads me to the need to ensure that we always have a great system of support workers available to the many people who need to avail themselves of the mental health services of Queensland Health. It really concerns me when I receive calls from distressed parents, brothers or sisters who have a loved one who, for whatever reason, is in need of mental support. So often the parents are in tears and are very anxious because their child is in need of mental health support. So often they say, 'We have made approaches, we have cried and we have begged for the health unit to take on some responsibility.' So often over the past few years when I have raised such matters with the district manager the answer is that for a range of technical reasons they are unable to have that person retained in the mental health unit. Sometimes a patient has been able to discharge themselves, only to meet with a very unfortunate incident.

I hope that the minister is able to ensure that the department focuses on making sure that throughout the length and breadth of Queensland we have great support workers who can provide the important support that is needed for patients of mental health services. We have some great needs in this area.

I also use this opportunity to mention the Lymphoedema Support Association on the Sunshine Coast. We have had a number of meetings between the Lymphoedema Sunshine Coast support group and Kevin Hegarty, the district manager, and his department staff. We are trying to build bridges to ensure that we can prevent further illness for people who need to avail themselves of the Lymphoedema Support Association. I put it on the parliamentary record that there is an association on the Sunshine Coast that is trying to build partnerships and save Queensland Health a lot of money if only we can find a way through the matters that are currently being investigated by the minister's department.

Earlier this morning the minister responded to a question I asked about the possibility of free car parking at the new Sunshine Coast hospital. He acknowledged the difficulties that we have at the existing Nambour Hospital. Car parking is a very real issue in Nambour. The Maroochy Shire Council owns a strategically significant parcel of land opposite the Nambour Hospital. It has indicated that it wishes to dispose of the site. The Sunshine Coast Hospital Foundation has commenced negotiations with the council for the purchase of the site. In a recent conversation with foundation members, they indicated to me that there is a shortfall in the amount of funds that the foundation may be able to borrow to meet the requirements that the council has for the disposal of the site.

I ask the minister if Queensland Health or perhaps Treasury could loan funds to the hospital foundation to purchase the site. At the end of the day, I understand the constitution of the foundation means that if it were to fold, the assets owned by the foundation would revert to Queensland Health. Parking is always going to be an issue of concern in Nambour. The foundation is currently trying to negotiate to purchase a strategic parcel of land which is owned by the Maroochy Shire Council. I understand that negotiations have a long way to go at the moment, and one of the real issues is the ability of the foundation to purchase. I will certainly put this in writing to the minister.

I say to the minister that we are certainly looking forward to the operation of the new hospital on the Sunshine Coast. That will certainly relieve a lot of pressure on our existing facilities in Nambour. I look forward to my regular six-weekly meetings with Kevin Hegarty, the district manager for the Sunshine Coast. I find him to be a very frank man. We certainly have had some very frank and fruitful conversations, and I certainly appreciate the ability to sit down behind closed doors and speak frankly with senior departmental staff without having to correspond with the minister on every matter which is of interest to my constituents. I believe it is a great opportunity to cut a lot of the red tape—to encourage and allow members of parliament from the non-government side to have regular meetings with district managers. All I can say is that I have a good working relationship with Mr Hegarty and regularly we go for inspections around the hospital precinct. I commend the bills to the House.

Ms STRUTHERS (Algeria—ALP) (6.11 pm): I rise to support these two bills as they take another very important step forward in improving our Queensland health system. The Health Services Amendment Bill responds to the recommendations of Peter Forster's review related to the structure of

Queensland Health and I, like other members in this House, am confident that this bill, in setting up three new area health services as per Peter Forster's recommendations, will provide a structure that will give greater management, budgeting, accountability and planning across three core regions. As I have heard from members in the House today, particularly those representing regional areas, this should and will—I am very confident about that—provide a better service to regional and rural Queensland hospital services and health services as well.

The Health Practitioners Legislation Amendment Bill is set up to improve the decision making in relation to the granting of areas of need. Again, that will help regional areas in which there are doctor shortages. This will tighten up those decision-making processes and provide a much more effective system in allocating doctors, particularly overseas trained doctors, to some of those areas. I am very pleased with what the minister has been doing in relation to these bills.

I want to raise a couple of concerns I have in relation to some of the comments opposition members have made. For instance, a couple of weeks ago opposition leader Lawrence Springborg made the comment in the *Courier-Mail* of 8 November—

It's a very real possibility if you are sick that you are safer at home than in hospital.

I do not think I have heard anything more irresponsible than that in the last 12 months or more. It is an incredibly irresponsible thing to impose that kind of fear on people. When people are sick they want confidence that they are soon going to be well. When people are sick they want to be able to go to a doctor or go to a hospital and know that they are going to be treated well. In the vast majority of cases—tens of thousands of operations and procedures are performed each week in hospitals around Queensland—people can be confident and generally are confident that they can be looked after well. That the so-called alternative premier has said, 'It's a very real possibility if you are sick that you are safer at home than in hospital,' should be an albatross around his neck forever, because it is an incredibly incompetent comment. I would suggest that with a comment like that he is not fit to lead a party, he is not fit to lead a state and he is not fit to be premier. I think the public should be reminded that that is the sort of thing this Leader of the Opposition has said publicly in the *Courier-Mail*. I find it very disturbing, because each day I am meeting with people in my electorate who are concerned about being admitted to hospital and who are concerned about being treated on time. This government is working very hard to reduce waiting lists.

At this point I commend the Minister for Health, Stephen Robertson, because the feedback I am receiving is that people are seeing him as being an active and good listener. People are saying to me, 'He seems like a person who is prepared to listen. He seems like a person who genuinely cares.' That is what we want to hear about a health minister in this state. We do not want the sorts of comments we are getting from the opposition leader—'if you're sick don't go to hospital'—because it really causes great fear. To me, that is the way the conservatives are running politics both in this state and federally. John Howard is winning elections by generating fear. That will go down in our modern history as some of the worst, mean-spirited approaches and insults to the public of this country and this state that we have ever seen. It is an incredibly negative way to be leading a country or, in the opposition leader's experience, to be pretending to be the alternative leader.

I am very pleased with the actions that have been taken. We have had some difficult times in the health system; there is no doubt about it. No-one is shying away from that. The minister is responsibly and very capably moving around the state and putting in place new strategies, new funding and unprecedented levels of funding to cancer services and a whole lot of new areas. My area, like others, is benefiting from that. The QEII hospital, in my local patch, will receive an additional \$4.7 million for cancer services, there will be additional funding to the emergency departments in my area—at both PA hospital and QEII—and, as the member for Nicklin said, the \$200 million-plus to mental health is a great boost.

Recently the staff at the Gold Coast Hospital were saying to me they will be able to employ 20 new outreach or community workers. That is critical. We need to be able to support people with mental health problems in their own communities and in their own homes. We need this sort of funding; it is great to see it happening. I am certainly very pleased with the overall health action plan. I think we are on the right track. I think the public of Queensland can have confidence in the path we are on, and I urge the opposition leader to stop acting like a young boy. His behaviour is like that of an irresponsible young boy. If he wants to be a leader—frankly, I think he has done his dash—he certainly cannot go around making those sorts of irresponsible comments. I commend these bills to the House.

Mr HOBBS (Warrego—NPA) (6.16 pm): I am pleased tonight to speak to the Health Services Amendment Bill and the cognate bill that we are debating. A review into the Queensland Health administrative work force and performance management systems was undertaken and a final report was handed down. The review found—

Queensland Health has a bureaucratic, mechanistic structure characterised by highly centralised formal authority and hierarchical layers of decision making.

The thrust of this bill is to make some changes to rectify that. It is a matter of record that we have some different views as to how that in fact should be done. Quite simply, we do not think that reversing

the zonal system, retaining the current health service districts and establishing three new area health services is the way to go. That is really only putting more bureaucracy into the system. If there is a problem with the way the system operates now, these amendments are not the way to solve it. I do not doubt that if heaps of money is poured into it there will be some benefits overall, but the real boost is needed in terms of delivering health services at the coalface and I do not think this is really going to resolve all those issues.

There is a need to upskill doctors and nurses. The trend is towards more specialisation in the work that is done. Earlier the member for Gregory talked about rural doctors, the Flying Doctor Service and so on. In our area, where there are a lot of one-doctor hospitals, it is so important for doctors to be multiskilled. Yet the trend overall is to become even more specialised. When ear, nose and throat doctors specialise in left ears or right ears, for example, it is made even harder again. I understand why they are doing it, but we have to have a system in which we can upskill people. It is the same with nurses.

Mr Robertson: It's called the rural generalist. It's an initiative of ours.

Mr HOBBS: That will probably help. Let us hope it does. But look at university trained nurses; they are leaving after two years in a lot of instances.

Let us hope the system is working there. The free hospital system will change. I have great concerns in relation to means testing, copayments and so forth. Those concerns have been expressed by people from this side of the chamber tonight. This is a significant shift. Once something starts to move in a certain direction it will keep on going that way. The bureaucracy will look to try to find some more savings. Whenever it cannot find savings, it will try to put some more charges on rather than looking at the whole bureaucratic process. When someone is crook they want to see a health specialist not a bureaucrat. That is the problem that we have.

We believe that the hospital board structure is far better. It is more of a hands-on management. If there had been a really good hospital board—a local management type structure—there is no way in the world that the Dr Patel situation would have got out of hand. The hospital board structure that we now have is basically an advisory board that turns up and gets briefed by the bureaucracy of the hospital. It does not have that hands-on dealing with the issues of the day like it used to. I had some close involvement with a lot of the old hospital boards. They really got down to the nitty-gritty of knowing what was going on. The minister talked about the \$40 million debt that the hospital boards had. The reality is that was basically health money that was spent on health issues. It is no different today to the government providing funding overall for various upgrades and things like that. It is a bit lousy to try to blame the hospital boards for the \$40 million debt when, in fact, it was basically there to set up and improve the health system.

I want to mention birthing centres. The member for Gregory also talked about them. I accepted Queensland Health's argument that unless there are a certain number of births each year in a centre—for example, if there are more than 20 or 30 births—that should be enough to keep birthing centres open. However, Queensland Health is saying that unless there are 50 births a year in a hospital women should not be able to have babies in that hospital. The reality is that the women are going to have the babies beside the road or they have to go away. What are they better off doing?

This is really a cost-cutting measure that the department is looking at rather than a social issue based on need. What is best for the health of our people? Are we better off to keep on cutting back and cutting back and eventually everyone will have their babies in Brisbane, Toowoomba, Roma, Charleville and Longreach? I still do not see why we cannot have good facilities in most of those hospitals. In this day and age, I presume women have a reasonable idea of difficulties that may arise with a birth. If women have difficulties they have to be moved on to places where they can get specialist treatment. However, if it is going to be a straightforward birth, surely that can be done in rural hospitals. I think it is an excuse that the government puts up to try to save some money. Let us have a good look at this. What are women better off doing? How good is it for the mother to stay away for a month when, in fact, she could go down the road to the local hospital? Women are far better at the local hospital.

Another issue concerns one-doctor hospitals where there is a medical superintendent with the right to private practice. I asked the minister a question about this. He was not very sympathetic to the fact that doctors who work full time in Queensland hospitals receive the retention incentive of \$40,000-odd yet other doctors do not. I think it is very unfair simply because in many instances those doctors in those one-doctor hospitals, with the right to private practice, do not have the same amount of foot traffic through the door. In some cases now they may, and that could probably occur on a sliding scale. But I do not think it is fair and reasonable that the incentive can be given to one class of doctor but it cannot be given to another class of doctor. Doctors in one-doctor hospitals will leave those hospitals. It is hard now to try to fill those positions, but it will be a damn sight harder again if those doctors can see they can get a bigger financial return by becoming a full-time doctor in a Queensland hospital. There are something like 60 odd of these people out there in 120 hospitals. Their area of work covers nearly 80 per cent of Queensland. I think it is pretty damn lousy that we do not look after them.

In fact, from what I understand, the right to private practice saves Queensland Health between \$250,000 and \$800,000 for each one of those hospitals, otherwise the government would be paying more to have somebody there full time or people have to be transported about or whatever the case may be. There is a significant saving to Queensland Health and to the government by having these people there. The less these people are paid the harder it will be to find people to go and live in those areas. About \$1.6 million would be needed to pay medical superintendents for the right to private practice, which would solve the matter. With the amount of money that is being put into health, I would recommend that the minister looks at this again.

These men and women typically work 22 days straight. Call backs are unpaid. Accidents happen. There is no additional pay for that. They can be out all night on the road. They do a wonderful job. The number of those doctors cannot be cut back and not expect there to be some long-term impacts.

There are many aspects of this bill that we would like to talk about. We really need to have some good birthing centres. However, it is very important that we keep those facilities open and available for those mothers who do wish to use them when the case arises.

Mrs MENKENS (Burdekin—NPA) (6.26 pm): I rise to make a short contribution to the Health Services Amendment Bill 2005 and the Health Practitioners Legislation Amendment Bill 2005. The policy objectives of the Health Services Amendment Bill, as outlined in the explanatory notes, is to implement the Queensland Health system's review relating to the establishment of area health services. This does seem to be a case of simply adding another level of bureaucracy. Like my coalition colleagues, I do query this.

The Health Practitioners Legislation Amendment Bill refers to the declaration of areas of need for the purpose of supply of medical practitioners where the Minister for Health can enable the Medical Board of Queensland to register suitable persons without qualifications required for general registration in Queensland. Hopefully this is a process that will allow a situation where medical staff can be accessed for rural and remote areas much more readily. Resourcing rural hospitals is an ongoing challenge for all governments, and the fact that the government is making efforts to address those needs is commendable. For the sake of rural Queensland I hope that this does assist in staffing these hospitals. Medical services in rural and regional Queensland are a natural expectation of all residents, and ensuring the continuity of these services is paramount.

Industry and development is increasing throughout central Queensland. We see the mining industry increasing so much. Whereas these industries are very welcome, the need for accessible medical facilities remains critical.

Attracting medical practitioners and nursing staff to the more isolated regions of Queensland is a challenge. It will always be a challenge, but it is a challenge which governments must accept. I believe governments do accept the fact that there must be suitable enticements offered for these professional people to take up those positions.

I would imagine that there must be many constraints upon doctors practising in isolated areas, particularly with the distance from specialist facilities, with the distance from X-ray and pathology services, and no doubt the distance from their own peers. I would like to put on record how much we do applaud the rural medical staff—the doctors and the nurses who actually often work much longer hours than they are expected to work and whose private lives are constantly being interrupted. If there is a crisis in a small community, it is the one local doctor or nurse who is called in.

From the rural perspective and the isolated perspective, one of the most frequent issues brought by constituents to my electorate office is concerns about the Patient Travel Subsidy Scheme. The administration of the PTSS comes under the guidelines of the district manager. I particularly wish to acknowledge the assistance that respective managers in my area have given to most of the submissions that have been brought to my notice.

Accessing medical services is often very difficult for people living in remote towns. Residents living in, say, Collinsville in my electorate have a 3½ hour drive to Townsville to access specialist services and other medical services. This is particularly difficult for elderly folk—retired people—and it can also be very expensive. The patient travel subsidy remuneration has not changed for many years. With increased petrol prices and other costs, remuneration is but a pittance of the total costs that these good people have to endure.

Sitting suspended from 6.30 pm to 7.30 pm.

Mrs MENKENS: 10c per kilometre would have been quite generous 10 years ago but it is a pittance now. I appreciate the government's response that this is only a subsidy and not full remuneration. I accept that, but it has become a very petty subsidy.

Mr Deputy Speaker, with your forbearance I would like to outline three particular issues that have come to my notice involving the Patient Travel Subsidy Scheme. Recently I made representations to the minister on behalf of residents from the Lower Burdekin Home for the Aged who contacted me with their concerns regarding the travel subsidy allocated under the Patient Travel Subsidy Scheme. Many of these residents have to travel to Townsville for medical care. We can understand that because they are elderly folk and they require a lot of medical care.

That medical care is not available in the Burdekin. For this medical care they can apply for a travel subsidy of \$18. They have advised me that this amount does not adequately cover the costs that they have incurred. Many of these residents are age pensioners. They pay a large percentage of their pension to the age home. I believe it is about 85 per cent of their pension. This they pay for their accommodation and meals. An extremely small amount of money is left over for other expenses. On the occasions when they have to travel away they are required to purchase food and drink, which is an additional cost. It does appear that many of our senior citizens are being unfairly burdened by the apparent lack of adequate travel subsidisation for the costs incurred.

The second issue I would like to bring up is that over the past 12 months I have made representations on behalf of two gentlemen whose treatment is the HDR prostate brachytherapy protocol. Brachytherapy is not listed on the essential specialised medical service—schedule 1 of the PTSS guidelines—and their first applications for subsidy were declined because of this. I sincerely appreciate the hospital managers who were compassionate in both of these cases. However, I respectfully ask the minister to seriously consider the placement of this therapy in the medical service schedule.

I am not a medical person and I certainly would not even attempt to comment on the medical side. This particular treatment does seem to be being accessed by more and more people and it does seem to be for severe cases of prostate cancer. I look to the minister for a response on this.

The third issue that I wish to raise is that of another constituent, a young woman who is the mother of two young children. She has been residing in Brisbane since 25 January this year awaiting her second liver transplant operation. As members can understand, this is a life-saving procedure for her. As the waiting time increases I have no doubt that her health is deteriorating as well. Her parents are small cane farmers from the Burdekin district who have been accessing their retirement savings to cover living costs for her mother to reside with her in Brisbane as her carer. My constituent receives \$100 per week accommodation subsidy. As the total rent per week is \$450 she has to pay \$350 a week from her own funds. She must reside within two hours of the hospital while awaiting transplant notification from surgeons. Thus she has been faced with paying rent for an indefinite period in Brisbane.

