Speech by

Mike Horan

MEMBER FOR TOOWOOMBA SOUTH

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HEALTH LEGISLATION AMENDMENT BILL

Mr HORAN (Toowoomba South—NPA) (11.48 am): The Health Legislation Amendment Bill amends a total of 19 acts in the Health portfolio. The most important ones are probably those that affect the registration and training arrangements for doctors, particularly as we face a severe shortage of doctors in many of our public hospitals but also in other parts of the state in general practice and so forth.

The bill covers a number of other points, and I want to make a couple of comments in relation to the Transplantation and Anatomy Act. I do not wish to discuss the act itself but the wonderful service that families provide to other human beings through organ donation for transplants. I have had the privilege at times of attending an annual service where the families of those who have donated attend and the recipients and their families attend. It is quite a moving ceremony. One of the greatest gifts that people can provide—and it is in very sad circumstances at times—is the gift of transplant organs. It is a good service. Not only those who do the transplants but also those who organise them have great compassion. I have always had great admiration for them.

I want to thank the staff at the Health Quality and Complaints Commission. I have recently had dealings with it on behalf of some people in Toowoomba. I can only say that the attention that I have received was excellent and it did provide a good avenue to endeavour to resolve a particular issue.

The issue of doctor registration often brings with it the issue of overseas doctors and so forth. I want to make the point—and I have made it in this parliament before—about our medical schools and about training enough of our own young people to be doctors. In terms of medical training, not long ago in Queensland we only had the University of Queensland, which used to offer an undergraduate medical degree. That university now offers a postgraduate medical degree. There is the James Cook University, which offers an undergraduate degree system, and I had the pleasure of being associated with getting that started. There is the Griffith University, which now offers a medical course—and it endeavoured for many years to get that put in place—and there is a course through the Bond University.

It seems terrible that Australia has to bring in so many doctors from overseas. On so many occasions we are bringing them from countries that are almost Third World countries that have a desperate need for doctors themselves. Yet here we are with a relatively wealthy economy going out and bringing people to our land to provide the services that our people should be providing. There are many ways that we can do it—and I see the minister is making some comment about the numbers we should have, and I agree.

Mr Robertson: We should be a net exporter of doctors.

Mr HORAN: We should be producing enough doctors. The entrance to medical school was restricted to the OP1 level of entrance. However, I feel that many young people who graduate from high school with an OP2, 3 or 4 would be quite intelligent and capable of being doctors. Many of the senior specialists we have today are people who entered university under a previous system and some of them received two Bs and three Cs for senior and they have gone on to become eminent specialists. I think it is important that we try to attract those people who really have the desire to be a doctor, who have the

intelligence and ability to be a good GP or who have the ability to move on and become a specialist in a particular area and make a real contribution.

I do not mean to be critical of the University of Queensland, but I believe that the postgraduate system denies a large number of doctors' medical years to the nation. There are some 14 medical schools in Australia and five of them offer postgraduate medical degrees. For example, the University of Queensland has around 240 graduates in each year. If a person wants to do medicine there they must first go and do nursing, science, physio or pharmacy. They deny another 240 Queensland kids from being able to go to uni to undertake those particular courses as they do not intend to be a pharmacist or a physicist because they intend to go on and do medicine.

Looking at the average age of those doing the postgraduate course, when it was first introduced a few years ago it was quite high. Now I understand the graduating age is around the 30- to 32-year mark. Compare that with the Townsville university which offers an undergraduate course. A 17-year-old from the Hughenden State High School could get into James Cook, do their five- or six-year course and they will be 22 or 23 when they graduate as a young doctor. They will have the best years of their life—their twenties—ahead of them and the rest of their life from 22 or 23 on to 65 or whatever to contribute to medicine. However, those who graduate from the postgraduate course at UQ probably have 10 years less to contribute to medicine because they are graduating at an average age of 32. Multiply that by 240 graduates each year and 2,400 years of doctoring are lost to the nation and the state every graduating year. Then multiply that by the five other postgraduate schools in Australia and honourable members will see how many doctor years we are losing in the medium to longer term.

