Speech by

Hon. PETER BEATTIE

MEMBER FOR BRISBANE CENTRAL

Hansard Wednesday, 15 February 2006

COUNCIL OF AUSTRALIAN GOVERNMENTS MEETING

Resumed.

Hon. PD BEATTIE (Brisbane Central—ALP) (Premier) (11.51 am), continuing: I do not know why those opposite do not want to debate the need for increased numbers of doctor training places. For the life of me I do not. This is about actually getting the Queensland parliament to support a COAG agreement that was reached by the eight state leaders and the Prime Minister. Yes, I want a better go for Queensland, but there is no criticism of the Prime Minister in my motion. We worked very closely with the Prime Minister. While we have our political differences, I have a good working relationship with him. If there is a good thing to benefit Queensland then I will pursue it. I do not care whether it is Prime Minister John Howard or Prime Minister Kim Beazley. I reject the opposition's reluctance to participate in this debate.

The member for Beaudesert raised issues about the length of the motion. I make the point that this is one of the most detailed COAG meetings I have attended in the more than 7½ years that I have been Premier. It covers one of the most comprehensive agendas in the nation's history. Frankly, why would we have a short motion that is dealing with major reform and the future of Australia? Let us not have silly nonsense that limits this parliament in debating the substance of the future of Queensland and Australia. I have asked for copies of this full communique to be distributed to all members of the House, and I table another copy for the House. I also table a copy of a number of releases I put out endorsing the outcomes of COAG.

Let me talk about a number of things here. I want to start on a positive note by paying tribute to my fellow state leaders—premiers and territory leaders—and the Prime Minister for reaching agreement on key issues that will lead to a better Australia. It was one of the most successful COAG meetings that I have attended. The recognition by the Prime Minister and my colleagues from other states and territories of the significance of the health workforce shortage was particularly pleasing, and the Prime Minister acknowledged the fact that we do not have enough doctors. I know there have been some on the conservative side of politics who have tried to reject this argument. That is not true. I am delighted that there is agreement on this. The Prime Minister said—

I might also mention in the health care area if I can go back to that again that we recognise that one of the big problems is the shortage of doctors.

That is what the Prime Minister said. I table the transcript of the news conference that was held by the state leaders and the Prime Minister after COAG finished its meeting.

We have the Prime Minister accepting that we do not have enough doctors in Australia. But did he simply whinge about it and try to undermine, as some opposite have tried to do? No, he worked with us to find a solution. There are two aspects to it. Firstly, he agreed that there would be work done to receive advice in June this year on the actual number needed to address this shared challenge properly.

An honourable member interjected.

Mr BEATTIE: I hope the member actually has some respect for not just this parliament but also the importance of the number of doctors required, because he represents one of the areas that needs additional doctors. That is why I went to COAG and fought to get additional places.

Today this parliament needs to call on the Commonwealth to ensure that Queensland receives its rightful share of these places. I was also successful in gaining the support of the council for a lift in the quota of full fee-paying medical students at university from 10 per cent to 25 per cent.

I want to stress that this is an interim measure. The council emphasised that this initiative should not displace the availability of Commonwealth funded positions. I made that absolutely clear. Mike Rann, the South Australian Premier, made that absolutely clear. They are not, in any way, to displace—and the word 'displace' is in the communique when members see it—the number of HECS places.

The health workforce measures were part of a detailed health package. I want to make the point that I have spoken to a number of our universities. Are there opportunities for these fee-paying students? Yes, there are. Queensland University has the capacity and demand for additional places this year in its four-year postgraduate course. Last year Bond University had to turn down many applications for full fee-paying places in its medical school. This year the university has received almost double the number of applications. There is absolutely no logical reason for opposing the training of these extra doctors.

I take on board what Jenny Macklin said this morning. I look forward to the federal Labor Party coming forward with a full commitment, before the June meeting, to the 325 extra training places for doctors we need—the over 1,600 HECS places that we need, that is, 325 places per year for each of the next five years commencing in 2006. I say to Jenny Macklin today that, if she is serious about funding HECS places, give Queenslanders a commitment that she will fund the 325 training places per year that we want starting next year. I want the same commitment from the Prime Minister. I want the Labor Party federally and the Prime Minister to give us the extra 325 training places per year for doctors starting from next year. Let us have a bipartisan approach to it. Let everybody get on board, and let us sort out this health problem once and for all.