Members would understand that she is separated from her children and the rest of her family during this wait. She recently received a letter suggesting that the current funding of \$100 a week will end in February because she is entitled to a maximum of 12 months funding. One can imagine the heartache and stress that she and her family are going through as they undergo this long wait for a suitable transplant liver to become available. For 10 months they have been living away from home waiting and hoping for this to occur.

I did approach the previous minister about this issue. He did acknowledge the difficulties that she is encountering but adhered to the current guidelines. We do know that it is very difficult to cover every circumstance. This is a very difficult situation that this magnificent young woman has been placed in. I would ask the minister to reconsider her case. As the new area health services are established I hope that this issue of the patient transport subsidy will be reviewed. I commend the bills to the House.

Ms STONE (Springwood—ALP) (7.35 pm): This government is not hiding the fact that we have issues in our public health system. What is important is that steps are being taken to resolve these issues. The inquiries established by the government will ensure that the steps that the government needs to take are what the people of Queensland expect this government to deliver. I know that this government will listen and act.

Stakeholders in health need to combine and work with the government to ensure that the community's needs are met along with their professional needs. In the current health debate it is also very important to note the great work being done by hardworking and committed health professionals.

I have been asked by Mr Terry Gobert, a resident of Logan, to convey to the House his thoughts on our health system and, in particular, his thoughts on the PA Hospital. Mr Gobert was recently involved in a serious car accident. He advised me that the response from ambulance officers was second to none and evidence of our world leading paramedic service. He also advised me that the Mount Gravatt police officers who attended the accident were very professional and very caring in the way they handled the situation. The family has nothing but praise for the emergency services personnel who attended to Terry throughout this time.

Terry's time in the public system began in the emergency ward at the PA Hospital on a Sunday afternoon. During his journey in the hospital he was taken to the operating theatre to the intensive care unit and finally to ward 2A. I am pleased that Terry is on the mend. He cannot stop speaking of the great service he has received from doctors, nurses, physiotherapists and ward staff throughout his stay.

Terry wanted me to speak strongly in defence of our health system, which is often referred to by the opposition as chronically ill. In speaking with staff during his stay he heard comments such as, 'Yes, of course there can be improvements. After all, what in this world cannot be improved.' The staff deny that the system is chronically ill. They believe that the system will improve and will always continue to improve. Medical improvements are announced around the world on a regular basis.

Mr Gobert said that staff had informed him that they can see positive changes being made and that they believe these changes will continue. Mr Gobert has informed me that there is nowhere else in the world that he would rather be a patient than the PA Hospital. He is very grateful for the good work of the staff and for the medical attention he received which will allow him to return home as soon as possible. He will still need to attend the hospital from time to time, but he says confidently that he will continue to receive great service. He says that he wants the public to know that they can have confidence in the health system.

Through the efforts of health professionals and consumers a health plan for the future can be developed and implemented. It is important that the government keeps improving our health system and plans and prepares our hospitals for the future. As I said before, this government is listening. These bills demonstrate that fact. They also demonstrate that we listen and act.

It is not only Queenslanders who expect a better system. Over the next 10 to 20 years, as a significant number of our country's population gets older, access to a responsive and supportive health system will be a priority. Recognising and responding to the challenges that come with an ageing population will require a new way of thinking from those in the nation's public health system. In partnership with doctors, nurses and other health professionals this can be achieved in our public hospitals around the country.

Mrs PRATT (Nanango—Ind) (7.38 pm): I rise to speak in the cognate debate on the Health Services Amendment Bill and the Health Practitioners Legislation Amendment Bill. There is no doubt that there needs to be a complete overhaul of the health system. I do not think there is a person in Queensland—perhaps excluding the people in this room—who believes that the system is working well.

I have seen the lengths that this government was prepared to go to initially to deny that there was even a problem with the procedures of Dr Patel or any justification for the concerns of his patients. This government even tried to have the member for Burnett pilloried for daring to air Toni Hoffman's concerns in this House. It was, however, finally backed into a corner and dragged to look at the issue. I doubt whether the government would have looked into the matter at all if the media had failed to pick up the story. It was primarily because of the vast number of negative patient accounts reported by the media that this government did act.

The government then took the high moral ground and kept stating, 'We will fix it,' and well it should. It let it fall apart; it is only appropriate that it at least try to fix it. The fact is that Queensland Health and this government presided over a system which brought the health system to its knees, and it does now need to fix it. But I would, however, suggest that it does not crow about what it is about to do, because many people have a longer memory than perhaps it might think. Deeming saw the likes of Dr Patel attributed with skills he simply did not have and had no ability to teach others. The man's arrogance pales into insignificance, though, when one looks at the government's arrogance in stating that Queensland has one of the best health services in the world. Deeming must be removed forever, because to not do so opens up many other patients of Queensland Health to botched operations or suspect treatment.

Many others have criticised foreign doctors, but I want to put on record my support for many of those doctors who have had to adjust to enormous changes simply by coming to Australia and to Queensland in particular. We do not have enough training places for doctors, and foreign doctors are essential. When I lived in Guyra in New South Wales in my early 20s the town was in need of doctors, and it was only through two doctors—a Ceylonese and an Indian doctor—choosing to come there that the town had sufficient doctors. It is only because of foreign doctors that many towns west of the range have any doctor at all, and I want to ensure they are not tarred with the same brush as Dr Patel.

District health hospital boards need to be re-established. I have spent some time talking to people who were on these boards in the past. From all accounts they worked well, but it was thought at the time that the system could be improved and so the boards were done away with. The current system has not worked, and the reinstigation of independent boards to monitor exactly what is happening in our hospitals and the health service has to be considered. This will allow for a more open, transparent and accountable hospital system—not the current system, which has been allowed to hide its past neglects, close off floors of hospitals and reduce bed numbers. These board members need to be independent, not yes-men and women—people who are accountable to their communities and not just to Queensland Health.

I have noted of late and heard reports that the attrition rate of nurses today is extremely high compared to years past. It would seem that university training does not necessarily prepare nurses for full-time nursing. Some I have spoken to left within a very short time of starting at a hospital, stating that it really was not what they thought it would be. I went nursing at a time when training hospitals saw nursing staff working through their training on the hospital floor. Whether we were first-, second- or third-year trainees, we all were on the floor attending to patients, noting what was happening, seeing where patients wandered or assisting where needed. We were able to get more qualified staff if and when required. I can only compare the several surgeries that I have had over the past 20 years to see the changes in our hospital system. Although medical and surgical procedures have advanced enormously, I found that it was necessary to actually go hunting for a nurse whenever one was required.

There is one family in my electorate who believe that it was due to a shortage of nursing staff at a particular hospital that their mother died, and nothing can convince them to the contrary. I have often heard other concerns from patients or their families, whether they be in private or public hospitals. So it is not just public hospitals we are talking about. One constant concern is how overworked nurses are. They stated that the nurses were great but were hardly ever visible or that a patient had to, in certain circumstances, due to a patient in another bed being in dire straits or for whatever reason, hunt a nurse down as well. Perhaps it is time that this training from the past is looked at. What made it work well in those days is probably going to make it still work today. Victoria is reported as instigating this trainee hospital system again.

I want to talk about ambulances bypassing hospitals. It is yet another concern. Keeping patients in vehicles for any longer than necessary is not always in their best interests, and we all know that there is a critical time in which to have people attended to. It was reported to me only this past weekend that there is a need for the air ambulance to be able to pick up patients from the Nanango airfield. Patients currently have to be transported to Kingaroy. If these patients are from Blackbutt or further afield, they are looking at in excess of three-quarters of an hour if they are transported at normal speed. Most of them would not be able to be transported at any great speed and the trip would be substantially longer. I live under the flight path to the airport and the hospital helipad. We hear the flying doctor and the rescue helicopter constantly. If it is necessary to put in a cross-runway at Nanango to ensure medical treatment is received as early as possible from these services, then perhaps it is worth considering.

I note that the member for Burdekin mentioned the Patient Travel Subsidy Scheme and the fact that it has not changed in many years. I, too, had intended to speak about that. However, because she spoke to the issue quite considerably, I will not go into it at great length. Most people who access this scheme, as she said, are pensioners due to either age or their general health. It is difficult for patients in my electorate in that they have to go to their doctor and then go to the hospital, only to find that they have not filled in the particular forms or whatever. In that case, they have to go back to get their doctor to sign it and then go back to the hospital again. This can take days for some of them because of the vast distances they need to travel. They might only come to town once a week or make special trips, and the cost mounts up. Many of them find that accommodation is not reimbursed in any way, shape or form because the appointments are supposedly made at certain times to allow time for travel. Although that is how it is supposed to work, it does not necessarily work that way. Perhaps there needs to be a bit of leniency for people who travel vast distances with elderly people, children or those who need someone with them.

One thing that does disturb me is the fact that 1,200 new poker machines are to be introduced to help fund the reform of Queensland Health. To me, that is really playing on the weaknesses of gamblers and encouraging more hardship for some very unfortunate families when either partner has a huge problem with gambling. There do need to be major reforms, but there needs to be no more cover-ups, no secrecy and no culture of bullying. It is often said here that bullying does not exist in these departments, but from all of the reports I get—unfortunately, many people will not put them down on paper due to the simple fact that they are scared of retaliation further down the track—it does in fact exist. My only suggestion is to get rid of the spin doctors, because we do not need them as much as we need real doctors, nurses and other health professionals. The government needs to start looking at the real situation out there. It should not cover it up. It is easier to admit a mistake and get on and repair it than to sweep it under the carpet.

Ms LEE LONG (Tablelands—ONP) (7.47 pm): The Health Services Amendment Bill and the Health Practitioners Legislation Amendment Bill are part of the fallout of the Bundaberg Hospital Commission of Inquiry and the Forster review. The Health Services Amendment Bill allows for the creation of area health services in place of the existing zonal system. We are to have new southern, central and northern area health services instead of the existing southern, central and northern zones. It appears there is very little more happening here than a change in name.

The Forster review found that Queensland Health has a bureaucratic, mechanistic structure characterised by highly centralised formal authority and hierarchical layers of decision making, and an improved structure was recommended. One would have thought that meant something significantly more substantial than the contents of this bill. The existing health service districts do not change. They do not appear to get one jot of additional decision-making authority, not one jot more of budgetary independence and not one jot more of community engagement. That is a result impossible to justify in light of the findings that Queensland Health is far too bureaucratic and dictatorial in style.

There is no doubt that a major theme of the Forster findings was the need to bring hospitals and public health care back to the local level. It is certainly at the local level where the disconnect between the department and the general population shows up. It is at the local level that communities have their contact with Queensland Health. For example, when someone has an issue with the care they, their friends or relatives have received or when they are concerned about how long it has taken to see a public doctor, public dentist or other professional, their first port of call is their local health service district.

Those districts are locked into the kinds of responses that they are able to give. They have had to operate—as we now know—under a profit-driven, secrecy based and vindictive management structure. It really is at the higher level that all of Queensland Health's problems have come about, and that is why the changes in this Health Services Amendment Bill are cosmetic at best. What looks like a change of name, from northern zone to northern area health service, is nowhere near enough to begin restoring public trust in the management of Queensland Health. It is important to remember that throughout the long mismanagement of our public hospital system, the people always supported their local hospital. There is no doubt that that was entirely due to the public's heartfelt appreciation of the professionalism and dedication of the doctors, nurses and others who provided the best possible medical care, day in and day out, in the face of abysmal funding, staff shortages and farcical decisions from government.

Since mid-1998, the Premier and his variety of health ministers have stood up in this place and said that Queensland Health was going well, that it was the best in the country or even the best in the world. They have said that on 34 occasions. All that time, waiting lists were exploding and patients were dying. They have said the same thing another three times immediately after the Forster report.

In this Health Services Amendment Bill, the government is now promising additional funding, new complaint processes and other changes. However, I remained concerned because there is nothing in the bills that will change the basic structure of Queensland Health. There is certainly nothing to bring more young Queenslanders into medical training. There are no scholarships and no guaranteed jobs with Queensland Health after graduation.

Prior to the Forster report, there were promises of 230 or so new scholarships over five years in southern Queensland centres. That is true. However, the most recent figures that I have seen show that Queensland imported 1,200 overseas trained doctors in just one year. There is not one word in this Health Practitioners Legislation Amendment Bill about increasing scholarships to the necessary level of 1,000 or more, or spreading those scholarships across all medical training universities throughout the state.

This is another chance this government has lost to make significant and real changes to the public health system in this state. Instead, it does a bit of tinkering with the area of need provisions which relate only to imported doctors, many of whom are outstanding but some of whom are not. We cannot even keep overseas students who learn to be doctors in our universities. They benefit from our training and then leave, while we search overseas and beg those doctors to come back to Queensland. Nothing is really changing.

Another way in which the department remains the same is that zones or area health services will remain essentially unchanged. There are no changes proposed in the legislation for the health service districts. If anything, it has been suggested that they will lose more of their independence as the new structure shifts budget and decision making higher up the chain, instead of down to the local level, as should be happening. There is no move to get the community or local doctors and nurses any more closely involved in the running of their hospitals. There is no new policy to re-open half of the Queensland maternity wards that have been closed over the past ten years.

Since the Forster report, it is now official that health is underfunded by billions of dollars and that staff have endured decades of institutional fear. The Premier and his health ministers deny that they bear any responsibility at all for this. What were they doing while Queenslanders were dying? What are they doing now? Queenslanders are entitled to ask these questions, given how underfunded the health service is.

How will it ever cope with an outbreak of bird flu or some other pandemic? The health minister has said, in response to a question I asked earlier, that influenza hospitals were under consideration. One wonders how this would work. Will patients be emptied out of some hospitals to make room for influenza sufferers? Which hospitals? We do not have enough now. We do not have enough wards, we do not have enough beds and we have nowhere near enough doctors, nurses and other medical professionals. Right now, with maternity wards closing and rural and regional hospitals struggling, our larger centres are already unable to cope.

Cairns Base Hospital, with the best will in the world, cannot function as the one and only primary centre for an area bigger than Victoria, Tasmania and part of New South Wales combined. We desperately need our rural and regional hospitals, both for our local health care needs and to ensure our larger centres have some flexibility to cope with high-end needs and major emergencies. We do not need ambulances lining up because there are insufficient beds in emergency. But nothing in this bill addresses that.

The Health Practitioners Legislation Amendment Bill allows the minister to delegate his power to decide an area of need to the executive officer of the Office of Health Practitioner Registration Boards. This is a result of the Bundaberg Hospital Commission of Inquiry and is designed to take this power away from Queensland Health.

Let us look at what the declaration of an area of need means. It happens when an area has insufficient medical practitioners to meet the needs of the people. When an area of need is declared, it means that the Medical Board is able to provide special purpose registrations to medical practitioners

who otherwise would not be able to achieve general registration because they are not Australian qualified. It does not mean that those practitioners are bad or poorly trained, but it does mean that they have not been trained in an Australian or New Zealand medical school.

The problem was that Queensland Health was not being rigorous enough in assessing whether a place should be declared as an area of need. It has become apparent that it used its power over these doctors to force them into situations that they themselves would often not want. Again, it comes back to the culture and decision-making structure of this department.

To overcome this, shifting the process to the Office of Health Practitioner Registration Boards was proposed, and that is what we have here. Speaking generally, it is very clear that the broad grouping of bodies and agencies overseeing our medical and health services have failed the people of Queensland. Whatever happened within the halls of Queensland Health, it was not the only organisation which could or should have detected Dr Patel's troubling past. Queensland Health was not the only organisation which could or should have detected the abrasive culture developing within its ranks.

Which professional medical body stood up on behalf of its members or on behalf of the people of Queensland and said 'Patients are dying. Here is how and here is why'? Which professional medical body took on the entire weight of Queensland Health in the interests of patients? With regard to protecting the proper practice of medicine, it was not any of the professional bodies which stood up; it was a single nurse at Bundaberg. Yet now we are being asked to trust another professional medical body with an important decision-making process regarding the employment of medical staff.

I will be clear on this. I have the highest regard for the doctors in my electorate at the Atherton and Mareeba hospitals and for the private doctors practising on the tablelands. Our nurses are outstanding. We would desperately like to keep them all and to get more of the same high calibre. However, the professional bodies—at their peak—are as guilty of being asleep at the wheel as anyone else involved in the fiasco that has become Queensland Health. The community might reasonably have expected bodies charged with protecting the professionalism of medicine to have been in the front line of defending it against the decisions of a highly centralised, bureaucratic, mechanistic organisation like Queensland Health. However, they were not.

Queensland Health needs a massive cultural change, not just a funding boost. As much as I believe that these two bills do not go far enough, they are at least a start. Nothing major will change until we can stop importing overseas trained doctors under globalisation and instead have a trained supply of our own youth. Whatever else we do, without doctors, nurses, dentists, specialists, and so on trained here in Queensland and practising here in the Smart State and enjoying conditions that will encourage them to stay in our public hospital system, nothing else will make a real difference to patient care. We need to see that clinical experience being brought to bear throughout the decision-making process. We have seen what happens when it is left to the administrators.

Of course, the greatest change would be for the decision makers to take responsibility for their decisions. But until that example is set by the ministers, we can hardly expect to see it from anywhere else. The ducking, dodging and weaving that has gone on for years by the various ministers has obviously flowed onto the department. It is a classic case of monkey see, monkey do.

Mr KNUTH (Charters Towers—NPA) (7.58 pm): The proposed amendments, in the minister's words, are the first step along the road to much-needed, wide-ranging reforms in our public health system.