I think that is something that needs to be looked at. I know and understand that the quality of graduates from the UQ is outstanding, often times because they have done a previous course. There are people going in there who have been vets or who have PhDs et cetera. It does not matter if a person has a particular degree, they should still be able to have a go at being a doctor. I still believe that if it were an undergraduate course postgraduate students would still be accepted and that would be a better way of doing things. It would make a better contribution to the state. That is one of the issues we are facing. We need to get young doctors out there and quickly. They need to provide a longevity of service to the community. It is a social issue that needs to be looked at and addressed. When we have huge doctor shortages, can we afford the luxury of running postgraduate courses where people are graduating at an average age of 32 instead of 22 or 23?

Returning to the registration acts, as the minister said in his second reading speech, they are mostly designed to provide greater opportunities for recruitment of medical and allied health professionals. I have mentioned in this place before some of the problems that we have suffered at the Toowoomba Hospital. I have also mentioned generally that one of the reasons for the shortage that has occurred in the Queensland hospital system is the culture that developed in Queensland Health. We have heard talk of a culture of bullying or simply a culture whereby clinical people did not feel that they were being listened to or that they were the ones making the decisions in matters clinical.

A lot of the problems at the Toowoomba Base Hospital started in about 2000 or 2001 when the Beattie government sent in the razor gang. Beds in the intensive care ward were cut from 16 to eight and a coronary ward was brought in to take up those eight beds. A number of staff left and a great dissatisfaction occurred as a result. Once a hospital starts to lose the confidence or the willingness of its workforce, particularly of visiting medical officers, it loses a large percentage of the workforce. The workforce at the hospital consists of, importantly, the full-timers and permanent staff, but it also includes the contribution of visiting medical officers who are giving back to the system that actually trained them. It is important.

A lot of these visiting medical officers provide a four-hour or eight-hour session every week. They might do outpatients one week and surgery or treatment the other week. That contribution has always been a very important part of the public health system. They get paid on an hourly basis, but they are prepared to leave their private practice and go to the hospital and provide that service. At the same time they also provide teaching opportunities to the younger registrars and doctors and pass on what they have learnt.

That has been one of the fundamental reasons for the shortage of doctors in the Queensland hospital system. We have to have a system where people want to go to work, that they want to be part of the system so they can impart their knowledge. They want to be respected for what they are and not pushed around or be part of a system whereby team leaders interfere with clinical decisions or whereby they feel that issues they want to discuss are not being discussed and that the system is taken over by bureaucracy.

I know it is a difficult mix to get at times. Within a hospital system there are budgets which must be worked to. They cannot just blow the budget. There is going to be criticism from the opposition and others and there is also the estimates process to face. There is a certain responsibility to ensure that on a month-

by-month basis the hospital budget is working and working well. The managers of the hospitals have certain tasks to do to ensure that they try to stay within those budgets.

However, it is the task of the government to provide an adequate budget for the hospitals and to provide an adequate budget for the health system so that all hospitals can operate in a good clinical practising way. One problem at the Toowoomba Hospital for some time relates to the area of mental health. I was very sad that the director of mental health was taken from that hospital to be the acting director of mental health for Queensland. I know, because he told me personally, the efforts that he made in order to get back and put time in at the hospital. But if a person is the director of mental health for Queensland and is also the director of psychiatry at the Toowoomba Base Hospital and also has a private practice in another city, it would be very difficult for them to be able to give the time that they need to give, bearing in mind that this mental health unit has 57 in-patient beds that services the area from Gatton out to Birdsville with mental health services and outreach mental health services. Also located in the area is the Baillie Henderson Hospital, which is a major hospital for chronic long-term and forensic mental health. Therefore, Toowoomba is a reasonably important area of Queensland in terms of mental health.

The Toowoomba Hospital should have eight mental health specialists, yet there have been considerable problems. The numbers have been down to as low as two and have always staggered around three or four. At times they have tried to make the numbers look good by having conferencing from VMOs from Brisbane and elsewhere. However, I want to go through some of the problems that have occurred in terms of registration and deemed specialists in order to demonstrate how we have to look after the specialists that we can attract in the first place so that they stay and do not leave.