One of the other significant things that came out of this COAG agreement was this. We have 125,000 bed days every year taken up by senior citizens—that is, aged citizens—in our hospitals.

Mr Terry Sullivan: And frail young people.

Mr BEATTIE: I will come to that. It is not their fault. Why are we locked into these 125,000 bed days every year? Because there are not enough nursing home beds. For the first time, the Commonwealth accepted its responsibility to do something about it. I have to say that I was enthusiastic about that because, hallelujah, we have been trying to get the Commonwealth to do this for ages. That was the first thing.

The second thing is that we accepted responsibility for the young people, those under 50 and under 65, who are in our nursing homes who should not be there. These are people with acquired brain injury, MS, Huntington's disease and people who have been injured in car accidents who should not be in nursing homes. Some of these people are 50 and under, and that is the group we will target. We allocated just under $24 million as part of our $94 million package to get them out of nursing homes and into some other form of care.

What does this mean if it is thought about? It means that we are getting aged persons—nursing home type patients—out of hospitals and into nursing homes. We are getting young people with acquired brain injury, for example, out of nursing homes into another area of care, so we are freeing up the beds. What is the good news about that? It means that we have 125,000 bed days every year for patients in our hospitals. People keep saying to me, 'What about beds?' This strategy that we have agreed to with the Prime Minister will free up 125,000 bed days every year. There is logic to it.

I say to our National Party friends opposite that one of the things we agreed to also directly benefits the bush. I have tabled the news releases that I have put out. This one I put out the day before because we had already reached private agreement with the other states and the Prime Minister. We agreed to allow doctors in our hospitals in country areas, where there are no GPs, to access the medical benefit scheme. As the member for Moggill understands, we have trouble getting doctors to go to hospitals in places such as Muttaburra, for example. There are 54 of these places listed including Croydon, Wallumbilla, Boulia, Georgetown, Aramac and Tambo. This means that, when someone goes to one of those hospitals and sees the doctor, if that person is not admitted to hospital but receives treatment for a cold or flu the doctor can access the MBS.

We have to work out how much goes back to the hospital and how much goes back to the doctor. But if we are actually giving the doctor more money, what does that mean? It means that we can get GPs to go to rural communities and serve those communities. This is a fantastic plan for regional and rural Australia. We have identified 54 such places in Queensland. The Member for Fitzroy, Jim Pearce, understands this better than anyone because he has been talking to me about it until he is blue in the face. We have finally done something to support doctors in the bush and in the regions. Therefore, these are the most comprehensive reforms that we have ever had in health. I table those news releases for the information of the House. If members want more details about access to this scheme then I am happy to provide them.

What did we do? We got a sensible outcome for nursing home patients, we got a sensible outcome for our hospitals—we got more beds—and we finally faced up to the fact that we do not train enough doctors. We do have some fee-paying students. I am sick to death of the ideological nonsense in terms of opposing fee-paying students. Frankly, they are out there. If they want to be trained we will do it. If a person is in hospital and seeking treatment of some kind they will not care whether the doctor was a HECS student or a fee-paying student. That person will not care; they will want the treatment.

The other point I want to make so that no-one forgets it is that 35 per cent of our courses generally are fee paying. Medicine was 10 per cent. The only reason it was 10 per cent is that we did not have enough clinicians and others in the public sector to train them. If we are going to train them in the private sector as well, which we will do at Greenslopes, that 10 per cent quota no longer makes any sense. Therefore, we can lift it. I said 20 per cent and the Prime Minister said 25 per cent and we agreed. We are going to have training places in private hospitals like Greenslopes.

Is it going to solve the problem? In the long term, yes, it is, but in the short term, no. We have to have more overseas trained doctors. I point out to the member for Moggill that the other thing we have is a national system for the registration of overseas trained doctors. It will be done nationally. If that had happened before, there would never have been the tragic situation that happened in Bundaberg.