I am alarmed to witness the closure of another medical facility in Charters Towers because of problems recruiting qualified doctors. Bedside Manner provided a wonderful service of patient care to hostels and aged care facilities such as Eventide and Dalrymple Villa. This closure will impact heavily on other services throughout the Charters Towers and Townsville region.

Also, I am led to believe that there is a waiting list of up to two weeks for patients to see doctors at other medical centres. This means that many of our elderly, sick and frail are on the road, putting greater pressure on public hospitals, such as Townsville hospital, and other medical facilities. To recruit qualified doctors, the government needs to provide greater incentive packages to work in rural and regional towns. As members would be aware, between petrol prices and other costs, the cost of living in these towns is much more expensive. For doctors to move from city areas to regional towns, there needs to be greater incentive packages. Sometimes they are not used to rural and regional conditions.

The public hospitals in these rural and regional areas have been downsized. That has caused problems. Those areas have lost surgeons, anaesthetists and other specialists. People from rural and regional areas—people on properties—go to Charters Towers to seek medical treatment. The medical facilities in that town are under strain. That puts greater pressure on the medical services in Townsville. The same thing is happening in Emerald and Rockhampton.

We need to provide more services to solve this problem. We need medical surgeons and anaesthetists in these country towns. Women should have the assurance that they can have their babies in their home town. Why on earth does it take 14 months for a 10-year-old girl with tonsillitis to be put on the waiting list? Such issues need to be addressed.

Lastly, I refer to the Patient Travel Subsidy Scheme. Year after year we have seen medical services in these country areas close down. People are now travelling round trips of thousands of kilometres to get access to special medical treatment, yet they are still receiving a subsidy of a lousy 10c a kilometre. That is the same level of subsidy that was offered 10 or 15 years ago. I believe that matter needs to be addressed.

Mr HORAN (Toowoomba South—NPA) (8.01 pm): These cognate bills are very important, particularly when we consider what has happened over the past 12 months with the public's loss of confidence in the Beattie government's ability to manage the Health portfolio. Of course, that issue came to a head with the tragic events at Bundaberg Base Hospital.

I want to raise a couple of issues that are contained in these cognate bills: firstly, the issue of the area of need and deeming and, secondly, the recommendations of the Forster report and the proposed changes to the way in which the health system is administered. Members cannot deny that people in the know are saying that there is just too much bureaucracy in Health. Those of us who have been involved in Health know that we need a certain number of people to run the hospitals, to run the payroll system and to formulate policies. But there is no denying that, under the Labor government, the level of the bureaucracy has grown not only in Health but also in other departments. That creates a massive payroll commitment in terms of the government's budget. Every year that commitment increases by four per cent or five per cent. That commitment builds up to the point at which the government just does not have the money to provide the important things that are needed for the care and treatment of people. That is one of the things that has happened.

What we are seeing come out of this Forster report is a return to the problems created by regionalisation. This bill proposes to increase the level of the bureaucracy, to change the name 'zones' to 'areas', and to expand the roles and decision making rather than contracting them. As I recall, under regionalisation there were about 14 health regions. Everyone in those regions played a role and had something to do. In the early 1990s there were cars going everywhere as people attended seminars, symposiums and think tanks. All of that sort of stuff was happening, but there were not enough operations being performed, not enough people were being treated and not enough attention was being paid to the management of hospitals.

When the coalition came to government, we got rid of that whole regional level of bureaucracy. We used that money for Surgery on Time. Surgery on Time was the brainchild of some brilliant people in the system, particularly some doctors and some theatre nurses. In two years, Queensland Health performed 13,000 more operations than it did in the previous two years. That happened by using the money that was provided for the regional systems. It was transferred to Surgery on Time so that it was spent on treating people.

At the same time we had to be kind and considerate to those people in the regions who were going to lose their jobs. We implemented transitional arrangements so that when vacancies arose, those people could be slotted into a position, because they still had families to raise and so forth.

From what I have read to date of the Forster report, my comment on it is that it is not proposing the flat management that we need. I know that what has been put forward by our shadow minister is very exciting because it is about giving some control back to the districts by giving those districts their own boards. Previously, we have heard criticisms of boards. There has been talk about debt levels and so on. But the people who criticise those boards do not bother to talk about the money that has been borrowed for capital works and so on. We have moved on from then. We can have a very good system of boards if they have some real teeth to make some decisions, particularly regarding senior appointments. Most importantly, people can go to the board and say, 'Look, we have an issue. We have a problem' and the board can bring forward that issue and overcome it. A board would have resolved that issue with the Bundaberg Base Hospital. Instead, the district health council did not have enough power or authority.

I put those district health councils in place. I admit that they did not have enough power. The coalition's idea was that, if it won the next election, it would gradually build up the responsibilities and powers of those district health councils. I think that we have to give the boards responsibilities so that people can have confidence in them, so that people can go to the board about a matter. People can do real things for their town, their city or their community by becoming a member of the board and giving their services in the interests of their local hospital system.

I commend our shadow minister for the direction in which he is taking our Health policy. It concerns me that the Forster report is taking some decision making about budgets and so forth away from the local level. There should be a concentration on treating and caring for people and getting the maximum done with the amount of money that is available.

The other issue that I want to raise is the matter of area of need and deeming. I note that our shadow minister does not have any particular issues with the area of need being decided by the Medical Board. That is the proposal. But in terms of deeming, either a person is a specialist or they are not. I think we should have learned some lessons from what happened at the Bundaberg Base Hospital. There have been some other lessons learned elsewhere as well. We should be concentrating on having

specialists who are trained, not deeming people to be specialists. It is time to learn the lessons from what happened at Bundaberg Base Hospital and to move to a system whereby people are trained and we have full confidence in them.

In terms of the issue of area of need where people can be classified as a medical officer, the government then has a far better opportunity to give those medical officers the necessary supervision in order for them to make the transition to being a fully qualified medical officer and an experienced medical officer. It is possible to provide that supervision. In terms of specialists, the deeming arrangements and the supervision that is supposed to be provided, at times it is very, very difficult to provide that supervision.

I have spoken in this parliament before about the Director of Psychiatry at the Toowoomba Hospital.

Mr Robertson interjected.

Mr HORAN: That is right. He had to be the Acting Director of Psychiatry for all of Queensland based in Brisbane whilst he still had the position at Toowoomba and we had deemed psychiatrists there requiring the supervision of senior people. The Toowoomba mental health centre is very important. Previously, there were major mental institutions at Wolston Park, Baillie Henderson Hospital and at Charters Towers. Over the past 15 years we have moved to a far more modern system of acute mental health wards at the hospitals where, on average, people stay for about 12 days. The chronically mentally ill can go to the Baillie Henderson Hospital, which is far smaller than it used to be, or to Wolston Park, or to a facility at Charters Towers or Townsville. There are also community mental health services. There was a three-pronged system.

Toowoomba is a very important place because it is a regional centre and because of the existence of Baillie Henderson and the community mental health services that its staff provide. Despite the long notice given by the director at the Toowoomba Hospital, who I believe finishes up this week, a replacement still has not been found. Thank goodness a recently graduated psychiatrist has been employed. We have two deemed specialists and another two people, one of whom works 0.2 of a week and the other works 0.8 of a week. That is just not good enough for a regional hospital of that size.

Mr Robertson interjected.

Mr HORAN: We need to increase the number of specialist positions offered by colleges, and we need to meet with the colleges to do that. I hear the cynical and smart-alec comments made by the minister. To get our own specialists the minister needs to meet with the colleges and get them to increase the number of positions that they offer and then fund the required training. That is the way to get our own specialists who are properly trained rather than deemed, which will simply repeat the problems that the Beattie government has had, particularly with the Bundaberg Hospital.

Other speakers have talked about a shortage of Queensland doctors, and I, too, have spoken about the problem in the forum of this parliament. There are medical schools at UQ, James Cook University and, of course, Bond University. Griffith University is developing a course as well. Of all the medical schools in Australia, five offer postgraduate courses and the others offer undergraduate courses.

When we were involved in developing the medical course at James Cook University, we said that it should be an undergraduate course. For example, a student from Hughenden who entered the medical school straight from high school would graduate at the age of 22 or 23. As a young north Queenslanders facing the best years of his or her life, they would be able to go out and work. However, with a postgraduate course, students study pharmacy, physiotherapy, nursing, a PhD in something, veterinary science and so on, or they may enter the postgraduate course at UQ as a mature-age student. I acknowledge the brilliance of those who do that course and how good the course is. However, basically those students graduate as doctors at about age 32.

At every graduation there are 220 to 240 graduates. As a state, we have lost probably eight to 10 years of medical work by those people who are aged 30 or 32 instead of 22 or 23. That has a cumulative effect. Gradually it starts to bring about a shortage of doctors throughout the state. Therefore, the state has been forced to bring in more and more doctors and deeming arrangements. We are missing a wonderful opportunity. A lot of young Queensland students are going interstate or to Ireland and other places overseas to become doctors. Would it not be wonderful if they could study undergraduate courses at our medical schools in Queensland and then be trained at the specialist colleges? I put that forward as a positive contribution. I believe it is worth while. At the same time, people who study physiotherapy, pharmacy, nursing or other courses purely as a stepping stone to medicine are denying places to others. As a consequence, we end up short of physios, nurses, chemists and so on. That is reflected in rural and regional Queensland.

I want to speak about a couple of local health issues in Toowoomba. I have corresponded with the minister about the pool at the Baillie Henderson Hospital. I know and understand the history of that pool. It was used when the Baillie Henderson Hospital was a very big establishment. There was a time when it had well over 2,000 patients. Now, under more modern mental health arrangements, the number is far smaller.

The pool is a wonderful health facility. It is being used by a number of community groups with medical problems such as MS or by people undergoing stroke rehabilitation and so on. A rule has been made that someone with a bronze medallion in lifesaving and the proper certificates must supervise the use of the pool. The minister has replied to me on this issue and to some extent he is right. However, I am asking that consideration be given to those groups. The groups in question are not always in a position to fund someone to be at the pool for the one or two hours that their members might meet. They are not always able to find someone with the right qualifications. It would have to be a university student or someone who is not working who could supervise for an hour or two.

This is a health facility and health facilities should be staffed. The department of health should make every endeavour to ensure that the pool is supervised. A suitable officer is employed at Baillie Henderson, but I know that he has other duties to perform at the hospital. Perhaps that officer could be used at set times when the groups use the pool. Perhaps the department could provide some assistance to help those people out.

The pool provides a wonderful opportunity for people to try to overcome debilitating illnesses. That is the sort of thing that our health system should be doing. A health facility is a health facility. It must not be locked up so that people cannot use it because of an issue of lifesaving and supervision. Let us try to overcome that issue and work together with the groups concerned to assist them in this matter.

I turn to public ophthalmology services, which are so limited in Toowoomba. I am thinking particularly of a Toowoomba resident who is a victim of Neerkol. He came to me quite distressed because he had been told that it will be two years before he can get the treatment he needs. He is concerned that he will go blind in the meantime. The staff at Toowoomba Hospital are doing everything they can to get patients into outpatient specialists within 90 days, but the problem is that other people are on the waiting lists. No doubt many of those people's cases are just as deserving. However, I raise this case because the government owes this person every help because of his association with Neerkol.

I also raise this issue because we are desperately short of specialists who can work in the public system. To some extent the problem relates to the Commonwealth and Medicare, because eye procedures that used to be done in day surgeries can no longer be done in day surgeries. Certainly, the Medicare rebate does not apply when they are done in day surgeries. Issues of safety or sterility have been raised by the college, so some of those procedures can no longer be performed in doctors' surgeries. They have to be done in hospitals. If the hospital is a private one, cost becomes an issue. People such as my constituent are not in a position to afford private hospital cover.

I say to the minister that we need more specialist ophthalmologists working in outpatient departments. We also need increased specialist time at the public sessions in the Toowoomba Hospital. I hope the issue of performing eye procedures in doctors' surgeries can be addressed. If people cannot have a procedure performed by their GP, they need to be able to access the public system.

This has been a traumatic year for Queensland Health. Some wonderful people work in the Queensland health system. At times we stand in awe of what they do. Something that made a big impression on me was seeing the work of some of the cardiac surgeons at the Prince Charles Hospital and their dedication to the public system. Also, at the intensive care unit of that same hospital I saw a nurse caring for a premature baby who had had open-heart surgery. That baby required such incredible monitoring.

We must never forget some of the great and wonderful services and systems that are there, but there is a public expectation on the government to ensure that, in each and every hospital throughout the state and in each and every system, the absolute maximum is being put into the system. The whole system needs to be driven from the point of view of patient care. The patient must come first. We need to get away from ever-building, ever-growing, ever-burgeoning bureaucracies and systems and get back to a flat management system with people doing their work and concentrating their whole time on operating. Then they will get the support of not only the community but also of the parliament and everybody, because they are giving of their time to the public system with great dedication.

I hope that out of the pain that has been inflicted on many people in Bundaberg, which brought all of this to a head, we can come up with some better ways to meet the challenges. There have always been huge challenges to meet in health, for example, the cost of chemotherapy, radiation, and hip and knee replacements, and the care provided to some young people in hospitals like Mater Children's at great expense. No-one would expect their parents to come forward with that sort of money. It is up to us as a government or as representatives of the families of Queensland to provide that sort of care.

I hope that some of the amendments being put forward by our shadow minister—which I think are very sensible and practical, and are about focusing on patient care—are listened to by the government and are not just blindly thrown out and voted against, as always happens. Our shadow minister does know what he is talking about. What he is putting forward is for the benefit of patients, and that is what we should be here for.

Mr CHRIS FOLEY (Maryborough—Ind) (8.21 pm): I rise to participate briefly in the health bills cognate debate. I say at the outset that we are at somewhat of a watershed in Queensland in terms of public health in that the pain and all of the things that have been wrong with the system have become obvious, but we have to move forward now and be more about solutions rather than politicising the problems.

One of the interesting things that I have spoken about before when debating health in general in this House is that probably 25 to 30 years ago decentralisation happened in a big way. Decentralisation gives ground to a radical growth in bureaucracy. What we are seeing with the Health Services Amendment Bill, in some respects, is a recentralisation by coming down to three new area health services—southern, central and northern. I applaud the minister for any moves that will reduce the need for bureaucracy and create efficiencies which can save money that can be poured back into health services. The three new area health services of southern, central and northern are a great move away from too much decentralisation, which has spawned so much bureaucracy.

It is true, however, that all of the money in the world will not buy services if we cannot get doctors. I spoke tonight to a GP in Maryborough and I asked him whether he had any new ideas that he had been thinking through. He talked a lot about private and public partnerships, which in some respects have already started to happen, but the difficulty is that if everyone goes out of the public system to private doctors then private doctors' and, in particular, specialists' lists will blow out interminably, which is certainly what seems to have happened.

This GP told me an anecdotal story about a couple of patients in our electorate who, for distinct clinical reasons, are in dire need of a colonoscopy. When they tried to go through the system to get that medical procedure, they were not even told when they were likely to get it. These are people who are living in fear of developing symptoms—for example, do they have full-blown cancer and so forth? They are certainly fearful because there is no time horizon as to when they will get that particular specialist service.

Let me again say quite distinctly that this is a watershed period, because we cannot pull doctors out of thin air. That is a fact of life and that is one of the problems. We certainly need to look at long-term, systemic changes. The bureaucracy needs to grapple with the perception of that bullying and shoot-the-messenger culture. I am sure that has been addressed in this House and at planning meetings a thousand times, so there is no need to revisit that. I am very pleased to say that we need to forge forward from here. There is no doubt that we have a bad situation, but we have to make the best of that bad situation.

In terms of the Health Practitioners Legislation Amendment Bill, I have said before in this House many times that I am not in favour of the concept of a deemed specialist. However, I think even reasonable non-medical people would rather have doctors who are skilled, even if it is not up to the standard of specialist that was available 15 or 20 years ago. We cannot recreate history. I would rather see a deemed specialist in there than no specialist at all. We have to be serious about that.

I have also said very often publicly that I am very supportive of foreign doctors. Just because a doctor is foreign does not mean that they are not appropriately trained or very skilled. In fact, it is racism in reverse to imagine that Australia is the only country in the world that is capable of producing skilled doctors. All of these changes are going to be a long time coming into effect, and that is a fact of life. We are not going to be able to push a button, no matter how much money we throw at it, and suddenly fix the health problems overnight. I believe we need to work in a bipartisan manner and say, 'Here is where we are,' and that will be about continuing to look at things honestly and openly, and being realistic about finding solutions and moving forward. With that, I commend the bills to the House.

Mrs LIZ CUNNINGHAM (Gladstone—Ind) (8.26 pm): I rise to speak to the Health Services Amendment Bill and the Health Practitioners Legislation Amendment Bill. In doing so, I would like to deal first with the Health Practitioners Legislation Amendment Bill. This bill transfers the responsibilities for area of need declarations. In my electorate we have an issue with area of need declarations and provider numbers, which I acknowledge is a federal responsibility. There is an overlap between state and federal responsibility in the recognition of areas of need and the provision of provider numbers to allow for doctors to practise.

We have a private practice in my electorate which is prepared to put a doctor on without a provider number—that is, it believes it would be able to have sufficient full fee-paying patients to warrant this doctor's employment. But the particular employing doctor cannot get clarity from the state health department and the federal health department. They are both duckshoving one to the other in terms of who will make the first move.

Over the last couple of years we have shifted from being a city that had no bulk-billing doctor surgeries to two now, and they are very welcome. The Base Hospital is telling people to go to their doctor for small—that is a relative term—problems such as colds and flus. There are many people in the electorate who cannot afford to go to a private doctor to pay the full fee and then go to the chemist to have the script filled. They would be looking at \$100 and upwards, and that is if there is just one patient

in the family. If it is something like the flu and there are a couple of sick children, that bill can then escalate towards \$200. There are many families in all of our electorates who just do not have that sort of money.