These people want an opportunity to discuss issues. If someone is a full-time doctor at a hospital like that, they want to be able to discuss the clinical issues that concern them with the management staff. They want to feel as though they have been listened to and that their concerns have been taken notice of. They do not want to be pushed into issues which they feel make their practice unprofessional or unsafe—for example, direction on how long to spend seeing a patient, particularly for a first visit. If these professionals are going to prescribe drugs for medically disturbed patients and children, sometimes they want longer than 30 minutes with them to know exactly what the issue is so that they can prescribe correctly. They do not want to be asked to write scripts for patients who have not been seen by a doctor for more than one year. They want to see those patients before they write scripts. Some of these problems have been so serious that there has been a direct line established to the director-general's office, and I think that the staff have appreciated that that has been provided for complaints of this sort. I think that is going some way to help address their issues.

There is also an issue with team leaders who are put there for operational purposes. The clinical practitioners are upset when those team leaders make decisions that overlap into clinical areas—for example, being asked to stop seeing a patient in the case of an emergency only to find that the other patient is not an emergency. One real problem at the Toowoomba Base Hospital mental health unit is the lack of a director of the child and adolescent mental health service. That unit was in chaos when it was closed down with some 40 minutes notice. These are examples of why it is very hard to attract people to these places and positions. The registration and professional issues contained in this bill will not work unless we can provide directors and unless we can adequately staff these major regional areas.

Because there is no director of adolescent mental health, in some cases young people are staying in care for as long as 12 months when they should not be. Because the specialists are not in place, people are languishing in these beds when there should be an average length of stay of 10 to 12 days. However, people have been languishing for up to three months. If there were an adequate number of staff, maybe they could have been treated, reassessed and moved on to community mental health services or, if necessary, moved on to Baillie Henderson if that is where the right treatment was. I am pleased to see that a director has come to Toowoomba from New Zealand. I hope that that brings some stability and leadership within the unit.

We have to ensure that our clinical standards are optimised and not compromised at all because of the particular structures of management. We have to ensure that we do not have a shortage of qualified staff, and we have to get a child and youth service. If Toowoomba has some of those things, then people would be more likely to apply for positions. The Toowoomba Hospital used to be the sort of place where people loved to go because it is a beautiful city and it is a great hospital and they wanted to go there. Those things attract clinical people.

I have mentioned the dedicated line that has been put in place, but I want to talk about the issue of the deeming and deemed psychiatrists. There are staff who are supposed to supervise these deemed specialists. When they are deemed they have to be under supervision. That is normally the condition of their deeming. But there are some senior staff who were not even told that they were supposed to supervise these people, and very often these people, I believe, from what I have been told, have not received the supervision that they should have had. For example, we have had deemed specialists recommending ECT and getting a second opinion from another deemed specialist and it is then taken to

the tribunal for final approval. One wonders whether the tribunal is aware that this lack of supervision has been occurring. I hope that the comments I have made in this debate can be of some assistance to the minister, because I have been following this issue for a long time. It is very important that a big regional centre like this with the three levels of mental health in the city and the whole south-west gets the staff, the leadership and the direction that it needs in order to provide the necessary mental health services which are so important.

Finally, the minister provided some figures this morning on elective surgery, and this relates to the number of staff. The minister himself has mentioned on occasions the number of staff, the number of operations and so forth. I just think it is a tragedy that we have slipped back with category 1 patients where 11 per cent of—

Mr Robertson interjected.

Mr HORAN: It is to do with the doctor numbers. The person sitting in the chair will make the decision as to whether it is relevant. But it is now back at 11 per cent when for so long it was five per cent or less than five per cent. On 30 June 1997 that five per cent was achieved for category 1. Category 2s are still at 20.5 per cent. They should be less than five per cent.

Mr Robertson interjected.

Mr HORAN: We put the system in place. We achieved five per cent for category 1s by 30 June 1997 and 10 months into the second year we had category 2s down to around 80 per cent, and that is where it still languishes. What a tragedy that we now have category 1s at 11 per cent long waits and we now still have—

Time expired.