We welcome bulk-billing surgeries. However, each of them is having problems in that they have too many patients, both existing and those who want to join their surgery as patients, for the number of doctors available, and they are seeking additional provider numbers. I certainly support them in their endeavours with the federal health department.

We have this ironic situation where all of the small outlying communities are designated areas of need on the department of health web site. There is Benaraby and the Calliope township, although Calliope is fast growing to a point where perhaps a private practitioner would think about setting up a practice, albeit a supported practice because it is not quite on that threshold of viability. There is also Builyan, Many Peaks, Ubobo, Nagoorin, Yarwun, Targinie, Beecher and Burua. All of those are small districts that surround Gladstone. All of them are recognised areas of need. No practitioner would set up in those areas because, of themselves, they are too small. Gladstone city cannot attract additional provider numbers for these bulk-billing surgeries, yet that is where people predominantly access their medical support. There is what I think is an irony. Again, I recognise that the provider number issue is federal. I certainly call on the federal government to re-examine some of the threshold issues in terms of provider numbers for these areas of need.

In moving to the Health Services Amendment Bill, I would be interested in clarification from the minister as to the savings that are going to be achieved by changing from zones to areas. It was my understanding, perhaps erroneously, that previously there were three zones and that these new areas are going to approximately equate to those pre-existing zones, yet there appears to be more people being appointed. I would be interested in where the minister feels savings are going to be achieved. I would support the notion of a flatter management structure. Most people in the state have expressed concern about the increase in the level of administrative staff versus medical staff.

The member for Nanango raised an issue that I have raised. It is poignant that the member for Aspley is not here. If she were here she would be about to stridently interject on me. It is tragic that she is not here. She is a very active interjector. I would like to put on the record the thoughts and prayers of all of us here for the member for Aspley at this particular time. I do acknowledge that if she were here she would be up my ribs at about this precise second when I talk about the training of nurses. It is very appropriate that there be high-calibre training. The last time I raised this the member for Aspley said, 'You're dumbing down the health system, the nursing fraternity.' I am not intending to do that. I put that on the record for the sake of the member for Aspley in her absence.

Mr Reeves: So you got interjected on anyway!

Mrs LIZ CUNNINGHAM: Yes. I will interject on myself, just to keep her side up. I would like the minister to consider that dual training role. There are around 30 people training in nursing at Central Queensland University. They travel every day to do their studies. We should return to that second stream of ward based training. So many people I have had feedback from are interested in nursing—they are people with great compassion—but they cannot afford the university fees and to be without an income stream for three years. When training was ward based there was an income stream for people while they did the training. As I said, my raising this issue again would cause the member for Aspley some disquiet, but I do so because I believe it is a valid point.

Recently I was speaking with someone from our hospital. Over the years they have noticed a change in the demeanour of people who attend hospital. There is not necessarily overt violence, although I know that in accident and emergency departments in many hospitals people treat the nursing staff with disdain at best and violence at worst. It is not just physical violence; it is an aggressive attitude that has grown into people's minds and actions when they attend the hospital facility. Sometimes it is the system that engenders frustration in them. For others it could be a reaction to pain, but that would be a minority of people. It appears to be the lot of many front-line nursing staff—doctors and nurses—to have to put up with behaviour from patients, especially in accident and emergency, that is less than acceptable. It needs to be put on the public record that these people, who work in difficult circumstances in very intensely charged environments, deserve respect. They deserve recognition for the wonderful work that they do. They certainly do not deserve to be abused, both verbally and physically.

No additional information is given in the explanatory notes on the definition of 'elective surgery'. When I read the amendments I was quizzical as to the definition. I would be interested in the reasons behind this definition. It states—

Elective surgery means surgery that, in the opinion of the treating doctor, is necessary but for which admission to hospital can be delayed for at least 24 hours.

If that delay was longer I could understand it. 'Elective' has always been something that is not life threatening but needs to be done. Some physical pain might have to be borne, especially in the area of joint replacement, but I would be interested in the background to that definition of 'elective surgery' because I cannot find it in the explanatory notes.

The members of my community are not supportive of the proposals that were floated after the Forster report in relation to means testing and copayments. A great percentage of members of our community have been redirected by the hospital—it has been Queensland Health policy—to private doctors, some of whom, as I said earlier, can now access bulk-billing. But many of my constituents cannot afford the impost of private health. They do not have private health cover because of its expense. To access the doctors is usually unforeseen and is a payment that has to be made at that point in time. It does place an extended stress on families.

The loss of our free hospital system is something that I could not support, albeit the reasoning behind the need for increased income to the health system may be of concern. Additionally, there have been some expressions of concern about additional revenue being generated by adding 1,200 extra poker machines throughout Queensland, so capitalising on one addiction is used to pay for the health services. I believe that some of those people who will use and access those machines will also be in need of some medical support later on because of the tensions and stresses that those addictions cause.

A number of speakers have talked about the Patient Travel Subsidy Scheme and the need for that to increase. I put on the record that I have a letter from the minister. I commend him for instituting a review of the Patient Travel Subsidy Scheme and the level of subsidy. I acknowledge, as others have done, that it is intended to be compensation for a part of the cost of transport. By the nature of their isolation, for rural and regional Queenslanders travel is essential in order to access medical services. Therefore, the cost to access medical services is one that again must be borne by them. I do welcome that review. I look forward to the results of the minister's review. I know that the minister responded to a letter from me—a couple of constituents talked about the funding level, particularly when fuel prices were high—and I acknowledge that that review is under way.

We also have difficulties with waiting lists. People cannot get on the list in Rockhampton. They get a letter back from Rockhampton Hospital saying that they have received the information from their referring doctor but suggest that they look elsewhere for medical services—in Brisbane or through private practice. For many people it is unsettling to receive that letter, because they simply cannot afford to even think about accessing orthopaedic, ear, nose and throat or other specialities where there is a long waiting time. It is certainly unsettling for people to get a letter back from the hospital to say, 'Yes, we've got your referral details, but why don't you look elsewhere?'

The changes to the health system in Queensland are critical. The issues that have been brought into sharp focus through the Bundaberg Hospital review and investigation have certainly sensitised our community to the state of health across Queensland. I sent material to the Morris inquiry. Unfortunately for those patients I am not sure that it was ever dealt with. I will be following up with them. The people affected deserve answers and deserve to have their concerns investigated.

The changes that we are making must be positive and must reduce the management structure so that more money can be expended on those who are actually providing the medical services—the doctors, the nurses, the specialists; those at the coalface. We have early discharge programs but there seems to be a lack of funding for community nursing. The original proposal was that there would be early discharge but that there would be nurses and other trained people to check on the patients once they are back in their homes. That service has been cut back. We urgently need investment in the people who provide the medical services and less focus on those who process the paperwork. They are necessary but their numbers certainly have to be kept in perspective in comparison to those who are medically trained. I look forward to the minister's responses.

Hon. S ROBERTSON (Stretton—ALP) (Minister for Health) (8.41 pm), in reply: Before summing up, I table the explanatory notes for the amendments to be moved during the consideration in detail stage of debate on the Health Services Amendment Bill 2005. I will be moving important amendments to the Health Services Amendment Bill 2005 in the consideration in detail stage of debate. I have tabled for the information of the House supplementary explanatory notes for these amendments. I propose an amendment to the bill to insert a new provision into the Health Services Act 1991 to provide for the preparation and tabling in parliament of an annual public hospital performance report. I will return to that matter when it comes to the time in the consideration in detail stage to provide detailed explanation of what we intend to do.

I thank all honourable members for their participation in the debate, many of whom provided thoughtful contributions to the range of important issues that are before us. I will deal with a number of the matters referred to by the opposition spokesperson. The member for Moggill questioned how this legislation changes anything and, in particular, how the new area health services are different to the existing zones. This issue was also brought up by the member Gladstone.

The Forster report identified that the capacity of the zones to support districts in the delivery of services was inadequate. In particular, because the majority of staff reported through the centralised health services directorate, bottlenecks in decision making affected the responsiveness of the organisation and its ability to respond to service delivery pressures. Forster subsequently recommended a change to the structure of Queensland Health to decentralise and manage functions closer to where services are delivered.

The government has responded by completely restructuring Queensland Health. The Health Services Amendment Bill sets the foundation for this new structure by implementing three new area health services to replace the existing zones. Although the geographic area covered by the new area health services will be based largely on existing zones, the functions, responsibilities, service integration and reporting arrangements of the new area health services, as well as the cooperation and networking between area health services, will be dramatically different in the new structure.

The first change is that each area health service will be led by a general manager who reports directly to the director-general. This immediately removes a layer of decision making preventing the bottlenecks that occurred when the zones were part of the health service directorate. In addition, general managers of area health services will also be part of the executive management group.

Secondly, in the new structure area health services will have a far greater capacity to manage and deliver health services through greater budget responsibility, accountability and decision-making authority than the existing zones and more staff to support their increased role through the transfer of staff out of central office to the area health services. That was an issue brought up by a number of members. They could not identify where the so-called savings were to occur. People were suggesting that this was all about creating new positions. That is not the case. On more than one occasion I have made it perfectly clear that, in terms of boosting the role of the area health services, first and foremost it will be head office in Charlotte Street that will be reduced in numbers. Some 670 positions will go from there. As recommended by Peter Forster some 160-plus positions will be abolished outright.

Thirdly, each area health service will develop an area health service plan which will include service planning, work force planning and the distribution of funding to health service districts within their areas. This change is to address criticisms that there was a lack of planning under the existing structure.

Fourthly, area health services will enter into performance agreements with districts which will set out the district's operational responsibility, authority and budget discretion. District managers will report to the general manager of their area health service and will be accountable for the implementation of the area service delivery plan in their districts.

Fifthly, area health services will have greater capacity to improve quality and safety in their areas compared to the existing zones. This will happen through the establishment of area clinical governance units with responsibility for supporting districts in relation to clinical governance matters and area complaints managers with responsibility for complaints management within each area and the responsibility for credentialing medical practitioners.

Further significant differences in the new structure include the following. Area health services will provide day-to-day management and support of clinical networks. Area health services will have statewide responsibility for the delivery of some services. Decision making about patient services will be made or strongly influenced by clinicians in the new structure. Area health councils will be established to improve community health at the area level. The present zonal structure does not have a requirement to engage stakeholders and the community. The new structure aims to provide greater service integration with public health service decision making at a service delivery level, greater openness and transparency, increased community engagement and improved responsiveness to better meet the health needs of Queenslanders.

The clinical networks that are to be established in each area health service are an example of how this government is directly addressing Forster's recommendation to increase clinician involvement and are a vital part of the new structure of Queensland Health. The inclusion of clinical networks in the decision-making process will ensure that clinical decisions are made as close to the point of patient care as possible and in a way that is timely and responsive.

The networks will be clinician led and have a number of functions, including: planning statewide service development and equitable accessing, setting and monitoring clinical standards, empowering clinicians, allocating growth funding for services, learning and skills development, service improvement and exploring innovative models of service delivery. The government is also establishing a new Health Commission, the principal functions of which will be to develop and implement quality safety and clinical practice standards, monitor and report on the quality and safety of health services and manage health service complaints. It is envisaged that legislation to establish this commission will be introduced in early 2006.

One of the matters that the opposition spokesperson brought forward in his contribution unfortunately related to a matter out at Prince Charles Hospital. On 15 November this year the *Courier-Mail* reported statements made in parliament by the member for Moggill relating to the appointment of a senior nurse manager in the geriatric and rehabilitation unit at the Prince Charles Hospital.

The reality is that there were a number of conflicting complaints raised by both medical and nursing staff working within that unit. The issues raised can be grouped into three categories: issues relating to patient care, issues relating to the appointment of a senior member of staff and issues which were of an interpersonal or management nature. I turn to issues relating to patient care. The district patient safety committee, which comprises senior clinicians, auspiced a review of the clinical issues that were raised. The review showed that the clinical issues raised were not substantiated.

I turn to the issues related to the appointment of a senior member of staff. The staff member was appointed in October 2003 and commenced in January 2004. Concerns relating to this appointment were not raised until April 2005. An official complaint was lodged in June 2005.

This appointment has been extensively reviewed by the human resource and industrial relations strategy centre and Audit and Operational Review Branch. Both parties are external to the Prince Charles Hospital Health Service District. The reviews found that the appointment process undertaken by the hospital was appropriate and in line with the policies of the Office of the Public Service and Queensland Health. Contrary to the member for Moggill's claims, there was a senior doctor on the panel. The panel conducted appropriate referee checks. The staff member is fully registered in Queensland and possesses qualifications applicable to that position. Documents relating to the selection process were held on file for 12 months in accordance with the Office of the Public Service directive 01/03. However, no appeal against the process was raised in the appeal period and documents were subsequently and routinely—subsequently and routinely—destroyed. Documents on electronic file, however, were produced for audit purposes.

With regard to issues of an interpersonal management nature, workplaces often contain complex social structures and relationships can become dysfunctional for a variety of reasons. An investigation of the issues in this particular workplace has been undertaken in relation to grievances and counter-grievances raised by several parties. Aspects of the investigation are yet to be finalised, just adding to the inappropriateness of the member for Moggill's contribution here in the chamber prior to all appeals being exhausted in this particular matter. As I said, aspects of the investigation are yet to be finalised. It is therefore neither appropriate nor ethical—and I use that word again, 'ethical'—for me to comment on specific issues or persons. However, work force management issues are being addressed by the hospital. Grievances have been investigated, mediation has been attempted and assistance has been provided to work through the issues raised.

The reason I bring that matter to the House's attention is that members will note that at no time did I identify the persons involved, as distinct from the contribution by the member for Moggill, and despite the fact that not all appeal processes had been exhausted. If we are to be serious about issues to do with culture and workplace bullying et cetera that we have heard so much about, it is time that we all have a role to play and that the member for Moggill thinks about that before he comes in here in the future. He should really reflect on what he did a couple of weeks ago, because I can assure him that there is one very distressed person now at Prince Charles Hospital as a result of what he did—as a result of taking a very partisan position in relation to this matter and clearly without the full facts. I say this to him, and I say this to the AMA as well, because I note that it had a view to express publicly: in the future if there is a matter from the workplace in any hospital that is brought to their attention that is of concern to them, my door is always open and I will provide them with a full briefing in relation to that matter insofar as privacy would allow me to do so. Surely if we were to learn anything from previous occasions where workplace disputes have been aired in this parliament, it is not to go down that path anymore lest we see what has happened in previous cases where we end up in supreme courts, for goodness' sake, as a result of a workplace dispute that should be solved not just by the protagonists but also by management in that hospital.

Where every procedure that can be reasonably taken is taken, it is not appropriate in my view to continue to vent that dispute taking a partisan position in relation to one side or the other. The best thing that the member for Moggill could do is to stand in this place and apologise—apologise to the person whom he in fact slandered in this place who is now one very upset person and to the management of that hospital, because it has now made it even more difficult for management to resolve this issue in a way that is fair to both parties. The member for Moggill should really reflect on his lack of ethical conduct in relation to that matter, and let me tell him that I will not let him off the hook in the future.

Mr Terry Sullivan: Minister, there are a lot of upset people at Prince Charles Hospital over what he said—a lot of people.

Mr ROBERTSON: I take that interjection. As minister it is my responsibility to ensure that the rights of all individuals in that matter are attended to, and they will be. But I will not come in here naming names and, as a result, destroying careers, because I am part of the solution. You, member for Moggill, remain part of the problem.

I turn to the area-of-need criteria, because the member for Moggill raised concerns about what criteria the Medical Board will use to decide areas of need. I can assure him that the new interim guidelines have been developed for assessing area-of-need applications which significantly tighten the criteria upon which assessments will be based. The new guidelines specify that there must be clear evidence that there is a genuine doctor shortage in a particular area before it is declared to be an area of need. A number of members asked questions in relation to that.

Applicants are now required to provide evidence of the shortage of medical practitioners in their area, the impact on service delivery if the position is left unfilled, alternative service delivery options they have explored, genuine attempts they have made to test the Australian labour market, and consultation that has occurred with relevant stakeholders. The assessment criteria for certifying a vacant position as

an area of need is now publicly available and administered uniformly, with each criterion to be satisfied by the applicant before an area-of-need declaration can be made. The guidelines include provision for the engagement of stakeholders to ensure that all relevant bodies are consulted with regard to the determination of an area of need.

For example, the medical colleges and AMA may need to be consulted when an organisation is seeking to fill general practitioner positions. The applicant employer must also demonstrate that it would be impractical or inappropriate to fill the vacancy with an Australian medical practitioner at a different level of seniority or on a different pay scale before the decision maker will certify the position as an area of need for 12 months. Finally, the annual renewal of area-of-need declarations will not be automatic but will be assessed against the criteria on an annual basis.

I now turn to the issue of deemed specialists. Frankly, I am troubled by this, particularly for members of the National Party because I actually feel that they have been duded by the member for Moggill. They have not paid attention. They have been asleep at the wheel. I can tell that the member for Charters Towers is concerned about it, because if I was to reflect on his contribution tonight I know that he would be quite genuine about what he said in relation to the particular challenges in his electorate. I might just deal with those while I have the member's attention, because he brought up the concern—quite correct concern—about the closure of a medical practice. I think he said that it has gone from three down to two in Charters Towers. Let us deal with that.

The Bedside Manor medical centre is one of three general practices in Charters Towers. While the other two are either owned or associated with general registrant doctors, Bedside Manor was established and was operated by a non-medical practitioner. Bedside Manor was staffed by two overseas trained doctors. One was approved registration for 12 months from 30 June 2005. In that instance, the Medical Board made special arrangements for supervision to be provided remotely from Townsville. So we went out of the way to provide that level of oversight to that overseas trained doctor. However, that doctor left Bedside Manor in early August, having found another position in Townsville. The other doctor, who has now left, worked partly in Townsville where a supervisor was located but has now decided to work full time in Townsville. His registration has been amended accordingly.

One of the remaining two medical practices in Charters Towers has taken on a further overseas trained doctor, so the closure of Bedside Manor should have minimal impact, we hope, on the good people of Charters Towers. But it does bring to the fore—and I think quite correctly the member for Charters Towers brought it to the fore—the challenges that are before us. One of those challenges is with respect to deemed specialists. I am extremely concerned about the amendment that the opposition spokesperson is to move in relation to deemed specialists, because what he is planning to do is to get rid of deemed specialists in Queensland. That is the effect of his amendment. Correct?

Dr Flegg interjected.

Mr ROBERTSON: I have not misinterpreted the member for Moggill. So in effect what his amendment will do, literally overnight and certainly within the next 12 months, is reduce the number of specialists working in our public hospitals by 94, because that is the number of deemed specialists that are currently employed in our public hospitals. I have the list here—name, speciality, city and district.

Dr Flegg interjected.

Mr ROBERTSON: The member can ask all he likes. I refer to the member for Charters Towers' neck of the woods. One of the people—

Dr FLEGG: I rise to a point of order.

Mr DEPUTY SPEAKER (Mr Wallace): Order! Would the member resume his seat. I will seek some clarification. It is up to the minister whether he wishes to table that document.

Mr ROBERTSON: I will table it—by all means—because all members should be aware of the devastating impact this amendment will have on hospitals, particularly in rural and regional Queensland. In Townsville, an anaesthetist, Dr Downing, who practises at Townsville, Ingham, Joyce Palmer Hospital, Palm Island and Magnetic Island, will go. Dr Emery, an orthopaedic surgeon at Townsville, Ingham, Joyce Palmer Hospital and Magnetic Island, will go. Harold Gamlin, another anaesthetist in Townsville, will go. Dr Hartman will go. He practises at Townsville, Ingham, Joyce Palmer Hospital, Magnetic Island, James Cook University and the uni-health medical centre. Dr Susan Ireland, a paediatrician, will go. She practises at Charters Towers.

If the member is concerned about paediatric services at Charters Towers, he should know that the amendment will kill them off. I urge the member for Charters Towers, if he does not believe what I am saying, to read the amendment to be moved by Dr Flegg, particularly the last clause. The impact of that clause is to immediately bring to a halt those positions. At the end of their contracts—those contracts last for a maximum of 12 months, and some are much shorter—those specialists are gone, including the paediatrician in Charters Towers. I could say the same thing to the member for Gladstone.

Ms Nelson-Carr: And the member for Moggill knows that.

Mr ROBERTSON: That is right. The member knows that. Ninety-four deemed specialists right throughout Queensland will go as a result of this amendment.

That is why I say that the National Party has been asleep. What is really disturbing, I think, is that the Nationals have been fed a bad line. The member for Moggill would claim that there is no supervision of these people. Does the member for Charters Towers understand how someone actually becomes a deemed specialist? It is not just a case of fronting up to the Medical Board and being classed a deemed specialist. They have to be assessed by the relevant college of specialists. Their qualifications have to be assessed by the relevant college of specialists. That was never admitted by the member.

The explanatory notes attached to the amendments to be moved by the member for Moggill make no reference at all to how a specialist is deemed. Either he did not know or he covered it up—one of the two. Either he did not know or he covered it up. I assure the member that down in my office are a number of press releases, ready to go, stating 'National Party sold out the bush'—Charters Towers, Ayr, Gregory, Warrego, Toowoomba, the Sunshine Coast, the Gold Coast, Townsville, Cairns, Mackay and Rockhampton. They are all ready to go, all titled the same way.

If the member for Charters Towers, or indeed any other member of the National Party, votes for the amendment to be moved by the member for Moggill, he is condemning the deemed specialists in their local hospitals to unemployment within a year and, in many cases, much sooner.

Mr Wallace: They hate the bush.

Mr ROBERTSON: They clearly must, or they were not paying attention. They have been duded by the Liberals yet again.

It gets even worse. He has actually duded his own people. The member for Redcliffe made a very passionate speech about how inappropriate it is to employ deemed specialists. He called for their immediate removal. Perhaps we should consider the impact of that on the Redcliffe and Caboolture district. In fact, it is rather interesting.

Literally overnight, the member for Redcliffe would abolish the positions of four anaesthetists, a geriatric specialist and a urologist. Six positions of deemed specialists at Redcliffe Hospital would be gone. That is the impact of the amendment proposed by the member for Moggill and that is why I do not think any member of this House can support him. If they do, they condemn their own hospitals to sacking hardworking specialists.

I assure members of another thing. The assessment of qualifications by the relevant college of specialists actually requires ongoing supervision. While these people may not have full registration as trained specialists, nevertheless they continue to receive supervision by the college of specialists.

The impact of the proposed amendment on regional and rural Queensland would be devastating. Ninety-four positions would be abolished. It is ironic, when we have heard so much about the 2,000 bureaucrats they want to abolish in Queensland Health, that when given their first chance they go for the throat of 94 doctors. That is what they are about. That is their cost-cutting method. That is how thoughtful and rigorous they are in their policy formulation.

This amendment would be an absolute disaster for many rural and regional Queensland hospitals. Well may the member for Moggill hang his head in shame and well may his leader look as uncomfortable as he does. The light bulb has just gone on for the Leader of the Liberal Party. He knows that the press release for Redcliffe is sitting on my desk, just as the press release for Redlands is sitting on my desk. I thought the member might be interested, because the impact of the proposed amendment on Redlands is similarly interesting.

What about the impact on the Gold Coast? The leader of the Liberal Party might be interested to know that as a result of the member for Moggill's amendment—

Mrs Reilly: We are interested.

Mr ROBERTSON: I am sure the member would be.

Mr DEPUTY SPEAKER (Mr English): Order! If the member wishes to interject, she will resume her allocated seat.

Mr ROBERTSON: Let us go through it. There would be the loss of a psychiatrist, two anaesthetists and a diagnostic radiologist—and that is great, given the stresses on oncology services on the coast. It would affect psychiatry, ophthalmology, psychiatry and another two anaesthetists. They would all be gone from the Gold Coast.

That is the impact of the amendment to be moved tonight by the member for Moggill. It is ill thought out. He has fooled the National Party. They have been asleep at the wheel. If that amendment receives the support of the House tonight, the net result will be 94 fewer deemed specialists working in our public hospitals within a year.

Mr Wallace: I will not be voting for it.

Mr ROBERTSON: No wise member would. Thankfully, the majority of members of this House are wise. The member has been exposed for his laziness, incompetence and duplicity.

Dr FLEGG: I rise to a point of order. I find the words 'laziness, incompetence and duplicity' offensive and I request that the minister withdraw.

Mr ROBERTSON: I will withdraw. I am sure he will find when he goes downstairs that members of the National Party will be lining up saying, 'What have you done to us?' They know. Many of those members were standing in this place tonight pleading for more doctors to come out to rural and regional Queensland. At the stroke of a pen, their health spokesperson, the Liberal member for Moggill, will put to rest any notion of legitimacy in terms of arguing for improved health services in the bush.

Again, I thank the many members who participated in this debate tonight. I should finish on one point. I reflect on the contribution of the member for Toowoomba South. As usual, the member for Toowoomba South and the truth remain, as ever, strangers. He mentioned that their amendment is all about stopping another Patel. I think it is important that we are actually a bit accurate about the situation with Patel. Patel was never a deemed specialist. He was an SMO. In fact, had his employing hospital sought registration for him as a deemed specialist then the tragedy in Bundaberg may well never have occurred. It may well have been that through the assessment to be a deemed specialist by the appropriate college of specialists Patel's lack of accurate qualifications may well have been exposed. So the suggestion that this amendment to be moved by the member for Moggill is about stopping another Patel is simply not correct. It is not accurate. The member for Moggill should know that. Mr Speaker, as you would suspect, I will probably have more to say about that during the consideration in detail.

Motion agreed to.

Consideration in Detail (Cognate Debate)

Health Services Amendment Bill

Clauses 1 and 2, as read, agreed to.

Clause 3—

Mr ROBERTSON (9.12 pm): I move amendment No. 1—

1 **Clause 3—**

At page 4, lines 8 to 11—

omit, insert—

'(1) Section 2—

insert—

'elective surgery, for part 4A, see section 38A.

elective surgery waiting list, for part 4A, see section 38A.

health service area means a health service area declared under section 6A.

prescribed public hospital, for part 4A, see section 38A.

public hospitals performance report, for part 4A, see section 38A.

stated public hospital, for part 4A, see section 38A.

surgical outpatient waiting list, for part 4A, see section 38A.'

'(2) Section 2, definition, *public sector health service facility*, ' *for part 7,'—*

omit.'

This amendment inserts a new provision into the Health Services Act 1991 to provide for the preparation and tabling in the parliament of an annual public hospitals performance report. The report will provide a systematic assessment of each hospital's performance against four indicators: the clinical services and quality care provided by public sector hospitals; the patients' perceptions of and satisfaction with their hospital experience and the efficiency with which a hospital manages its resources; the hospital's ability to adapt to a changing health care environment through the use of information technology addressing work force management issues; and building relationships with other health care services to provide continuity of care for patients. These key performance indicators are recognised at state, national and international levels as being essential to the overall quality and safety of health care services.

In addition to providing information about the performance of individual hospitals, the report will compare each hospital's performance with other public sector hospitals in Queensland that are of similar size, that provide similar types and volumes of services and are in similar geographical locations. As members of the House would appreciate, these characteristics affect the types of services that are provided by a hospital, the range of clinicians required to provide services and the degree of their specialisation.

The report will also compare each hospital's performance against all public sector hospitals. Benchmarking the performance of hospitals over time as well as in comparison with other hospitals will help identify key target areas for improvement at both a local and a statewide level. The report will also

publish information about elective surgery waiting lists and surgical outpatient waiting lists in Queensland's public hospitals.

The Queensland Public Hospitals Commission of Inquiry noted that, although the government has regularly published information about elective surgery waiting lists, it has not released information about so-called anterior lists or waiting lists to get on the elective surgery waiting list. That was a reference to those people waiting for surgical outpatient clinical appointments. Consequently, this amendment to the bill will ensure that all relevant data about elective surgery waiting lists and surgical outpatient waiting lists that is able to be collected will be included as part of the annual public hospitals performance report.

Members may have noted that the Forster report recommended six-monthly hospital performance reports. However, to make the reports meaningful there needs to be a significant body of data available to inform the assessment of hospital services against key indicators. A time period of six months does not provide adequate time, particularly for those smaller and regional hospitals, to collect data that will ultimately produce meaningful reports. It is for that reason that the bill provides for the performance reports to be prepared annually.

The introduction of the annual public hospitals performance report will ensure that the community clinicians, health services, the government of the day and members of parliament have access to information about the safety and quality of services provided by our public sector hospitals as well as the activities to be undertaken to improve the services. These new mandatory reporting requirements are part of the government's commitment to providing a more open and publicly accountable health system in Queensland.

Dr FLEGG: The minister is moving two amendments in relation to publishing these various clinical performance indicators and waiting lists. Amendment No. 1 to clause 3 is related mainly to definition issues. Most of the changes of substance occur in the amendment to clause 8 which the minister will move. I think it is perhaps most appropriate if I save my remarks until the amendment to clause 8 is moved.

Amendment agreed to.

Clause 3, as amended, agreed to.

Clauses 4 and 5, as read, agreed to.

Clause 6—

Dr FLEGG (9.16 pm): Clauses 6 and 7 relate to the establishment of health areas—and, by implication, the abolition of the health zones—and the establishment of general managers for those health areas. Clause 6 establishes the new health areas. Clause 7 appoints the general managers.

In my contribution to the debate and in the contributions of many other members on this side of the House the issues in relation to the establishment of these health areas were canvassed. I think it is fairly plain to anyone who has a look at this bill that the government is really not making any substantive change at all. Although we have talked about the extent of the problems that beset the health system—and much of the work done by Peter Forster accurately describes a lot of the problems confronting the health system—in our view this response is absolutely inappropriate. It persists with the excessive layers of administration that, so clearly to anyone who has an impartial look at what has happened in Queensland, have failed the people of Queensland.

Like simply moving the deck chairs on the *Titanic*, this amendment is a hopelessly inadequate response. It will add nothing at all to the provision of health care and will not be part of the solution to what we have seen wrong in the health system. In fact, my fear is that this particular measure will make matters worse, because implicit in these areas is the fact that some of the responsibilities, particularly budget related ones, which previously were the responsibility of the 38 health districts are being passed up the line further away from the coalface—further away from hospitals, further away from where doctors and nurses treat patients. This is not the principle that was laid down in Forster's report of a flatter management structure and of putting decision making closer to the coalface. In fact it is a step in the wrong direction.

I can see absolutely no merit whatsoever in going down this path. We are absolutely opposed to this clause. I am very disappointed that this is the best that the government can come up with. It takes a very lazy approach of tinkering and making little changes around the edges. There really is not anything in the clause that is worth supporting.

Question—That clause 6, as read, stand part of the bill—put; and the House divided—

AYES, 48—Attwood, Barton, Boyle, Briskey, Choi, E Clark, L Clark, Croft, N Cunningham, Fenlon, Finn, Fouras, Fraser, Hayward, Hoolihan, Jarratt, Lawlor, Lee, Livingstone, Male, McNamara, Mickel, Miller, Molloy, Mulherin, Nelson-Carr, Nolan, Nuttall, O'Brien, Palaszczuk, Pearce, Poole, Purcell, Reilly, Robertson, Schwarten, Scott, Smith, Spence, Stone, Struthers, C Sullivan, Wallace, Welford, Wells, Wilson. Tellers: T Sullivan, Reeves

NOES, 25—Caltabiano, Copeland, E Cunningham, Flegg, Foley, Hobbs, Horan, Johnson, Knuth, Langbroek, Lee Long, Lingard, McArdle, Menkens, Messenger, Pratt, Quinn, E Roberts, Rowell, Seeney, Simpson, Stuckey, Wellington. Tellers: Rickuss, Rogers

Resolved in the **affirmative**.

Clause 7—

Dr FLEGG (9.27 pm): Clause 7 follows on from the content of clause 6. It establishes the position of general manager of the new health areas.

My comments under clause 6 reflect pretty accurately what I feel about clause 7. Once again, token changes are being put forward as some sort of a panacea to what is happening in our hospital system. These appointments are very remote from the coalface of delivering health care in the state. That is implicit in the fact that we are talking about three health areas in a state that has around 200 hospitals. In addition, the health areas will have to manage 38 health districts. We are talking about perhaps the major level of decision making within Queensland Health being at a high, remote administrative level where actual clinical practice will have very little input. In fact, despite claims to the contrary by the government, these amendments move us towards a more centralised system. Some of the decision making that was previously made at a district level, that is, in 37 districts around the state, will be shifted up to the three health areas.

If one looks at the actual appointments to the positions of general manager—that is, the positions that we are creating with clause 7—the first of those appointments was previously the zonal manager of the northern region. This particular appointee has a problem because the health zones will be abolished under this act. The previous zonal manager for the northern region has now been appointed general manager for the southern area, which is the former southern zone. This is simply a case of moving people from one office to another, from an office in Townsville to an office in Brisbane. It highlights the fact that these provisions are meaningless and token.

I notice most of the appointments have come from within Queensland Health. Despite all of the stuff that has been revealed by Forster, Morris and others, the very powerful positions of area general managers have predominantly been filled from within previous senior management of Queensland Health. The central area has been appointed by the previous area manager who oversaw the slashing of cardiac services at Prince Charles Hospital and who was involved in the fiasco in the geriatric and rehabilitation ward. For all of those efforts, he has been put into this very powerful and highly paid position.

In the case of the northern area, we have appointed somebody out of the South Australian system. They oversaw a health district in South Australia that suffered a very serious exodus of medical staff along the lines of what we have seen in so many places in Queensland. So we are just playing around with the edges—renaming zones to areas and moving people from one office to another. We are trying to con the people of Queensland that somehow this rubbish is going to fix the health system—the very serious, real and deep problems that have been so destructive in the health system in this state. We are trying to con the people of Queensland that shifting a few people around in offices and renaming a couple of jobs is going to fix anything. It is absolute rot and the people of Queensland will see straight through it.

Mr ROBERTSON: I unfortunately rise to respond to that disgraceful contribution by the member for Moggill. There are standards in this place. I know that he is only new, but there are standards in this place. One of the standards that we try to abide by is that we do not attack public servants, because they cannot respond. By all means he can attack ministers, members of the government and Independents, because we all have a right to respond.

Mr Wellington: We will respond, Minister.

Mr ROBERTSON: We will respond. But he should not attack public servants because they cannot respond. That has been a fundamental tenet of this place for well over 100 years, and it is best he starts taking some advice from some of the wiser and more mature heads around here as to how he should conduct himself. That would be the best possible advice that I could ever give you, Bruce Flegg, because you have just demonstrated yet again in this place how unfit you are to ever be considered to be a minister in this place, let alone minister for health.

Mr Seeney: He always gets nasty when you upset him.

Mr ROBERTSON: I see the glass jaw is back.

Mr Seeney: You always did get nasty. Every time you're in trouble, you get nasty.

Mr DEPUTY SPEAKER (Mr English): Order! The Deputy Leader of the Opposition.

Mr ROBERTSON: The glass jaw is back.

Mr DEPUTY SPEAKER: Order! Minister, you will direct your comments through the chair.

Mr Seeney: Every time you lose the debate you get nasty.

Mr DEPUTY SPEAKER: Order! Deputy Leader of the Opposition, you are warned under standing order 253. Minister, you will direct your comments through the chair.

Mr ROBERTSON: Mr Deputy Speaker, I take the interjection from the member opposite, because obviously Dr Flegg has been listening to him and how he conducts himself around this place. If there is another member on that side of this chamber who attacks public servants—good public servants—it is the member for Callide.

For the first time the senior executive and the new leadership team in Queensland Health were selected on merit. I will just repeat that, because what we engaged in was the most open and transparent process for the filling of the new leadership team ever, and the member knows that. The member for Moggill should know that because what was published over the internet through Queensland Health was the composition of those merit selection teams, including people from outside Queensland Health, senior businesspeople in this town and other senior public servants with many years of experience. Each of those positions was filled through an exhaustive, competitive, merit based selection process. For you to come in here and therefore slander those people—

Mr Copeland: Slander them? Where is John Scott these days?

Mr DEPUTY SPEAKER: Order! The member for Cunningham.

Mr ROBERTSON: Dear, oh dear. How sad! If you want me to actually respond to that—

Mr DEPUTY SPEAKER: Order! Minister, please direct your comments through the chair.

Mr ROBERTSON:—which I am happy to do through you, Mr Deputy Speaker—then I will start bringing out the press releases and I will start bringing out the commentary in newspapers where members from your side of the House slandered those individuals. They slandered John Scott; they slandered the others.

Dr Flegg: We didn't sack them.

Mr ROBERTSON: I take that interjection from the genius opposite: 'We didn't sack them but we slandered them.' That is okay in their book, and thank you for that interjection. As I said, we now have a leadership team that was selected on merit, and that team does not deserve to be slandered in the way that he has done. He may giggle all he likes in his very childish way, but his disgraceful attack on senior public servants in this state is on the record forever and a day, and long may he be condemned for it.

Clause 7, as read, agreed to.

Clause 8, as read, agreed to.

Insertion of new clause—

Mr ROBERTSON (9.38 pm): I move the following amendment—

2 After clause 8—

At page 6, after line 4—

insert—

'9 Insertion of new pt 4A

After section 38—

insert—

'Part 4A Public hospitals performance reports

'38A Definitions for pt 4A

'In this part—

elective surgery means surgery that, in the opinion of the treating doctor, is necessary but for which admission to hospital can be delayed for at least 24 hours.

elective surgery waiting list means a register kept by a prescribed public hospital that lists each patient assessed as needing elective surgery from the time the hospital accepts the referral of the patient for surgery until—

- (a) the surgery is performed; or
- (b) the patient's name is sooner removed from the register.

prescribed public hospital means—

- (a) a public sector hospital that falls within criteria prescribed under a regulation; or
Examples of what criteria included in a regulation may be about—
budget, type and volume of services offered, number of patients treated
- (b) the Mater Misericordiae Public Hospitals.

public hospitals performance report see section 38B(1).

stated public hospital means a prescribed public hospital that—

- (a) uses an electronic appointment scheduling system; and
- (b) collects data relating to surgery under guidelines established by the chief executive.

surgical outpatient waiting list means a register kept by a stated public hospital that lists each patient who requires an appointment at a surgical outpatient clinic from the time the hospital accepts the referral of the patient until—

- (a) the patient attends the initial appointment; or
- (b) the patient's name is sooner removed from the register.

'38B Chief executive to give Minister annual report about the performance of public hospitals

'(1) The chief executive must prepare and give the Minister a report (a **public hospitals performance report**) each year about the performance of prescribed public hospitals.

'(2) The report must state the period it covers.

'(3) The first report must be given in 2006.

'38C Matters to be included in report—key indicators

- (1) A public hospitals performance report must include information for each prescribed public hospital about the following key indicators—
- (a) clinical performance, including the quality of care and clinical practice;
 - (b) efficiency, including the cost of services and resource management;
 - (c) patient satisfaction, including patients' views on the quality and outcomes of care and treatment received;
 - (d) system integration and change, including—
 - (i) the use of benchmarks and standardised approaches to clinical management; and
 - (ii) integration with the local community; and
 - (iii) quality and use of information; and
 - (iv) safety and quality of services; and
 - (v) work force management.
- (2) By using the key indicators, the report must compare each prescribed public hospital—
- (a) with prescribed public hospitals that are of a similar type; and
 - (b) generally with all prescribed public hospitals.
- 38D Other information about surgery to be included in report**
- (1) A public hospitals performance report must also include the following information for each stated public hospital—
- (a) the number of patients on elective surgery waiting lists as at a date stated in the report;
 - (b) the number of patients on surgical outpatient waiting lists as at a date stated in the report;
 - (c) the number of patients who received elective surgery for a period stated in the report;
 - (d) the number of patients who attended an appointment at a surgical outpatient clinic for a period stated in the report.
- (2) A date or period mentioned in subsection (1) need not be in, or be the same as, the period stated in the report under section 38B(2).
- 38E Information relating to Mater Misericordiae Public Hospitals**
- This part is to be construed as requiring the chief executive to include information relating to the Mater Misericordiae Public Hospitals in a public hospitals performance report only to the extent the information is available to the chief executive.
- 38F Report may be included in department's annual report**
- (1) A public hospitals performance report given to the Minister in a particular year may be included in the department's annual report under the *Financial Administration and Audit Act 1977* given to the Minister in that year.
- (2) If the public hospitals performance report is not included, or to be included, in the department's annual report, the Minister must table it in the Legislative Assembly within 7 sitting days after receiving it.

This provision inserts into the definition section of the Health Services Act new terms to be used in the act as a result of the mandatory reporting amendments. Subsection (2) is a consequential amendment to delete the words 'for part 7' so that the term 'public sector health service facility' is defined for the entire Health Services Act 1991 rather than for part 7 only.

Dr FLEGG: Here we are legislating to do something that the government should have been doing all along. Then it is turning around trying to make a virtue out of its failure to do what was right and proper in the first place.

The effect of this amendment is to mandate the publication of measured quality reports, waiting lists and specialist outpatient clinics. The contentious waiting lists for specialist outpatients, frequently referred to as secret waiting lists, have been referred to as secret waiting lists for good reason—that is, this disgraceful practice of controlling the political acceptability of published elective surgery waiting lists by creating a bottleneck in the number of appointments to the specialist outpatient clinics so that only enough potential candidates for surgery pass through the clinic. In effect, that makes it a gatekeeper to the elective surgery waiting list in order to keep the published waiting lists at an acceptable level for the government's political purposes. This has been a disgraceful and tragic episode in the provision of health care in Queensland.

This has meant that patients and their doctors—in fact, as we saw recently over 100,000 Queenslanders—were kept totally in the dark as to the waiting times for their medical treatment and when and if they would be seen by a clinic, even to get on to a waiting list. This is not an acceptable way to deliver health care. At best it is uncaring to the medical needs of patients but, at worst, it has cost the lives of Queenslanders who waited and waited and waited for diagnostic procedures and specialist opinions on an array of serious conditions ranging from bowel and prostate cancer through to cardiac and vascular conditions that can lead to stroke, loss of limb and, in some cases, sudden death. We will be supporting this amendment because it will force not just future governments, as the minister has been very keen to tell the parliament, but this government to do what it should have been doing for the past 7½ years—that is, be honest with the people of Queensland about the state of our health system and about the waiting times and availability of medical treatment for Queenslanders.

In discussing the introduction of these measures, the government tried to say that it would keep future Liberal-National governments accountable. This could only be described as two-faced given that for 7½ years this government has consistently refused to be accountable to, and even denied the existence of and refused to answer repeated questions in relation to, the true state of these waiting lists.

So, well and good, mandate what could have been done and should have been done voluntarily, but at least the end result will be that this government will be forced to publish the lists that it has covered up for so long.

I do trust that we will not see cynical political attempts to manipulate the published data as we have seen in the past. I do hope that I will never again see the government playing with the definition of procedures, such as cardiac stents, so that they can be removed from public waiting lists. I hope that the Minister for Health drops this charade of playing word games where he has defined chemotherapy and renal dialysis as operations.

The government frequently makes claims in relation to specialist outpatients, and it makes interstate comparisons, much of which is not a valid comparison. But at least if the honest lists are published, if the trends are identifiable and if there is some basis for estimating the amount of time Queenslanders will have to wait, then we will have a basis for comparison into the future. We will have a basis for an open policy debate in relation to the future. However, whilst things are hidden and whilst the government refuses to answer questions and release data, there is no chance of improving things for the future.

One gets the impression that the government is enthusiastically planning to take the knife to specialist outpatient services, that it plans to cost shift to the Medicare system and that perhaps it is intending to use artificial means in order to make these presently disastrous figures that were obtained by Commissioner Morris more politically palatable. I hope this is not the case. I hope that the figures that the government publishes are the true figures and that they include all patients who might reasonably consider themselves to be public patients, despite whatever arbitrary arrangements might be made, such as the public cardiac catheter lab at the Gold Coast that treats only private patients. I would ask for some clarification from the minister as to whether these sorts of facilities and these sorts of arrangements will be included in the waiting lists or whether he will use their arbitrary private nature as an excuse for not including patients waiting in these sort of quasi public queues in the published data.

Finally, let me say that the government's record on the openness of waiting lists in the state is appalling. It has been dragged kicking and screaming to this point where it has had, in reality, no other choice. The government has been forced to go down this road against its will and against every effort that it could make to resist it. For years the government has stonewalled all questions about, in particular, specialist outpatients as well as a range of other performance type issues.

Having done this with the greatest of reluctance, I suggest that the government drop the charade of trying to make a virtue of doing what it should have been doing all along. There is no glory for the government in this amendment, and there certainly has been no obstacle for the past 7½ years to it voluntarily providing this information to the people of Queensland. The government just lacks the fortitude to tell the people of Queensland the truth about what was happening.

Mr ROBERTSON: I just want to clarify things in relation to this particular clause. This amendment provides a framework for continuously monitoring and improving the performance of Queensland's public hospitals. The preparation and tabling in parliament of an annual public hospital performance report will ensure that information is publicly available about the safety and quality of care provided by our hospitals. In addition, the report will provide information about the number of people waiting for elective surgery in surgical outpatient clinical appointments, including the example down the coast that was mentioned by the member for Moggill. I am informed that that will be included.

These new mandatory reporting requirements are part of the government's commitment to providing a more open and publicly accountable health system in Queensland not just for this government but for future governments as well. If the truth be told, if the member for Moggill was ever going to get anywhere close to the truth, he would have included in his presentation the fact that the release of data by this government is actually unparalleled in Queensland's history.

Opposition members interjected.

Mr ROBERTSON: Compared to the two and a bit years that the coalition was in power, we have actually released a mountain of data in the public arena because for 2½ years the opposition released nothing. It could not even meet the Australian standards. It released absolutely nothing.

Mr Copeland: 180,000 people.

Mr ROBERTSON: It took a Beattie labor government to start releasing the data that the opposition is so keen to complain about today. We will back our record against the opposition's any day of the week.

Mr KNUTH: Part of this amendment deals with patient satisfaction. That satisfaction is influenced by a level of patient subsidy. The member for Gladstone indicated that the minister has advised that a review is under way. Can the minister advise when this review will be completed and when the results will be known?

Mr ROBERTSON: I am unsure what the member for Charters Towers is referring to. Did the member say patient subsidy?

Mr KNUTH: Patient travel subsidy.

Mr ROBERTSON: The travel subsidy, thank you. I am giving some consideration to that work being done by the health economist that we have talked a bit about in terms of other work that we will be putting to that person. Shortly we will be putting out expressions of interest for that position. As to when that work is actually completed—it will be a matter for discussion with relevant candidates to take up that particular work.

Amendment agreed to.

Health Practitioners Legislation Amendment Bill

Clause 1, as read, agreed to.

Clause 2—

Dr FLEGG (9.50 pm): I move the following amendment—

1 **Clause 2—**

At page 4, line 7—

omit, insert—

‘Part 2 and part 3, section 8 commence on 1 January 2006.’

I table the explanatory notes for the amendments. There are two amendments that I will move, the effect of which is the same. I will contain the bulk of my comments to the second amendment when I move that. The first part relates to definitional issues. The more substantial issue is in the second amendment. The effect of these two amendments would be to remove the concept of deeming specialists in the state of Queensland. I will contain the majority of my remarks to the more substantive amendment No. 2.

Mr WELLINGTON: Are we going to proceed to vote on the impact of the amendment to clause 2 without being fully aware of how it is going to impact on the remaining clauses? I certainly would like to hear from the mover of the amendment how the proposed amendment will impact on the other clauses. I would find it difficult to vote on an amendment to clause 2 because I am unaware how that amendment will impact on the other clauses.

Mr DEPUTY SPEAKER (Mr English): Order! This a procedural issue. The member has moved one amendment so we cannot rewind the clock. The member can talk to the mover and seek advice or he can read the clause himself. I cannot wind back the clock. We have to put the amendment that the member has moved.

Mrs LIZ CUNNINGHAM: I understand that the putting of these amendments in numerical order is necessary for procedural purposes but the member for Moggill's first amendment is contingent on the passing of the second amendment. The minister made some fairly strong comments in his reply in relation to the impact of the member's second amendment. I know that the member has said that he will make the majority of his comments when dealing with the second amendment but if he could give some clarity to or respond to the minister's criticism of the second amendment prior to putting the question on the first amendment to clause 2 it would inform us as to how to vote on it.

Mr DEPUTY SPEAKER: Order! I can only put amendment No. 1 because the member moved it in that way.

Dr FLEGG: I was following the running sheet. The effect of our proposed amendments is to remove the deeming of specialists in Queensland. The deeming of specialists in this state is discredited. We have seen examples right across the state where the deeming of people, notably in Hervey Bay, has led to disastrous circumstances for patients. The patients do not know that they are seeing somebody who has not met the normal Australian qualification. They are being told that they are seeing a surgeon, a paediatrician, an anaesthetist, and they have absolutely no way of knowing that that person is not qualified in that speciality in any other place in the state of Queensland.

There has been some confusion about some of these matters. We have not opposed the provisions in relation to area of need. Medical officers can work under the supervision of an anaesthetist, a surgeon, a paediatrician and so forth. So they would effectively be registrars in those areas. By removing the provision of deeming we would ensure that the people who work in these areas do actually work under supervision. They would not necessarily be prohibited from working, as the minister has said. They would be working as medical officers and not as specialists. The normal provisions for supervision would apply.

This business of deeming people who do not meet the normal qualifications to be specialists is a cop-out for the poor administration of the health system that we have seen in this state. In every area of speciality we have a set of national standards. We have standards for engineers. We have standards for pilots. We have standards for lawyers. We have standards for accountants. We have standards for architects. In none of these areas would we think about bypassing the standards that have been enforced for many years because we are short of, say, engineers: ‘We are short of engineers so let us deem some people who do not normally meet the qualifications to be engineers.’

We would never do it. We would understand that if we did do it we would put the people of Queensland at risk by lowering the standards. Would members hop on to a plane and fly with a deemed pilot who did not meet the normal qualifications for a pilot in this state? They would not. If someone is still obtaining those qualifications then they would be under supervision as a copilot and not deemed to be a pilot. That is all we are asking for in relation to medical specialists.

The only people in any of these professions who can determine the skill level of another person is somebody who is already an expert in that field. The colleges which, from time to time, come in for a fair bit of criticism in this place are, to my knowledge, the ones that are pushing the government to try to increase the number of training positions. The College of Surgeons qualifies 20 or 30 people a year in Queensland but they cannot become surgeons in Queensland because this government will not allocate enough funds for the training positions.

Those 20 or 30 people who are fully qualified to go into the training program by the college are forced to go interstate and overseas and not train as specialists in Queensland because the government will not train them. It is an absolute con job to be telling people we have to have these deemed specialists because there are no doctors. I did want to respond to the scaremongering of the minister when he came in with the list of 94 deemed specialists. It was rather ironic after just attacking me for naming somebody in the parliament despite the fact that they had been—

Time expired.

Dr FLEGG: I seek leave to deal with these two like amendments together.

Leave granted.

Dr FLEGG: I move—

1 Clause 2—

At page 4, line 7—

omit, insert—

'Part 2 and part 3, section 8 commence on 1 January 2006.'

2 After clause 8—

At page 6, after line 8—

insert—

'9 Insertion of new s 135A

After section 135—

insert—

'135A Restriction on practice in area of need

'Despite section 135, a person may not be registered under that section to practise the profession in a specialty in an area of need.'

'10 Omission of s 143A (Deemed specialist registration)

Section 143A—

omit.

'11 Amendment of pt 11 (Repeal and transitional provisions)

Part 11, division 2, heading, after 'provisions'—

insert—

'for Act No. 7 of 2001'.

'12 Insertion of new pt 11, div 3

After section 301—

insert—

'Division 3 Transitional provision for Health Practitioners Legislation Amendment Act 2005

'320 Provision for particular special purpose registrants

'(1) This section applies to a person registered, under section 135¹ before the commencement, to practice the profession in a specialty in an area of need for a medical service.

'(2) If, on the commencement, the person is employed in the State to practice the profession in the specialty in the area, the person's registration under the section ends on the day the contract under which the person is employed ends.

'(3) If, on the commencement, the person is not employed in the State to practice the profession in the specialty in the area, the person's registration under the section ends on the commencement.

'(4) For subsection (2), this Act as in force before the commencement continues to apply in relation to the person's registration under the section until the day the contract under which the person is employed ends.

'(5) In this section—

commencement means the day this provision commences.'

¹ Section 135 (Practice in area of need)

I appreciate this opportunity to respond to the scaremongering accusations that the minister made. As I stated, the minister attacked me wholeheartedly for naming somebody in this place two weeks ago, despite the fact that the entire clinical staff of a unit in a major public hospital had put a submission in relation to that person to the Morris royal commission. But then he came in and quite happily read the names of a whole bunch of deemed specialists into *Hansard*. It is absolutely amazing that the minister can apply whatever standard happens to suit him at the time. Quite frankly, the deemed specialists that he named have simply been operating under his rules. They have not done anything and do not actually have anything to answer for. They are operating under the rules—

Mr ROBERTSON: I rise to a point of order. The member challenged me to table that document. I would not have tabled it if the member had not challenged me to do it. I did it on his request.

Mr DEPUTY SPEAKER (Mr English): Order! There is no point of order.

Dr FLEGG: We heard the self-righteous proclamations from the minister, but none of it changes the fact that the government is simply saying, 'Oh well, we've mismanaged the health system so badly here we'd better deem a whole bunch of unqualified people to do these jobs.' This is just plain lazy government. It is lazy government and it is very misleading as well, because the minister made two particular statements in relation to deemed specialists, the first one being that they were approved by the college. If they go through the process of approval by the college, they become an actual specialist. The other statement he made was that the deemed specialists have to work under supervision. Under our amendment, they would have to work under supervision because they would have to work as medical officers. But the reality is that supervision is token if it exists at all.

If one looks at the situation that we saw in Hervey Bay with orthopaedic surgeons, where was the supervision? If one looks at the situation in Bundaberg, where was the supervision? We have units in hospitals in this state where every single specialist in the unit is a deemed specialist. So who is supervising them? The reality is that this is a nonsense. In terms of the doctors that are acting as deemed specialists, there are a number of avenues open to them, and the minister has been very misleading in his comments. Firstly, they can go and get the qualifications and become specialists, and the government should be doing everything it can to facilitate and assist that. The other option is the one that I raised earlier—that is, rather than deeming them to be specialists, we can allow them to work under supervision as medical officers.

We heard some explanation from the minister that somehow or other Dr Patel was not a deemed surgeon; he was working as a medical officer. For goodness' sake, give us a break! The guy was the director of surgery at the Bundaberg Hospital. There was absolutely no supervision for him. In fact, a fully qualified surgeon existed in Bundaberg at the time who wanted to head up that unit as a VMO and was refused employment by Queensland Health. It is absolute rubbish to be telling us that, through some technical mishmash that the health minister has come up with, Patel somehow was not a specialist. He was the head of surgery at Bundaberg. He was totally unsupervised. He was doing oesophagectomies and gastrectomies—stuff that only the most high-powered surgeons can do.

This is the danger: when we deem someone to be a specialist and they have not been through the ropes and have not had their qualifications fully tested, they are out there as a specialist and, like Dr Patel, they can do what they like. If they want to do these operations that are far beyond the scope of their ability, there is no-one supervising them. There is no-one to say no. We saw it in Bundaberg. We saw it in Hervey Bay. We have seen it in Charters Towers, where there was a death under anaesthetic. We have seen it right across the state, because this system of deeming people to do jobs they are not qualified to do has completely failed the people of Queensland.

Mrs LIZ CUNNINGHAM: I have to say that this is a very concerning issue, because it would be a tragedy to lose people in positions around Queensland where we desperately need them, and I particularly note the list that the minister tabled. Whilst they are not all in rural and regional Queensland—many of them are at the Royal Brisbane and Women's Hospital and a number are at South Brisbane as well—the fact is that if they lived in the south-east corner and worked at one of the major operating hospitals like the Royal Brisbane and Women's Hospital the chances of adequate supervision are certainly enhanced. As I said, we desperately need doctors in rural and regional Queensland.

I seek clarification from the minister. We have all listened to what the member for Moggill has stated would be the impact of his amendment, and I have listened to what the minister said during his reply to the second-reading debate. But I would seek clarification from the minister as to what clinical difference there would be if the deemed specialists on this list changed, as the member for Moggill is intimating, to being medical officers where supervision would be more easily achieved. My retained concern is that at hospitals where a person is employed as the specialist there would be a psychological difficulty in doctors challenging that specialist's activities, actions and practice, as we saw with Patel.

The second question I seek clarification from the minister on is: what supervision currently exists of these 90-plus specialists on the list that was tabled? What documented supervision is there currently? In terms of service provision, what difference would it make if these deemed specialists had their status

changed to either a senior medical officer or a medical officer where supervision is more achievable, at least in terms of the psychological hierarchy in a hospital?

Mr ROBERTSON: I will deal with a number of things. First of all, let us get a bit of nonsense out of the way about the tabling of these names and putting them on the public record. Again, I thought the member for Moggill was somehow experienced in these matters and would have known that the list of deemed specialists is public information on a public register that can be accessed on the internet site. I have hardly breached our privacy provisions in relation to that list.

Secondly, he has brought up two cases. I thought he would have listened the first time I spoke in relation to this matter when he and other speakers brought up Patel as justification for his amendment. I repeat: Dr Patel was not a deemed specialist. Had he been a deemed specialist he would have undergone an assessment by the relevant college of specialists. It may well have been the case that through that assessment process his deficiencies may have been picked up.

Similarly, the member has mentioned Hervey Bay. That is exactly the same case. They were not deemed specialists at Hervey Bay. The member should know that. He should not come in here and mislead the parliament. The people that the member referred to at Hervey Bay were not deemed specialists. They had the same status as Patel. Again, the same applies. Had they been deemed specialists, they would have gone through an assessment by the relevant college of specialists. It may well have been that the deficiencies in relation to those two orthopaedic surgeons may have been picked up. It is wrong and misleading—

Dr Flegg interjected.

Mr DEPUTY SPEAKER (Mr English): Order! The member for Moggill!

Mr ROBERTSON: It is wrong and misleading for the member to bring up Patel and the Hervey Bay example to justify his amendment.

Now that some National Party members are here, I will repeat what the impact is of the member's amendment. There are 94 deemed specialists in our public hospitals throughout the state, including areas of concern to National Party members. According to the clause that we are debating at the moment, as of 1 January they will progressively lose their positions. They will not have their positions renewed. They have contracts of up to 12 months. Most contracts are less than that. However, as of 1 January, the next deemed specialist to come up for renewal will be gone. Eventually, within a maximum of 12 months, those 94 positions would be gone.

The member for Gladstone asked how these people are trained as specialists. It will not be in time for when 1 January clicks over. To become appropriately trained takes quite a lengthy period of time. It requires a couple of years, I am informed. In relation to the 1 January deadline, which is less than two months away, I imagine that there is no way any of those 94 specialists could upgrade their qualifications in the way that the member has suggested. That is why this amendment has been very poorly thought out. It has been very poorly thought out.

If I recall correctly, the member for Gladstone's second question was how these people are supervised. In relation to deemed specialists, I am informed that that level of supervision is provided and determined through the assessment process by the college of specialists. The college of specialists determines the appropriate level of supervision. The checks and balances are already in the system.

I doubt that the member for Callide was told that in the joint party room. I reckon that the National Party has been sold a pup. Ninety-four deemed specialists will have their heads on the chopping block if this amendment goes through tonight. As I said earlier, the member for Callide should know that a whole heap of press releases are down in my office, starting with one for Redcliffe. The member for Redcliffe made some very unfortunate comments about the need to get rid of deemed specialists. Half a dozen of them are working in the Redcliffe Hospital as we speak. I cannot wait to get out there and tell those specialists and the member's community that he has supported an amendment to have those six people sacked.

They will not go down to the Gold Coast and Robina. They will not go to the RBH and to the PA. They will not go up to the Sunshine Coast. They will not go up to Townsville and Cairns. It is exactly the same story for Charters Towers and out in the bush.

Dr Flegg: It is a story, all right. It is a story.

Mr ROBERTSON: All 94 of them, within 12 months, starting on 1 January, according to this amendment, will go. I suggest very strongly that the Independents reject the amendment sought by the member for Moggill. I suggest that it would be in the members' best interests. I also suggest that it would be in the best interests of many of the members of the opposition as well.

Mr WELLINGTON: My question is in relation to deemed specialists. Will the minister ensure that all members of the Queensland public who attend a hospital where there is a deemed specialist—and we now have the list on the public record—and all potential clients of deemed specialists will have an opportunity to be informed that the person they are seeing is a deemed specialist and not a fully qualified specialist who meets all of the qualifications required to practice in Queensland?

Quite frankly, I am concerned about the perception within the community. When members of the public front up to see a doctor who is a deemed specialist, they are not aware that they are seeing a deemed specialist. More importantly, there are concerns, as we have discussed, about the level of supervision. Over recent months, we have heard much on the public record about the lack of supervision. There is no confidence that the level of supervision which the minister assures us about today will actually continue.

I realise that the hour is late. I just put those comments on the public record. I believe that there is a genuine concern within the community that people who attend a public hospital and are assessed, diagnosed or provided specific treatment by one of these 94 deemed specialists are fully informed that the person treating them is a deemed specialist.

Mr ROBERTSON: I will deal quickly with the member for Nicklin's quite reasonable question and return to a question I neglected to answer from the member for Gladstone. Those details are available on the medical registration board web site. I think that is appropriate, in the circumstances. If people have a question in their mind, they can go to the medical registration board web site and check people's qualifications.

Dr Flegg: You have to know their name before you can check it.

Mr DEPUTY SPEAKER (Mr English): Order!

Mr ROBERTSON: In relation to the matter brought up by the member for Gladstone, as to why they cannot be a senior medical officer, that would make us uncompetitive. Members need to understand that the deeming process for specialists goes on in other states of Australia. If all of a sudden we no longer deem specialists, with all the checks and balances that I have mentioned, that makes us uncompetitive nationally in attracting clinicians to Queensland. It is hard enough to attract people to Queensland, without making it even harder by making ourselves uncompetitive. Frankly, if it is good enough for Victoria, New South Wales and other states of Australia, the question one has to ask is: why is it not good enough for us? The simple fact is that, it is.

Question—That the member's amendments be agreed to—put; and the House divided—

AYES, 21—Caltabiano, Copeland, Flegg, Hobbs, Horan, Knuth, Langbroek, Lee Long, Lingard, McArdle, Menkens, Messenger, Pratt, Quinn, E Roberts, Rowell, Seene, Simpson, Stuckey. Tellers: Rickuss, Rogers

NOES, 50—Attwood, Barton, Boyle, Briske, Choi, E Clark, L Clark, Croft, E Cunningham, J Cunningham, Fenlon, Finn, Foley, Fouras, Fraser, Hayward, Hoolihan, Jarratt, Lavarch, Lee, Livingstone, Male, McNamara, Mickel, Miller, Molloy, Mulherin, Nelson-Carr, Nuttall, O'Brien, Palaszczuk, Pearce, Poole, Purcell, Reeves, Reilly, Robertson, Schwarten, Scott, Smith, Spence, Stone, C Sullivan, Wallace, Welford, Wellington, Wells, Wilson. Tellers: T Sullivan, Nolan

Resolved in the **negative**.

Debate, on motion of Mr Schwarten, adjourned.

ADJOURNMENT

Hon. RE SCHWARTEN (Rockhampton—ALP) (Leader of the House) (10.26 pm): I move—
That the House do now adjourn.

Forestry Industry, Tablelands Electorate

Ms LEE LONG (Tablelands—ONP) (10.26 pm): The Tablelands electorate is home to some of the most productive land and some of the most productive and efficient farmers in the country. What comes readily to mind with a statement like that are the traditional agricultural activities such as cropping, grazing, dairying and irrigated farming. In all of those areas, as well as in a host of developing niche markets, tablelands farmers are world beaters.

There is another activity that has a very long and proud history on the tablelands and that is forestry. It has been the target of urban based lobby groups and for too long the victim of the government's pandering to the green vote. Huge areas of highly productive forests, which had been carefully and selectively logged for a century or more, are now locked up as pristine World Heritage areas. The industry continues with only one major mill north of Mackay, which is situated in my electorate at Ravenshoe, which mainly deals in plantation pine. There are only a few small family owned mills in addition to that one which rely on selectively logged trees from mainly freehold land.

However, concerns have arisen over access to this millable timber under a raft of new vegetation and environmental laws that keep coming in. Let me emphasise very, very clearly that I am not talking about broadscale clearing. Selective logging is well understood in my electorate. As I have said, in the past it was practised successfully in areas that have been considered pristine by so-called experts. I say the real experts were the loggers and the departmental officers who carried it out so well and so effectively.

In some ways selective logging is similar to the careful management of a herd of cattle. At the right time those selected are sent off for sale to allow the next generation to come through. So it is with harvestable timber. However, there is now concern about how timber reserves on freehold land will be viewed by the Beattie government. Most of Queensland—about 85 per cent—is leasehold land. Of the remaining 15 per cent, which is freehold, about one-third is urban and less than another third of that 15 per cent still has vegetation on it. Of that, we are talking only about selective logging. So it is a very, very tiny fraction of the land area of Queensland that is involved. The freehold land-holders, who have always understood that they owned the trees on their property, should be able to selectively log unhindered by green laws aimed at making people in concrete jungles feel good about their environmental credentials.

I urge the minister to consider carefully the long-proven record of selective logging as a completely environmentally sustainable industry. It is a strong contributor to the individual farm finances and to the viability of many rural communities. It is perhaps the most environmentally friendly of all primary industries and it should be allowed to continue unhindered by intrusive, unnecessary rules and regulations.

Federal Industrial Relations Legislation

Ms STONE (Springwood—ALP) (10.29 pm): Last Tuesday around 800 people met at Fitzy's Hotel at Loganholme. A good cross-section of the community was present: teachers, grandparents, builders labourers, clerical officers, police officers, trades men and women, mothers and students. They included young and old and skilled and non-skilled workers who were all concerned about the current changes to the IR laws.

Small business owners in the electorate have also expressed to me their concerns about the IR changes. They stated that unscrupulous businesses will flourish under these laws while workers and fair and reasonable business operators will be forced into adopting unacceptable positions in order to survive.

Concerned they all should be. Women stand to be the biggest losers from these changes. After years of fighting for equality, women stand to lose advances in pay equity, employment rights such as paid maternity leave, superannuation, penalty rates for casual work, work and family entitlements and an independent way of setting a fair minimum wage. The progress that Australian women have made in their pursuit of equality and rights in the work force is now under attack.

Grandparents at the meeting said to me that what they were most disappointed about was the fact that in the past they had taken up the fight for these workers' rights, in particular for their daughters, and now they are under attack. The Australian Industrial Relations Commission has provided a fairer outcome for lower wage workers, many of whom are women. The minimum wage protects 1.6 million Australian low-paid workers and of those 60 per cent are women. This protection will now be nonexistent, so it is not too hard to work out that Australian women are going to be hit very hard.

In fact, the living standards of Australian families will be hit very hard by the Howard government's radical changes. This week the National Party candidate for the preselection for the seat of Springwood said that he lost the preselection because he, too, supports the workers' concerns about these changes. He stated in the *Reporter*—

It—

the IR changes—

will make an underclass in our society and those on a minimum wage will be exploited.

I have to agree with the National Party branch member's view on this. I, too, agree that the Liberal Party is attacking Australian families' living standards and is supporting the exploitation of low-paid workers. That is what the Liberal Party stands for—that is, the destruction of the hard-won rights of workers and lowering the living standards of the average Australians.

However, it is not just on the IR front that the Howard government has let women down. Women's growing participation in the work force has contributed to a massive increase in tax revenues collected by the Howard government, yet it was the richest Australians who were given the substantial tax cuts in the last federal budget. Less than one per cent of Australian women earn over \$100,000. In other words, the tax cuts did nothing for Australian women and the changes to IR will do nothing for them, either.

It is mostly women who care for ageing relatives and/or young families. These changes are particularly damaging for those in this position. There is still inadequate leave for carers and now we will see the trading of annual leave for small pay increases. Carers need leave; they do not to be pressured into bargaining away the time they need. Australia prides itself on a high-quality lifestyle. In the global market we pride ourselves on being honest and hardworking and on giving a fair day's pay for a fair day's work.

Public Transport

Mr McARDLE (Caloundra—Lib) (10.32 pm): In December 2000, David Denmark wrote a paper entitled 'Filling the gaps in transport need—a new approach to an old issue. Some thoughts on mobility management.' The paper questions the approach we take in providing public transport—not suggesting that governments should not provide public transport but rather ensuring that transport planning should better reflect the needs of the community.

Denmark states that studies have suggested that a failure to coordinate transport services leads to inefficiencies and poor value for money for both the funder and the passenger. Denmark argues that simply improving the coordination of transport services may not be enough. He sees a requirement for a new way of planning the operation of transport services, emphasising the generic needs of passengers and not purely concentrating on the mode of transport to be provided.

The article identifies mobility management as being a possible answer and defines the term as a flexible form of transport coordination that can operate on a number of different levels and in a variety of ways. This process links together vehicles such as buses, taxis, car pools and others at an information level and also at a transactional level. The mobility manager is a clearing house organising transport for the public benefit around a given area. As I understand it, there would be a series of smaller areas within a larger town or region that would benefit from this resource.

The manager, however, does not make or run services. Rather, it uses what already exists. This process has certain benefits that would apply to the Sunshine Coast when used in conjunction with the current public transport system. The coast's shape and size will lend itself to this form of system, but that would require a high-degree working relationship between all three councils.

On the Sunshine Coast, many people use the public transport system not only to travel in their local area but also to travel the length and breadth of the region. Areas that are frequented by public transport services and people on the coast include Nambour General Hospital, doctors, schools and other facilities. The current public transport system across Caloundra and the coast is, to say the very least, pathetic. The bus service provided by Sunbus does not operate at anywhere near the capacity required by the coast and the CAMCOS corridor is at least 20 years away.

The proviso provided by David Denmark is, in my opinion, a supplement to the current transport system and should be looked at very closely by the Sunshine Coast councils and those who work for and within them. This government has again failed to provide for the people of Caloundra and it is no surprise that we need to look to alternative transport systems to ensure that our people are able to transport themselves across the coast in an efficient and effective manner.

Federal Industrial Relations Legislation

Ms JARRATT (Whitsunday—ALP) (10.35 pm): I am very proud to be part of the Labor women's day of action designed to raise our voice in this parliament of Queensland in objection to the Howard government's WorkChoices legislation. This draconian legislation flies in the face of fairness and integrity and will destroy the culture of industrial harmony that we as a nation have enjoyed for many years. But it is not just the Labor women's caucus that is raising its voice in protest at Howard's betrayal of Australian workers. We join our trade union colleagues, church leaders and ordinary people in saying, in a united voice, 'Not good enough, John!'

While concerns in relation to this legislation are community-wide, I want to particularly draw attention to the impact that the WorkChoices legislation will have on women and families who work in the tourism sector in areas like Cairns, the Gold Coast and the Whitsundays. The Australian Bureau of Statistics figures for 2003-04 indicate that 5.6 per cent of Australian workers are employed in the tourism sector. In Queensland, that figure rises to nine per cent, and we know that many of those workers are female and many are employed on a casual basis.

Of course, tourism is not the only area where casual employment dominates. As of August 2004, 38.34 per cent of all Australian workers were casual and, significantly, ABS figures show that for all Australian employees 28.5 per cent of females were employed on a casual basis. That is more than a quarter of all women in the workplace, and many of them are employed in the tourism industry.

It is those women and their families who will, in my humble opinion, be amongst the biggest losers once Howard's legislation becomes law. How ironic that Howard spends millions of dollars of those taxpayers' money telling them that their rights are protected under his legislation when we know that the opposite is the truth.

It is hard to see how losing weekend, shift and public holiday rates will improve the lot of women who work on a casual basis in the tourism sector. It is hard to see how destroying the independent umpire's role in setting minimum wages will advance the security of women already at the mercy of casual employment conditions. It is hard to imagine how making it harder for employees to ask unions to visit their workplace to discuss wages and conditions will advance the wellbeing of workers already marginalised in the workplace. One of the greatest challenges facing families in the tourist areas is

saving a deposit and securing a loan to buy a house. How much more difficult will this become once all capacity to maximise earnings has been eroded?

I have no doubt that as our industrial relations system becomes more and more Americanised we will see the emergence of tipping become the mechanism on which workers in the tourism sector will depend to survive. I cannot support this erosion of working conditions. I urge federal coalition members to examine their consciences before voting in favour of this bill.

Rail Infrastructure, Redcliffe

Mr Lawlor: Twice in one day. What a treat!

Mr ROGERS (Redcliffe—Lib) (10.38 pm): Actually, three. The Redcliffe railway has been promised by several governments and never delivered. The idea for the railway was originally suggested in 1896. In the 1950s, the railway station reserve was behind the site of the current Redcliffe Police Station. The current rail corridor extends from Petrie to Kippa-Ring. The government has owned most of the land for the railway since 1978.

Government members interjected.

Mr ROGERS: You will keep on hearing from me until we get one. There are only two outstanding properties yet to be acquired for the corridor. Those total less than 3.8 hectares. The government says that it is protecting the corridor to allow the opportunity to implement the rail in the longer term. However, the government's preference is for a busway to be developed in the rail corridor to Petrie. The people of Redcliffe and those who live on the corridor do not want this.

A busway in the rail corridor is less economically viable and less cost-efficient. If the government's short-sighted bus corridor plan proceeds, displacing the rail corridor, we will never be able to have rail as a public transport option because there will simply be nowhere for the rail tracks to go. The busway is certain to be a loss-making exercise, capable of moving less than half as many passengers while costing as much or more than a railway. The railway is a far better long-term investment.

People often say that the rail should proceed across the Houghton Highway or its replacement. Whilst a pleasant journey, this is not practical as the increased patronage would not warrant such a program. The combined population within the suburbs along the corridor is expected to more than double from around 50,000 to about 120,000 by the year 2025. This highlights the rail link's viability and the long-term importance of the service to locals.

The cost of building infrastructure continues to escalate with each passing year. It is time to turn the potential cost into real benefits. Everyone knows that building the rail link will significantly reduce the problems of traffic congestion on the roads and bridges leading in and out of the Redcliffe peninsula, as I alluded to today. Every day Redcliffe residents face expensive, time-consuming travel which involves long delays, traffic congestion and poor bus services. I am committed to fighting for a rail link for Redcliffe. As members know, I am up here again speaking about it and I will continue to do so. It is my absolute priority to get a rail link and better transport for the residents of the Redcliffe peninsula.

Remember, though, that this is not just about Redcliffe; it is about Mango Hill, Rothwell, Kallangur and Griffin—areas that are also not being represented. The rail for Redcliffe is about getting the priorities right for Redcliffe by improving public transport services available to local workers and families.

Federal Industrial Relations Legislation

Mrs DESLEY SCOTT (Woodridge—ALP) (10.40 pm): The industrial relations changes proposed by the federal government are unnecessary, they are antifamily, they will create industrial unrest, and they will place many people at a great disadvantage both financially and on a personal level. They give an unfair advantage to big business above the rights of workers and in general will radically change the face of employment in this country. I knew we were in trouble when I heard a spokesperson for a peak industry body express the need for Australia to become more competitive with China and India, but the people who will be hurt the most are the workers who do not have professional status or clout to negotiate wages and conditions, particularly women, who also carry the main child-bearing role. Similarly, there are the young people, those with a disability whom the government intends to remove from their benefits and many mothers who have chosen to devote their time to the most important role of raising their children who will now have to return to the work force when their youngest child turns eight.

We are in a period of stable economic growth, growing employment, the lowest level of industrial unrest in years, and opportunities for people who really want to get ahead are there. It is a known fact that Australian workers are diligent, hard workers who work long hours and that our industrial system generally works well. So why is this legislation being rammed through federal parliament, trampling upon our states' rights? Why would anyone want to change a system which is not broke simply to do the bidding of big business and to lead us down the American way, which leads to a greater and greater divide between the privileged and the battlers?

Even now it is possible for an employer to manipulate positions, wages and conditions, where a vulnerable employee can end up losing some of their entitlements. May I cite the case of a young woman who works in retailing. She had been working in the store for a year or so and decided to apply for a management position when it became available. She is a hard worker, always willing to fill in when needed and generally notched up quite a deal in overtime. A fast learner, she was given a probationary period in management and gained the position. However, now responsible for higher duties including financial management, stock, store layout and in charge of rostering staff, there are often times when she works far beyond her regular hours. She is now on salary and earns no more overtime, and so for the privilege of additional responsibility she now finds her pay packet is \$100 less per fortnight than when she was working as a sales assistant.

Fair? I do not think so. But then how does a young worker calculate what the outcome will be under such circumstances? They want to get ahead, want the experience and are willing to put in real effort, but strip away the penalty payments and award conditions which many workers now enjoy thanks to the efforts of their unions—conditions which have been hard won over decades—and the outcome is, quite frankly, going to be disastrous for many.

Recycled Water

Mr HORAN (Toowoomba South—NPA) (10.43 pm): I want to speak tonight once again on the issue of the recycled water from Brisbane to the Darling Downs via the Lockyer Valley. I want to speak on it because recently the Minister for Natural Resources and Mines in a ministerial statement to this parliament announced \$20 million over two years to begin the design, easement acquisition and business case development of the Western Corridor Recycling Initiative, which was to pipe recycled water to the Swanbank Power Station in the short term and, if it proved feasible, to the Tarong and Tarong North power stations and possibly irrigators in the Lockyer and Warrill catchments in the longer term. Frighteningly, the minister then went on to make it perfectly clear that in his words there is no intention of extending the pipeline to the Darling Downs. He said that people promoting such an issue were peddling false hopes because the cost-benefit proposal does not stack up.

Then, in the debate in the same session of parliament on the Water Amendment Bill, I spoke about this issue. The member for Toowoomba North also spoke about it and tried to make some excuses for the minister, saying that he was only referring to the western corridor, whereas the words the minister used here and in his summing-up in that debate made it fairly clear that he was against the extension of this line to the Darling Downs.

I would call on the minister to calmly look at the facts. The proposals being put together are highly professional. They are from highly professional people who are not prepared to put their hand in their pocket and pay the moneys that they have paid into studies so far and to continue with these professional consultations about the project that they propose if they did not see that it had a practical and a financial end.

One of the things that concerned me was when the minister mentioned that currently they are paying \$40 a megalitre, so how could they pay \$300 a megalitre. But if he sat down with these people he would see that the proposal put forward of \$300 a megalitre for recycled water on top of making a contribution to the capital cost provides them with security of supply, which means they can go into forward contracts to produce particular crops.

I note that the Premier has recently said that 130,000 megalitres are going into Moreton Bay and the Brisbane River, and it is important for the environment to get rid of the lot. The only way we can ever get rid of it is by sending it in a pipeline to the Darling Downs, because there is not enough take-up of that water in the Lockyer or through the power stations. So I would urge the minister for natural resources to meet with these people. I know that the Coordinator-General and the department of state development are very impressed by the professionalism and the practicality of the proposals. If there is going to be a western corridor line, it simply means that from there water can be taken on in a bolt-on or an additional project to take the water to the Darling Downs, because that western corridor line would be going west of the Wivenhoe Dam in the event that it hooked up with the pipeline that already exists from Wivenhoe to Tarong.

Federal Industrial Relations Legislation

Ms MOLLOY (Noosa—ALP) (10.47 pm). I am delighted tonight to join my fellow sisters in the House in speaking out against these disgusting, draconian industrial relations or so-called workplace reforms currently being introduced by the Howard government. I would like to pay special tribute to Bonny Barry for initiating this move that we have taken today and hope that her recovery is speedy.

We know the sky will not fall as these laws are introduced; it will take some time for the full impact to be felt. As others have stated before me in their speeches, Australia is enjoying a buoyant economy. We all know that economies are cyclic and that the cycle will change and dip into a trough, as it always does. So the economy for business will remain buoyed as the employers will be able to drill down the workers' take-home pay.

What are the workplace reforms about, apart from ideology? We are being told that the Australian economy has to compete with India and China. I think we may also have to be wary of the free trade agreement with America when that becomes the key driver to completely swamp our economy. Amongst the Howard rationale I have not heard him make note that global companies will also have to take a cut in profit margins or that employers are going to bear any responsibility as we enter the brave new world according to Howard.

So who do I think will be the hardest hit by the industrial relations changes? The least able to defend themselves: casuals, part-timers, low-income workers, nurses, teachers, retail workers, people with disabilities, migrant women and single mothers—and generally women make up all the other groups. Nor do I doubt that there will be low-income male workers who will also suffer. However, women have been identified as the predominant group who will bear the brunt of these laws. Who would have believed that these changes would be occurring in this country, by any government, in the year 2005? It is hard to believe, and perhaps that is why some people do not fully comprehend what the future holds for the majority of Australian workers. Nurses, hospitality workers, teachers, casuals and young people will be expected to negotiate an individual work package, forgo penalty rates, forgo or trade off annual leave entitlements, lunch breaks, tea breaks—which are really just comfort stops—maternity leave, paid and unpaid, and the list goes on.

I did mention people with disabilities, because recently at a local leading supermarket in Noosa Junction a young female staff member was instructed to direct a group of employees—people with disabilities—to clock off at 9.00 pm and then they were to continue working unloading a truck.

The young staff member felt dreadfully compromised and questioned the supervisor, who retaliated in a manner which left the youngster in no doubt that she was not to question instructions. Fortunately, someone must have cottoned on to this reprehensible behaviour and the supervisor had to make inquiries as to what time the people with disabilities clocked off so that they would be paid.

I guess this is an indication of how far some people think they can go, even before these laws are fully operational. I genuinely fear for the working poor. The Liberals who support these measures must remember that they are short-changing their own. Not all of their children will be world beaters in high-paying professions.

Time expired.

Palm Beach Community Consultative Committee

Mrs STUCKEY (Currumbin—Lib) (10.50 pm): In contributing to this adjournment debate, I applaud the role our police played in the reformation of the lapsed Palm Beach Community Consultative Committee. The first meeting was held on Tuesday, 15 November, attracting about 40 residents and community stakeholders after recommendations raised at a robust police and public forum I held in July to address an increase in antisocial youth behaviour.

Community police consultative committees are established to develop a partnership between police and communities to allow police to serve communities in an informed, cooperative way. During the year I have engaged the people in my electorate in three public forums as well as circulating comprehensive driver safety surveys amongst high school students.

I am genuinely heartened to see a proactive initiative like this committee draw such healthy interest from people, individuals and groups alike across a broad spectrum. This was never going to be a case of holding a few meetings, let people vent their anger and the problems will all disappear. Taking the next step of putting into practice ideas that were put forward at these forums was vital if we were to make any real progress. Since these forums, targeted police patrols have occurred. There has been a crackdown on the purchase of alcohol by minors and a crackdown on the adults who supply them. The tactical crime unit or flying squad have made several weekend visits.

This activity is in stark contrast to the deafening silence from Labor members on the Gold Coast on police community issues and the government's own task force to address youth parties. What I found most encouraging was the attitudinal change emerging from participants who previously attended forums and were vocal in expressing their anger and frustration over youth misbehaviour. They want to be a part of proactive solutions and are keen to work through strategies to achieve it.

Congratulations are in order to local residents Ian Robertson, Anita Brennan and Peter Fox upon their election as office bearers of this committee. Hopefully a blend of old and new ideas to assist our society to deal with its growing pains and crime related incidents will be a winning recipe.

Guest speakers at the meeting were social worker Vicki Ogilvie and Education Queensland's Chris Tobin, who shared valuable statistics and behaviour patterns of our youth. Ms Ogilvie emphasised the high importance of early intervention and said that if the program on trial in Queensland received a healthy response there was a reasonable chance that more would be rolled out across Queensland.

It was disappointing to read in the *Sunday Mail* that the Safety House Program is on the brink of collapse due to a lack of support from communities. This program provides emergency refuge for children fleeing abduction attempts and protects them from strangers who frighten them. It is vital that we nurture, educate and protect our children. To this end, I pledge my support for the Safety House Program. I will endeavour to reinvigorate these programs just as we have been able to reform the Palm Beach Community Consultative Committee in my electorate. I urge other members in the House to do the same and send a strong message to those who choose to devalue our society and properties that community spirit is alive and thriving and that criminal acts will not be tolerated.

Federal Industrial Relations Legislation

Ms CROFT (Broadwater—ALP) (10.53 pm): About 30 years ago my mother worked as an offset printer and began, as a single parent, to raise me. Never before now have I realised the enormous sacrifices my mother made in order to adequately provide for me and make the home I grew up in. She has told me how hard it was to go home from work when I was sick, how hard it was to get time off to spend with me on holidays and how there was little protection afforded to her to ensure stability of employment. I think now how stressful and difficult it must have been for her.

Over time, thankfully, unionism in this country fought for and delivered conditions such as sick leave, annual leave and penalty rates. These offered all Australian working women—mothers, grandmothers and single women—the opportunity to work and to independently provide for or contribute to a household and, indeed, Australia's economic prosperity. These working conditions offered and provided women flexibility, security and rights in the workplace. These conditions have empowered women in this country to make their mark in the work force.

However, under the Liberal federal government's industrial relations reforms Australia will see a whole generation of working women forced to endure the working experience that my mother had 30 years ago. In fact, it will be worse. Women will be the biggest losers of the Howard government's mean ideology. The federal government's industrial relations plans are all about pushing workers on to individual contracts that can cut people's take home pay and remove conditions like overtime penalty rates, meal breaks, rostering protections and public holiday penalties. Removing these protections will lead to longer and more irregular hours as well as unsocial work at nights and on weekends. It means working women will have less time with their children and less time for leisure, friends, volunteer work and household chores. By lifting controls on longer and irregular hours as well as removing protections from night work and weekend work, the federal government's new workplace laws will only make it harder for working women.

Women who are on individual contracts earn, as we already know, \$5.10 an hour less than men on individual contracts. Based on women's average hours of work, this adds up to \$152 a week less than men. Women on individual contracts are disadvantaged compared to men. They are also disadvantaged when compared to women on collective agreements.

The federal government's changes also threaten the important role awards play to underpin decent wages and conditions in female dominated workplaces, especially in hospitality, retail, and health and community services. The government plans to cut industrial tribunals out of the wage setting process may also put an end to the capacity of women to pursue equal pay for work of equal value.

Every person—male and female—should be concerned about how these changes will affect their families. I encourage all residents in my electorate to stop and think how these changes will affect their wife, daughter, granddaughter and the lifestyle that they lead. Can they imagine this family member sitting down one-on-one with their boss to bargain for the working conditions that most working women, in this day and age, depend on and who are in the work force because of them?

The sky will fall on the Howard government when working women realise that 92 per cent of AWAs do not provide paid maternity leave, 95 per cent do not provide paid paternity leave and 96 per cent do not provide unpaid purchased leave such as extra leave during school hours. I take this opportunity to call on Barnaby Joyce to vote against the Howard government's industrial relations bill.

Motion agreed to.

The House adjourned at 10.56 pm.